

A History of **Queen Mary's** University Hospital Roehampton

By **Brenda Weedon** (and others)

Edited by **Helen Alper**

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Richmond Twickenham and Roehampton
Healthcare NHS Trust

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Founders of Queen Mary's Hospital

Top:
Kathleen Viscountess Falmouth

Middle:
Sir Charles Kenderdine

Bottom:
Mrs Gwynne Holford

Foreword

I welcome the publication of this history of “Roehampton”, and congratulate the editor and authors on their research and hard work over many years to achieve this result.

Queen Mary’s Roehampton and the Limb Centre have played a central part in the lives of a great many people particularly the amputees and Far East Prisoners of War. It has been a part of my life for over 50 years. I first visited the site as an amputee in 1944 and until I retired from the Trustees in 1989 I seemed to be always there, as an amputee visitor for BLESMA, a guinea pig in the Research Centre before and after BRADU was built, then as a Governor and member of Lord Nathan’s first House Committee, followed by service as a Trustee for 25 years, finally as Chairman of that body. Somewhere along the line the Governors were no more, but I came back as a member of the Richmond Twickenham and Roehampton District Health Authority.

After all this time I could not give dates and details of the happenings recorded hereafter, but my memories are of people and highlights of special occurrences, many of them quite dramatic, but in the main they concern dedication and endeavour by public spirited individuals seeking to serve the disabled and disadvantaged.

This history is not about these characters, although it pays tribute to their work, and since John Williams M.B.E., that quiet “man of Roehampton”, Clerk to the Trustees for over 40 years, died last year I know of no-one qualified to write it. Such a history in any case would be a subjective story interesting no doubt to the players still alive but not to those who want the facts and the truth. Suffice it to say that they made “Roehampton” what it is today, and we should thank them for it.

Sir Austin W. Bunch C.B.E.

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The Royal Commission of Historic Monuments of England, The Greater London Record Office and English Heritage have been most helpful in providing information. Tony Shepherd, Local History Librarian, helped in checking information about the history of Roehampton House. Additional information in this publication has been obtained from the unpublished works of E.S. Gower, Victoria Williams and Dr. Ian Fletcher.

In RTR Healthcare NHS Trust there have been many people who have contributed to this history, especially Sandra McClelland, Veronica Joseph, Vicky Searle, Penny Buttenshaw, and Dr Robin Redhead

I must thank particularly Pat East, Librarian at Tolworth Hospital, for her help in editing and proof reading this document.

EDITOR'S NOTE

I am conscious that this history does not contain many of the anecdotes or descriptions of characters which bring a place "to life".

Although this publication has now gone to press the Library at Queen Mary's will continue to collect information on the history of the Hospital. I would, therefore, be pleased to receive any information, photo, or anecdotes concerning the Hospital which could be added to our collection.

The Library has a collection of photos, not all of which are in this book, and copies of some of the source documents used in this history. These are available for reference purposes during normal Library opening hours.

CHAPTER 1

The Beginning 1915-1918

The moment of inspiration that gave birth to Queen Mary's Hospital has been vividly described by its founder, Mary Eleanor Gwynne Holford:

"One day in January 1915 when walking through the wards at Millbank Military Hospital with the Matron, just after the first exchange of our prisoners of war with Germany, I saw sitting at a table with a look of utter sadness and hopelessness on his face, a man who had lost both arms. In front of him lay what the Government had given him as a substitute for these arms, two leather sockets with hooks attached. I bent down and asked him to tell me his story. He looked up at me with eyes full of pathos and said: "Is this all my country can do for me?" This was Private F.W. Chapman of the 23rd R.W.F. with a record of over twenty one years' service, who rejoined his regiment at the very commencement of the war, giving up good employment at the age of forty-six to serve his country once again. I then and there made a vow that I would work for one object and that was to start a hospital whereby all those who had the misfortune to lose a limb in this terrible war, could be fitted with those most perfect artificial limbs human science could devise."

Private Chapman left his own account of that meeting, which was to have such far-reaching consequences, in a letter he wrote to Mrs Gwynne Holford just before Christmas 1934. When she approached him he had been reading through the catalogues of London limb-makers

"... and your words were right, we will go and see those limb-makers. You kept your word a few days later after you took me round most of the London limb-makers (it was quite a long tour, the taxi came to nearly £2 I remember)."

Mr Ferris of Museum Street, the only manufacturer of a mechanical arm in England, demonstrated his product but said, with remarkable altruism, that the arm being produced by the firm of Carne in America was highly superior. Private Chapman's letter continues:

"I decided there and then to get a Carne somehow – but you took the responsibility from me by saying, if the arm is any good' we will get them..."



1st World War Private Chapman shown on left

By January 1915 it was becoming clear that the First World War, embarked upon with such confidence the previous year, was to last longer and have more devastating and far-reaching consequences than anyone could have foreseen.

One aspect of the crisis was the provision of medical services. The ambulance trains were bringing casualties, Belgian and then British, back from the continent in unprecedented numbers. Where were they to go for treatment? Existing military hospitals were full, as were beds made available in voluntary hospitals. In the crisis at the beginning of the War voluntary and civilian efforts produced faster solutions than government, and few volunteers were as energetic and determined as Mrs Gwynne Holford. She served the Hospital until her death on 18th December 1947; in recognition of her work she was appointed CBE in June 1918 and was also appointed Lady of Grace of the Order of St John. In time the problems of dealing with the casualties of world war were to result in the creation of a new government department (the Ministry of Pensions) and an extension of state provision which foreshadowed the coming of the Welfare State. It is clear that the foundation of

the Hospital was due to the inspiration and the clear-headed forceful planning of two great ladies: Kathleen, Viscountess Falmouth (who used to tell of playing in the grounds of Roehampton House as a child) and Mrs Gwynne Holford.

In order to turn her vision into reality, she needed to canvass support, raise funds and find a suitable building. The first letter to The Times was signed by Mrs Gwynne Holford, Lady Falmouth and Charles (later Sir Charles) Kenderdine. All three were to work for Roehampton for the rest of their lives.

An appeal was made to the public for funds. By 1st June 1915 Queen Mary had expressed a wish to become patron and desired that two beds be named after her in the men's ward and two in the officers' house and Mr A.J. Balfour, MP, First Lord of the Admiralty, had consented to become President. By the same date grants and donations had amounted to £19,715 including £10,000 from the National Relief Fund, £1,000 from the British Red Cross Society and the Order of St. John of Jerusalem and £1,000 each from Mr T. Fenwick Harrison (to name a bed) and Lady Wantage. This quick response to the appeal was of course a very great encouragement to the founders.

Filled with great enthusiasm and determination, Lady Falmouth and Mrs Gwynne Holford set

up a committee and visited Roehampton with Charles Kenderdine, a London estate agent, to find a suitable house. The area between Roehampton and Barnes was still largely open, with parks and gardens surrounding the gentlemen's residences, of which Roehampton House was the largest. It was considered that this area, with many palatial houses, would be most suitable. Their attention was drawn by the Mother Superior of the Convent of the Sacred Heart, to Roehampton House, which had been requisitioned by the War Office and at the time was used as billets for soldiers. With the cooperation of the War Office, Roehampton House was released and the soldiers billeted there were sent overseas. The owner Mr E. Kenneth Wilson of the Ellerman Wilson Shipping Line, lent the house and its thirty acres of grounds to the Committee rent-free and in June Mr Pierpont Morgan lent the smaller adjoining Dover House at a rent of 1 shilling (5p) a year. Dover House (since demolished) was used as separate accommodation for officers.

The history of Roehampton House itself is interesting and a short account is given at the end of this book.

Similar houses and indeed schools, parish halls and any other available buildings were being turned into auxiliary hospitals all over the country. They were attached to military hospitals.

Dover House, Roehampton





Miss Amy Munn (matron), Capt. Nicholson (adjutant), Mrs Gwynne Holford. 1915

Preparations went ahead at great speed: the buildings were cleaned and decorated; lifts, fire escapes and kitchen equipment installed, beds and linen bought and staff engaged. Rules were drawn up and approved. The War Office agreed to pay 3 shillings (15p) a day for each occupied bed and to supply working orderlies or to make an allowance of 1 shilling (5p) a day for their keep. Miss Amy Munn, Matron of Blenheim Palace Hospital, was appointed Matron and Captain Nicholson was appointed Adjutant and Quartermaster. The Queen consented to the institution being named 'Queen Mary's Convalescent Auxiliary Hospital' and she and Queen Alexandra became the patrons. The aim was to provide 200 beds, and by the 20th June 1915 the first 25 patients were admitted.

The staff at Roehampton was headed by the Commandant (always an army surgeon) and the Matron who was in charge of the nursing and domestic staff. As well as the Commandant, army personnel included orderlies and police. With the pressure to send all available men to the front it was difficult to keep able-bodied orderlies but they were desperately needed to cope with lifting disabled patients. Roehampton was disciplined like any other military institution, though again the problem of maintaining the necessary numbers of sentries and military police increased.

Disabled officers and men were used when possible to augment the staff.

The Matron and sisters were trained nurses but, in order to recruit sufficient staff, volunteers were also employed. In an attempt to prepare for the anticipated war, a scheme to train unpaid auxiliary nurses had been set up in the preceding years under the management of the British Red Cross and St. John's Ambulance. "Voluntary Aid Detachment" was the term coined for a group of such auxiliaries but in fact the initials VAD became used to describe an individual. The Matron engaged the help of the Surrey No. 2 Wimbledon Division of the British Red Cross which was "composed of upper middle class girls of good education, some of whom have had considerable experience". In the divided society of 1915, transferring the skills acquired at bandaging parties in Wimbledon drawing rooms to practical work with disabled soldiers presumably broadened the experience of those upper middle class girls even further! The Matron also managed to secure the services of four masseuses (the forerunners of physiotherapists) though she had hoped for more.

Since the Hospital was intended to rehabilitate the amputees rather than treat the sick, no resident medical officer was engaged at first. A consultant surgical staff of considerable distinction promised their services.

The staff on site were responsible for patient care and the day-to-day running of the Hospital, but overall management was controlled by the General, Executive and Finance Committees which met in London. The minutes of these Committees form the main surviving source for this history. Sadly, the Committees were remote from the Hospital and provide only rare glimpses of daily life there. Occasionally, however, a row erupts through the bland official tone and illuminates what was actually happening. From just such a row (the subject matter of which is obscure) in 1916, we can learn much about the personalities involved.

Mrs Gwynne Holford did not like committees. Often she did not attend, giving her reasons in a letter to the Chairman which was read at an Executive Committee meeting in August 1916.

"I am almost in despair when I reflect upon the amount of time which is wasted by the Committee in futile discussions which lead to nothing and which I believe could be made impossible if the Chairman could spare the time to make himself acquainted with the real facts."

Such outbursts did not endear her to her colleagues. Alone among them, Mrs Gwynne Holford spent much of her time during the War at the Hospital, helping with administration and generally involving herself in the life of the patients. She was an exceptionally tall woman, frequently wearing wide-brimmed hats, and in surviving photographs she appears towering over the men. Several patients, like Frank Chapman, continued to correspond with her for the rest of their lives.

Mrs Gwynne Holford continued to raise money, especially from wealthy American friends, which went into "Mrs Holford's Comforts Fund". When she was in disagreement with her colleagues, she usually acted unilaterally, for example by writing to the Queen of her displeasure. In fact, though she could and did embarrass her fellow Committee members, once the Hospital was established she no longer had the power to carry out her ultimate threat: to close it down because it was not being run in accordance with her wishes. The quarrel in 1916, whatever its cause, was smoothed over by the diplomacy of Lady Falmouth. The image of the "Lady Bountiful" is easily caricatured, and no doubt some of those ladies on occasion deserved the irritation expressed in private between Kenderdine and his male colleagues. The impression of Lady Falmouth that emerges from the minutes, however, is of a formidable blend of diplomacy and common sense. Repeatedly she was the one to reconcile the conflicting personalities and views of the Committee which she had been responsible for bringing together. She was involved in the affairs of Roehampton for nearly 60 years: it had no more able nor committed supporter.

The bringing together of different interests: the armed services, the orthopaedic surgeons, representatives from the relevant government departments, the London County Council and the major charities (the British Red Cross and Order of St. John were later joined by the British Legion and British Limbless Ex-Servicemen's Association) – provided a power base without which the Hospital would not have made the transition from auxiliary hospital to national institution. Practical difficulties were many: the first Commandant resigned after 6 months because of "the irregular manner in which my control over the running of the Hospital has been interfered with by individual members of the Executive Committee", and the Matron suffered many interruptions from enthusiastic members of the Ladies' Visiting Committee. In spite of this cumbersome administrative machinery, however, the Hospital continued

to grow at an unforeseen rate. The General Committee briefly considered the question of limiting the financial liability of members (which could be considerable) but did not consider it worthwhile to incur the legal expense in registering the Hospital as a limited liability company or obtaining a charter, so long as there was a careful audit kept and the Committee met every month. It was obvious they were going to get on with running the Hospital first and worry about the personal liability later.

With Roehampton House equipped and staffed, the next task was to notify prospective patients. This procedure was complicated as the existing arrangements for providing for amputees under the auspices of the Commissioners of Chelsea Hospital had all but collapsed under the weight of numbers. At the Hospital's London offices a register of cases was begun, based on information obtained from the military hospitals and the Red Cross. Each man's case was investigated to decide when he was fit to be admitted for limb-fitting. The amount of paperwork involved was enormous and expensive, and stretched the resources of the Committee. Before the end of the War the register was transferred to the newly created Ministry of Pensions. Administrative achievement is not glamorous, but this aspect of Roehampton's work helped to create the infrastructure necessary for the emergence of the Welfare State.

By July 1915 the first lists had been compiled, and a prophetic sentence appears in the Executive Committee minutes:

"The position is far more serious than was at first anticipated."

In fact, the problem was enormous. Such was the state of surgery in the First World War that a compound fracture with extensive loss of soft tissue and bone resulted in immediate amputation. The prevailing battlefield conditions, in the mud of well manured French farmland, meant that wounds were easily infected by tetanus or gas gangrene. Again, amputation was the inevitable result. The initial enquiries in 1915 revealed 672 men who had lost limbs, of whom only a few had been supplied with artificial ones. The numbers were to increase dramatically. In all, some 41,050 officers and men lost limbs in the First World War, of whom 26,262 were supplied with their first artificial limbs at Roehampton.

The Hospital expanded rapidly to meet the ever-increasing need: 25 beds in June 1915, 224 in October, 550 by June 1916 and 900 by June 1918, a number described by the Commandant as “*the absolute limit of expansion possible.*” The waiting list in June 1918 was 4,321. Shortly afterwards it was agreed to admit members of the forces who had limbs amputated owing to accident. It was also agreed to accept Australian soldiers.

On 5th August 1915 much discussion took place as to the urgent need for erecting huts to provide additional beds. Proposals were put forward for a further 92 beds, then 144 were considered. Finally it was unanimously decided, on the advice of the medical members of the Committee, to erect accommodation for 400 additional patients at a cost not exceeding £8,500. It was also decided to accept the Duchess of Beaufort’s offer of the hospital at Badminton as a convalescent home. Later in the year it was reported that owing to the lack of discipline among the men already discharged from the Services who were sent to Badminton, the Duchess of Beaufort reluctantly decided to close her hospital.

A recreation room was erected in 1915; a large number of games were obtained for the patients and weekly entertainment was organised. An annual event of great interest was the Sports Meeting for the disabled patients, started in 1916, when it is recorded that the Band of the Welsh Guards played an excellent selection of

music. Prizes were awarded for the sports events; the public was admitted and money raised for the funds of the Hospital.

To assist the spiritual welfare of the patients the Old Church, Roehampton, standing in the grounds of Grove House, originally known as “Roehampton Grove” (now occupied by the Froebel Educational Institute) and which had for some time been in disuse, was put in good repair and consecrated. The Church was immediately opposite the Hospital on the other side of Roehampton Lane.

Before the War, amputation and limb-fitting were totally separate processes. When the amputee had been discharged by his surgeon, he went to purchase an artificial limb. Presumably badly fitting prostheses were common and frequently discarded. In the case of a postal delivery there would be no personal fitting. Certainly no further surgical consultation was involved. The crux of the Roehampton idea was that the surgeon should recommend whatever limb was most suited to a particular patient, and that it should be fitted under his supervision. Furthermore, the patient should be trained in its use before leaving the Hospital.

It was not originally intended to have surgical facilities at Roehampton, but rather to admit patients whose stumps had healed and were ready for fitting. Where further surgery was considered necessary, patients were transferred to beds in whichever London hospital the con-

Double amputees at Roehampton 1918





Walking race for amputees

sultant had connections. Its position close to London meant that the Hospital could attract the services of leading orthopaedic specialists. Mrs Gwynne Holford received early encouragement for her scheme from Thomas Openshaw, who became an honorary consultant and advised on subsequent appointments. Another supporter, Lord Horder, became honorary physician. As the number of patients increased, Openshaw was joined in time by A.H. Elmslie, A.S. Blundell Bankart, E. Muirhead Little and Eldred Corner. In addition, consultants were appointed to represent the governments of Canada, Australia and New Zealand (all of which sent servicemen to Roehampton) and a Scottish surgeon was appointed.

Initially, the consultants attended on Thursdays, but by March 1917 it was noted that Muirhead Little was a full-time consultant, visiting Roehampton every day (for which he was paid a salary of £1,500) while the others acted as a consulting board for special cases. It was the surgeons who persuaded the Committee to appoint a resident medical officer in 1916. They were concerned about the possibility of accident, emergencies such as appendicitis, and the spread of infection: a case of scabies went undetected for a fortnight. Medical emergency finally struck

with the influenza epidemic towards the end of the War in 1918. There were 10 deaths: 6 soldiers, 2 nurses and 2 male staff. Since the staff on the whole had little experience of the treatment of illness it was felt they had coped well.

Roehampton rapidly became a centre of expertise in the treatment of amputation cases and began to assume the roles of teaching and research. In April 1916 the surgeons reported that, in response to a request from the War Office, they had prepared a memorandum on amputations and amputation stumps "*which it is hoped may prove helpful to those who have charge of these cases when they reach Roehampton*". In September 1916 the Finance Committee granted the surgeons £200 "for experimental purposes". The First World War saw the emergence of the orthopaedic surgeons among the elite of their profession. The Hospital's significance is measured by the fact that the inaugural meeting of the British Orthopaedic Association was at Roehampton House on 2nd February 1918. Muirhead Little was the first President, and the subject under discussion was "nerve bulbs in amputation stumps".

The relationship between patients and staff does not emerge from the surviving evidence,

except for one curious reference in a report from Openshaw, written in May 1916, in which he was discussing the difficulty of finding enough beds for patients needing further surgery. Apparently, once away from Roehampton, some men were so troublesome that the Royal National Orthopaedic Hospital would not accept any more cases. Many men left the hospitals refusing their operations.

“The only way they are kept in order at Roehampton is by the Matron treating them with absolute good fellowship. She looks after them like a mother, and when they come out of Roehampton the surgeons find that they do not submit to discipline and they have endless trouble with them.”

In order to fulfil the original promise to supply “the most perfect artificial limbs human science could devise” the Committee organised an exhibition at Roehampton House from 20th-23rd July 1915. It was already apparent that the existing British limb-makers, small firms operating on a cottage industry basis, would not have the capacity to meet the unprecedented demand and so three American firms, Carne of Kansas City, I.E. Hanger & Co. Ltd. of Dayton, Ohio and J.F. Rowley of Chicago were invited to send representatives. All were awarded gold medals. A few days later the Committee decid-

ed to establish the limb-makers on the Roehampton site to maximise production, a pragmatic decision which was to have longterm consequences. At first some firms were accommodated in the basement of Roehampton House, though huts were provided for them all as pressure for space increased. These early workshops were very rough and ready. Raw materials used included wood, acetone and certalmid (an early form of plastic) which, combined with the almost universal smoking, represented a considerable fire risk. Fortunately, although there were a number of small incidents, the major disaster anticipated by the London County Council and the insurance companies never happened.

The manufacturers (which included one- and two-man businesses as well as the larger firms) were in the first instance charged uneconomically low rents, but in the busy period just after the War Kenderdine was able to renegotiate at a far more favourable rate. He wrote in 1932:

“when these leases were granted (1924-25) the limb-makers were making a small fortune out of Roehampton and I was therefore able to make exceptional terms with regard to rentals.”

Princess Royal visits during First World War



In fact rentals came to succeed donations as the Committee's main source of income. During the less buoyant 1930s, some of the smaller firms failed and there were takeovers as the larger firms, Hangers, Steepers and Blatchfords, consolidated their positions. As the Ministry of Pensions took over from the Committee in establishing a national artificial limb service the awarding of government contracts became a major force in shaping the future of the industry. Though the suggestion has come from many quarters in the course of Roehampton's history, the state has never taken over the manufacture of artificial limbs.

At first no attempt was made to standardise the design of limbs because Openshaw thought the limb-makers would be able to work more quickly producing familiar designs. Standardisation came gradually, and levels of charges were agreed although the surgeons argued that they should be able to supply whatever limb was most appropriate; for example, there was much debate about the Came arm, which was particularly expensive, costing £40 in 1915.

How closely did the treatment at Roehampton measure up to Mrs Gwynne Holford's dream? Prostheses were still crude by modern standards, and had hardly advanced beyond the traditional peg-leg. Although experiments were made with light metal, wood was still the predominant material at the end of the First World War period. The sheer number of cases had

increased clinical knowledge of the preparation of stumps but co-operation between surgeon and limb-fitter seems to have fallen short of the ideal. The new profession of limb surgeon, a product of the Ministry of Pensions Medical Service, had not yet emerged. George Perkins, the orthopaedic surgeon who came to Roehampton during the Second World War, claimed then that medical snobbery was hindering co-operation between the two branches of the profession. The number of patients cannot have allowed for much individual attention, and rehabilitation was fused with military procedure in a way wholly characteristic of Roehampton. Leg cases were paraded in front of the medical officer and senior fitter in the main "Parade Hall". Most men with artificial arms apparently discarded them (except when a specific attachment aided a mechanical process) unless under orders to wear them.

A testimony to Roehampton's reputation is given in the autobiography of Sir Brunel Cohen MP, a double amputee who became a founder member of the British Legion and spokesman for the War disabled in the House of Commons. Having left hospital he spent a month at the Berkeley Hotel, going almost daily to a limb-maker in South Molton Street, where he received the most rudimentary walking training.

"I suffered... from my rank; being a field officer I was not required to go to a convalescent home, nor

Workshop for making artificial limbs, 1st World War





'Parade' – Miss Munn (Matron) on left. 1st World War

was I sent to Roehampton to be fitted with limbs and taught how to walk. Had I gone there, I feel sure the example of others and the competition engendered would have made me walk infinitely better than I ever did."

Sir Brunel spent most of his life in a wheelchair.

Perhaps the value of a stay in Roehampton lay as much in the comradeship as the treatment. Although "counselling" was not yet a recognised part of treatment for the disabled, there must have been a therapeutic value in the continued camaraderie of military life. Sister D'Arcy of the Convent of the Sacred Heart remembered being sent as a schoolgirl during the First World War to help clean the floors in

Roehampton House. She particularly remembered being told always to be cheerful and optimistic when talking to the men. "*You will be playing football in a couple of weeks*" was a frequent remark. Sydney Holland-Brown, a VAD, remembered an atmosphere of constant high spirits and although the horseplay sometimes made his own life difficult (as when pillows were thrown at him when he attempted to remove chamber pots from the wards) he claimed that he himself gained a new vision of what it was possible for disabled men to achieve, which inspired him throughout his own very adventurous life.

The promise which Roehampton made to its patients was not just to provide an artificial limb

but also training opportunities and help with employment. The General Committee minutes of 2nd November 1915 stated:

"Judging from the results so far achieved and numerous offers of help received, it is hoped to find every employable man a good situation on leaving the hospital."

In September 1915 the Committee secured the voluntary services of Dudley Myers (who had been working for the Government Committee for the Employment of Belgian Refugees in the early days of the War) as secretary of the Employment Bureau. He established training workshops on site, several as a result of generous donations from Lady Wantage, a founder member of the Committee who had a special interest in this aspect of the work.

Training for re-employment began immediately and an employment bureau was set up, both proving most successful. This was a great step forward, acting as it did as a wonderful boost to the morale of the men. By October 1915, 86 had been placed in good situations through the bureau.

It must be remembered that employment agencies had only recently been set up in 1912 by Lloyd George in some parts of the country and this centre was all the more important because of the limited training facilities elsewhere.

The training centre was soon giving instructions in the following trades: architecture; art and design; bakery; basket making; brush making; boot making; carpentry and cabinet making; chemistry; cinema work; clerical work; confectionery; diamond polishing; draughtsmanship; electrical work (all branches); engineering; hairdressing; light leather work; metal turning and fitting; photography; silver and metal mounting; tailoring; telegraphy; toy making. In all some 25 trades were offered at different times.

In addition, arrangements were made with various training institutions for the men to move on to continue their education, supported by charitable agencies if necessary. George Clark of Clark's Commercial College and Robert Mitchell of the Regent Street Polytechnic helped so many men throughout the War that both were made honorary members of the Roehampton staff. Several employers took amputees on a regular basis and the Ministry of Munitions absorbed an increasing number. Some were trained as limb-fitters on a special scheme devised by the Commandant, and then employed by the various manufacturers at Roehampton. A journalist, Margaret Chute, wrote in the Daily Graphic after a visit to Roehampton in November 1916, that in every

room there were posters urging the men to "learn a trade".

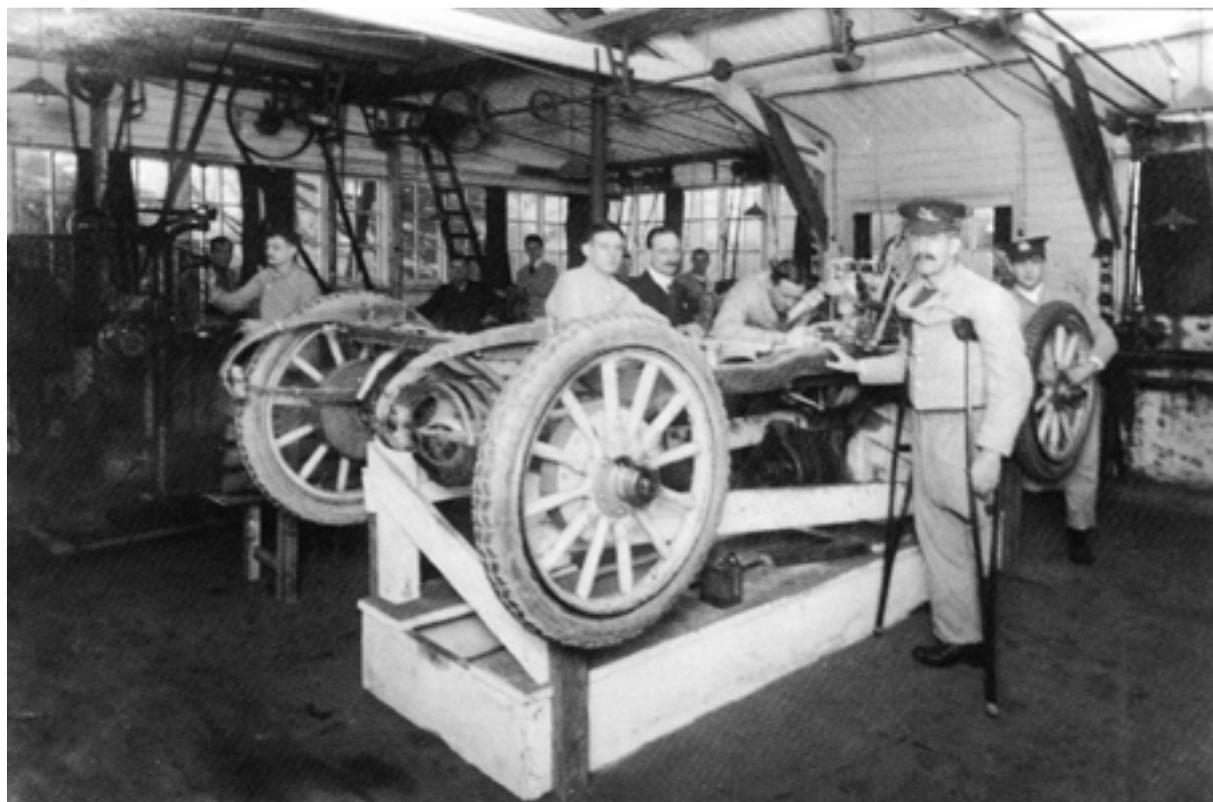
Myers was both energetic and committed and his series of reports to the Committee provide a number of insights into life in the Hospital. For example, on the general question of the success of treatment, he wrote in 1916:

"I have no hesitation whatever in asserting that whereas in leg amputation cases the providing of suitable employment is second only in importance to the providing of artificial limbs, in arm amputation cases, on the contrary, the opposite is the case and suitable work is more important than an artificial limb, which, in most cases, is of no assistance to the wearer and is probably rarely worn."

To Myers' frustration, not all the men took advantage of the opportunities offered. He was constantly urging that more time be made available for training classes.

"The promise of free tuition after leaving the Hospital has encouraged some to persevere, but many are unable to keep regular attendance by their being required to attend limbmakers, masseurs and parade. If the hours fixed for the latter could be conveniently altered so that the hours of study clash as little as possible, it would greatly assist workshop tuition."

Training workshop, 1st World War



He frequently deplored the

“system which tempts men to leave the precincts of the Hospital during the whole of the afternoon”

to the detriment of their classes. His colleague, Mr Andrews, the very popular workshop superintendent, was more realistic. During a spell of hot weather in July 1916 he wrote:

“I am not prepared to condemn the liberty given as the men on the whole appear to be more cheerful and healthy for the relaxation.”

The training scheme suffered as the Hospital became more efficient. The initial average stay of around 6 weeks was reduced, under pressure of numbers, to 4 weeks for a leg case and 2 for an arm. Some men did not want to train out of “apathy” (a word much used by Myers), some intended to let the State support them, while others worried that training for employment would affect their pension rights. Here Myers’ department developed another service, that of advising on entitlement and helping to negotiate over disputed claims (the Ministry of Pensions was established to take over this area in 1916) and there was a programme of weekly lectures on pensions and employment.

Myers gradually came to accept that his department could not provide comprehensive training but should act instead as a “clearing house” giving the men practical experience of various processes and arranging for them to continue their training elsewhere if possible. By March 1917 he wrote a report in which he divided the men into 3 categories: 25 per cent *“who are prepared to work anywhere and for whom employment should be found before they leave the Hospital”*; 40 per cent *“whose jobs are open and on discharge will return to their former employers”* and 35 per cent *“who will only consider work near their homes”*, i.e. married men whose cases would best be helped by the local war pension committees. He was most concerned about the first group of single men, thinking they would be the most likely to drift into destitution and argued, unsuccessfully, that they should not be discharged until they had a job.

As with other developments at Roehampton, state provision followed the lead set by private initiative, and the local pension committees and trade advisory committees began to undertake the task of finding employment for disabled ex-soldiers. Myers on the whole disapproved of state intervention which he saw as a threat to his freedom of action, but his work at Roehampton attracted a great deal of notice and (as in the case of limb-fitting) the work was widely

reported by various means including cinema. Many visitors came to examine his methods, including the Minister of Pensions and many local committee members. Indeed, one wonders in what spirit Mr Andrews, following a visit by the Duke and Duchess of Connaught in January 1917, wrote:

“visits of well-known people are of almost daily occurrence.”

There is no way of knowing from the sources available how far the hope of finding a job for every employable man was realised, though it seems that the scheme provided an opportunity for the energetic and well-motivated rather than comprehensive coverage. The Hospital profited from many of the schemes, and was provided with furniture from the woodwork shop, telephone communication between the various huts, electric light, eggs from the poultry farm, produce from the kitchen garden, there were even pigs on the site. Myers became increasingly interested in the “psychological aspect of the problem” and felt that morale was lower among the men who, towards the end of the War, had perhaps had a long stay at home before they could be admitted to Roehampton. His constant condemnation of “apathy” among those who, presumably, included men suffering from degrees of stress and disturbance has a harsh ring to modern ears, but even so Myers had an imaginative vision of the need for rehabilitation and worked towards it with great energy. Lack of time and resources in the face of ever increasing numbers prevented Roehampton from developing a comprehensive service equal to that which St. Dunstons, for example, provided for those blinded in the War but many individuals must have been grateful for his efforts. Myers always felt that his work was undervalued and his sense of frustration caused him to offer his resignation to the Committee on several occasions, but in the end he stayed until the spring of 1920. The employment bureau and training workshops closed later in the same year, bringing a brave experiment to an end.

C. Jennings Marshall, Assistant Surgeon and Junior Orthopaedic Surgeon to Kings College Hospital wrote in *Modern Artificial Limbs* of 25th June 1921:

“While the function of a lost lower limb has for centuries been capable of replacement with a fair degree of success, the achievements with the arm have remained on a very much less satisfactory basis... The work of the arm-training centre at Roehampton is an object lesson in successful methods of overcom-

ing such problems...

The patient is admitted there for a while as an inpatient in beautiful and healthy surroundings. He mingles with numbers of others with the same kind of disablement, hears them talk of their progress, sees what they can do. He begins to understand that restoration of function is taken for granted as a thing beyond doubt. He is able to go freely anywhere, seeing armless men at work – digging, hoeing, using a pitchfork, wheeling a barrow even up an acute slope, swinging heavy hammers in driving for instance a pile – and doing all these things without effort or discomfort. A visit to the workshops will show him all branches of carpentry in progress: there are fellow armless men using plane, hammer, spokeshave, chisel and the like. While most of the men have a chief preoccupation – their means of livelihood – and pay most attention to the factors bearing on this, there is another most heartening aspect of the centre. This is the world of sport and play. It will not be long before the athlete will find that there is no need for armless men to forego the pleasures he derived from sport. He can see men who held a cricket bat with the best, drive a golf ball, play billiards – instances which could be multiplied.”

The success of the arm-training school at Roehampton was largely due to the work of Captain Rowlatt Maxwell, Chief Arm Instructor who started first at the Charterhouse Military Hospital and then from 1915 at Queen Mary's. His work at Roehampton and at other centres in the United Kingdom has been of the first importance to orthopaedics.

In July 1916 a levelling off of admissions caused Kenderdine some anxiety. He was worried that any fall in demand could make limb manufacturers leave the site, and the Committee decided to admit civilian casualties, for example anyone who lost a limb during air bombardment. It seems that only one individual was admitted under this rule, because in fact the respite was very temporary and in August 1,271 notifications of men seeking admission were received, nearly 4 times greater than in any previous month. The rise continued to reflect the fighting on the Somme, but early in 1917 this waiting list figure disappears from the minutes on the instruction of the War Office, who did not want it widely published. In addition to the new admissions, men were beginning to come back to the Hospital for readjustment to their limbs. Routine repairs could be dealt with on an outpatient basis or by post, but even so resources were stretched to capacity and when the War ended in 1918 the Hospital was busier than it had ever been.

By the end of the War, Queen Mary's was not the only limb fitting hospital in the United Kingdom. Under the auspices of the Ministry of Pensions, which came into being in 1916, a network of regional centres was opened, but Roehampton remained the “motherhouse” to which any particularly difficult cases were referred.

1st World War. Miss Munn (Matron) right



CHAPTER 2

Between the wars 1919-1938

Roehampton had been established in response to an emergency. Mrs Gwynne Holford's original scheme had suggested that the Hospital would be needed for 6 months after the end of the War. Within 2 years the phrase "a permanent Roehampton" began to emerge. Obviously there would be a need to continue caring for the limbless, and in the case of young and otherwise fit men that care would need to be extended for the rest of their lives. But whereas at the beginning of the War the authorities had not been able to cope with the demand for artificial limbs, there was now a nationwide scheme to provide for them. The Ministry of Pensions had been established not just as an agency for administering financial claims, but to provide medical care, rehabilitation and support for the pensioners; the provision of limb-fitting centres in each of its regions being only one aspect of its medical services.

The Ministry thought that the Committee had promised to hand over control of the Hospital to the Ministry of Pensions so that it could become an integrated part of the national system. It claimed that there had been an agreement made in 1917 that the Government would contribute £10,000 to the purchase price of Roehampton House, in return for the Ministry taking over complete financial control. There was anger and consternation when it became known that the Committee had raised the £58,000 (£28,500 of which was provided by the Joint War Committee of the British Red Cross and the Order of St. John) and was proceeding with the purchase on its own. This was regarded by the Ministry as a "breach of faith".

This charge was not accepted by the Committee, whose members seem to have considered that once they had raised the money they were free to act as they wished, although they would have turned to the Government for assistance in the last resort. The dominant figure in this episode seems to have been Sir Charles Kenderdine (he was knighted in 1918), who, in spite of the fact that he had worked for the Ministry as Director of Artificial Limb Supplies from 1917-1920 and had helped establish the regional network of centres, was fiercely determined that the Roehampton Committee should retain its independence.

At the end of the War it was by no means certain that the Hospital would continue on the site. Roehampton House itself was still the only permanent building, the factories, wards, workshops and so on had all been accommodated in temporary huts. (The last one of these finally went out of use in 1989). When, on 25th June 1918, the Finance Committee debated the issue of whether or not to take up the option to purchase Roehampton House offered by the owner, Kenneth Wilson, the members including Kenderdine, recommended that the offer be turned down. They argued that the site was inaccessible, being too far from the main London railway stations. The provision of transport to ferry disabled men from the stations at Barnes, Hammersmith or further afield had always involved considerable difficulty and expense. The 30 acre site, with its distinctive gardens and grounds, was too large. A smaller one could be managed more economically as a limb-fitting centre without the risk of the Committee being left with an expensive white elephant or the Government deciding to utilise the place as a home for men with disabilities other than the loss of limbs. Oddly, this decision does not seem to have been debated in the General Committee. Presumably, once the grant from the Joint War Committee had been secured the Committee felt confident enough to proceed with the purchase.

Kenderdine seems to have had no difficulty in carrying the Committee along with his views, with the unsurprising exception of Mrs Gwynne Holford. She had objected to the setting up of regional centres under the Ministry scheme, presumably because she saw them as a threat to Roehampton, and had unilaterally approached various Government ministers to express her views. They do not appear to have taken her seriously. Lord Derby, Secretary of State for War, wrote to Sir Matthew Nathan: "*The real truth is that ...amateurs like Mrs Holford were splendid in starting the work, but it really becomes too big for them, they are unable to manage it and yet they hate seeing it slip out of their hands.*" When her actions became known, she was asked to resign from all Roehampton Committees. In 1925, when she next came into collision with Sir Charles, Mrs Gwynne Holford claimed to have argued at the end of the War that the

Committee should have left the provision of artificial limbs to the Ministry and directed its financial resources to the welfare of limbless men, for example by providing a sheltered village for the most handicapped. No reference has been found to this suggestion in the period 1918-1920 and the Committee did not consider any large scale welfare schemes. Kenderdine's attitude to Roehampton's financial affairs was fundamentally conservative, aimed always at protecting its capital and increasing its assets. This view that the secure future of the institution, rather than response to individual need, should be the Committee's concern, was not challenged. It was only much later, in the 1960's, that the Roehampton Trust decided to direct its considerable financial resources to welfare.

The purchase of Roehampton House was concluded in January 1920. Although he acknowledged Kenneth Wilson's generosity in public, it was Kenderdine's private opinion that the former owner had benefited from the deal, because the residential character of the area was being spoilt by the building of "small workmen's dwellings" to the rear of the site and the mansion might otherwise have been difficult to sell. Sir Charles was referring to the Roehampton estate, built by London County Council (LCC) on the former parkland of Putney Park House as part of the drive to provide "*homes fit for heroes*" in response to the 1919 Housing Act. Dover House, lent to the Committee for use as a hospital for officers during the War, was sold to the LCC for development in 1921, and presumably Mr Wilson could have disposed of Roehampton House in a similar way. Officer patients from Dover House were sent to North House, Putney and in 1922 returned to Queen Mary's.

In the early 1920's (by which time War Pensioners had been fitted with a second limb) the level of in-patients fell to around 70 or 80, although out-patient attendances were still high. The Ministry's capitation grants meant that functioning at this level was not possible for an institution of Roehampton's size and the Committee was having to make up the shortfall.

In order to utilise Roehampton's resources to the full and maintain the establishment, Kenderdine began to explore the possibilities of admitting limbless patients of categories other than War Pensioners. The Ministry of Pensions' Warrant very strictly defined which patients could be treated, and did not cover, for example, servicemen injured after the end of the War.

Early in 1922 the Ministry received an enquiry from the London and South Western Railway asking if members of their staff who lost limbs through accidents at work could be admitted to Roehampton. (It is possible that Kenderdine had written to the railway companies inviting such an approach). The Ministry's response was to refuse to admit civilians, but Kenderdine argued that the Committee was within its rights to do so, providing that no charitable funds were diverted and separate accounts were kept. This view was upheld by the Charity Commissioners.

The Committee covered its costs from charges but made no profit. The advantage for the railway companies was that they were able to obtain the latest artificial limbs at government rates. The popular Desoutter-type light metal limb made at Roehampton was cheaper than the limb made by Desoutters themselves. In addition, patients benefited from the expertise in fitting. Throughout this inter-war period similar agreements made the facilities at Roehampton available to additional classes of patient, including servicemen, miners, policemen, LCC hospital patients and later voluntary hospital patients. As Ministry of Pensions work declined, the Governors (as the Committee came to be called) worked towards Roehampton becoming a national centre for the civilian limbless. Special arrangements were made with the Board of Education in respect of school-age children and later for congenitally deformed infants. This scheme gained the approval of *The Times* in a leader on 28th July 1936 headed "*A Wise Decision*".

In spite of the various forms of union agreements, insurance schemes, friendly societies and charitable support, not everyone who needed a limb could afford one. Among the surviving correspondence files there is a group of letters containing pathetic requests for secondhand discarded limbs. Apparently the problem was that the Governors would only accept single payments, not weekly contributions, and if a limb cost £10, there was little hope of a man earning in the region of £1 10 shillings [£1.50] a week being able to save such a lump sum. In spite of the proud boast that each limb was tailor made for one individual only, it seems that discarded limbs were sometimes made available at 10 shillings [50p] each.

The decision to admit other categories of patients as well as War Pensioners was a significant one in terms of Roehampton's development, but it did not result in an immediate increase in patient numbers. The

agreement allowed the Committee to admit up to 150 cases a year providing no expense fell on the Ministry or the Committee. In 1927 there were 190 pensioner in-patients and 77 civilians. But at the same time that this agreement was being hammered out another possibility was being raised which was to have even more significance for the future of Queen Mary's, and that hinged on the future of the Military Orthopaedic Hospital at Shepherds Bush.

After much detailed negotiation the Ministry and the Committee undertook to redevelop the Roehampton site to meet the needs of transferring patients from Shepherds Bush. It was reckoned that the rebuilding would cost £30,000, of which £15,000 was to come from the Committee and £15,000 from the Joint War Committee of the British Red Cross and the Order of St. John.

For the first time there was to be a fully equipped hospital on the Roehampton site. The construction was considerable. Ward blocks were built on the north side of the lawns, together with operating theatres and specialist departments including X-ray, electro-therapy

and a gymnasium. The Hospital was to be administered by the Ministry of Pensions, who employed their own surgeons, medical officers, nursing staff, plaster technicians and orderlies. The Committee, as landlords, provided special amenities such as the canteen and maintained the grounds. The limb-fitting services continued under the same system of dual control as before.

With the permission of Queen Mary, the words "Convalescent Military" were dropped and the institution became Queen Mary's (Roehampton) Hospital. The Queen agreed to open the new extension: she had visited the Hospital on several occasions since her first visit with the King on 11th March 1916. It was at this point that Mrs Gwynne Holford made her displeasure with these developments known. She approached various friends and supporters, apparently suggesting that the money which she had helped to raise had been misappropriated. J.A. Spender, a well known journalist, forwarded her views to the royal household, as a result of which, a week before the official opening, Kenderdine received a letter from Buckingham Palace discreetly suggesting:

Queen Mary opens extension 6th May 1925



“if there is ever to be any difficulty on the subject... it would be better that the Queen should cancel her visit.”

His reaction on reading this can only be imagined, but he was able to convince the Palace that all the changes had been agreed with the Charity Commissioners, and the ceremony took place as planned on May 6th 1925.

In fact the Charity Commissioners' amended scheme for managing the Hospital was not finalised until 1928. A governing body was appointed to administer the charitable funds. Mrs Gwynne Holford became a governor at her own request, and, apparently in response to her demands, £15,000 was allocated over ten years as a welfare fund, though Kenderdine in private fully expected *“the ladies to make a hash of it”*. Roehampton was still attracting donations and legacies; at a Governors' meeting in June 1919 the subject under discussion was the great surplus in the general fund. Under the terms of the new scheme, however, the Governors were very restricted in how they could spend the money, and they could not touch the invested capital.

After 1925 the Ministry had virtually taken over the administration of the Hospital and Limb Centre. The Trust's role consisted of individual welfare case-work, provision of additional Hospital and Limb Centre amenities and estate management over the thirty acres of land and buildings. One suspects the working relationship between Ministry and Trust worked more smoothly after Kenderdine's retirement in 1933. Nevertheless the Ministry's failure to gain overall control at the end of the War probably delayed the entry of Roehampton into the National Health Service, which did not take place until 1961. There was a view, however, amongst disabled ex-service organisations, including the Roehampton Trust (and expressed in 1994 by John Williams, then Clerk to the Trustees) that the disabled ex-service community had been better served by Queen Mary's (and other former Ministry of Pensions hospitals) keeping separate identities instead of being enveloped in the National Health Service.

An agreement was entered into between the Charity and the Ministry of Pensions for a term of 21 years from 1st April 1925. Under the terms of the agreement the Ministry of Pensions was to bear the cost of considerable extensions and it was agreed that so long as priority was given to the needs of limbless ex-servicemen, beds could be used by the Ministry for any of its patients requiring general medical and surgical

treatment, including tropical cases, plastic surgery cases – in short, all types of treatment except for tuberculous or mental diseases.

The Governors continued to be responsible for the provision of factories, for the maintenance of all buildings and the upkeep of the extensive grounds.

The arrangements between the Ministry of Pensions and the Charity were carried on with practically no alteration until September 1939 when the Ministry of Pensions assumed responsibility for the maintenance and administration of the 'Hospital area' of the estate.

The scheme for the permanent administration of the Hospital was approved by the Charity Commissioners on 4th May 1928 which defined its primary objects as a Limb Fitting Institution for disabled sailors, soldiers and airmen and sanctioned its extension for the treatment of other classes of ex-servicemen and civilians.

On 11th July 1928 at the first meeting of the newly constituted Board of Governors the net assets of the Governors apart from the Estate, amounted to £44,824. 38 beds were available for officers and 464 for other ranks and civilians.

Surgery made many dramatic advances in the face of the wartime casualty rate, and many of the most distinguished names became linked with Roehampton. The newly established Hospital dealt largely with orthopaedic cases at first. For some severely disabled, Roehampton became their home. Several of the team at Shepherds Bush transferred to Roehampton. From 1929, however, patients suffering from conditions resulting from chest injuries were admitted and Tudor Edwards, Roberts, Price Thomas and Brock all operated on thoracic and general surgical cases. During the Second World War, these cases were dispersed to other hospitals under the Emergency Hospital Scheme.

One speciality to emerge during the First World War was that of plastic surgery, established by the pioneering work of Major (later Sir) Harold Gillies at the Queen's Hospital, Sidcup. Sidcup, like Roehampton, was an Auxiliary Convalescent Hospital, and the indefatigable Sir Charles Kenderdine was Secretary to its Committee. When the number of facial injury cases declined it was decided to transfer the remainder to Roehampton in 1923. Gillies was disgusted with the move and did not visit until the 1950's but his colleague T.P. Kilner and the dental surgeon Mr Fraser did transfer to establish the Department.

Sidcup's history was parallel to that of Roehampton, in that, as facial injury cases declined it made accommodation available to the Ministry of Pensions who moved 500 general medical cases there. By the autumn of 1928, however, only half of those beds were being used, and the Ministry decided to pull out. The Hospital was closed the next year, and the remaining patients (some of whom were long stay) transferred to Roehampton. Froggnal House, Sidcup was sold to the London County Council (which re-opened it as a convalescent home) and the remaining funds were divided between a Welfare Fund, the Star and Garter Home in Richmond, and Roehampton.

During this inter-war period Queen Mary's was becoming the largest Ministry of Pensions hospital and various services were transferred there, including the pathology laboratory in 1929. For the first time the Hospital had female patients, when a ward was opened for nursing sisters.

In 1930 the old wooden huts used for the Limb Fitting Department were replaced by brick buildings and the Ministry of Pensions redecorated the whole Hospital. In the same year the first case was admitted under arrangements made with the National Union of Seamen.

The work of the Hospital was further extended in 1932 by taking patients from LCC hospitals

and institutions and voluntary hospitals for limb fitting. At the same time Sir Stanley Woodwork, Consulting Physician to Westminster Hospital, was appointed Honorary Consulting Physician to Roehampton.

On 27th September 1933 Sir Charles Kenderdine, who had served the Hospital as Honorary Secretary and Treasurer since the beginning, resigned owing to ill-health. A message was received from the Queen regretting the news of his resignation.

On 28th July 1936 *The Times* under the heading 'A Wise Decision' recorded that:

"The Minister of Pensions stated yesterday that he felt it would be deplorable if the knowledge and skill developed in this service were allowed to lapse and that he had accordingly agreed to a suggestion made by the Committee of the Hospital that the services of the limb fitting surgeons of the Ministry, both in Roehampton and in the provincial centres, should be made available to the committee for the expert adjustment of artificial limbs for further classes of civilian cases."

Plans were accordingly made for further expansion of the Hospital. A new artificial limb factory was opened and by 1939 plans were approved for an additional 550 beds.

Opening the new limb fitting centre 1932



In the year 1938/9 attendances of War Pensioner cases for artificial limbs totalled 10,978 in addition to 355 civilians and 16,251 limbs sent by post. 184 officers and members of the nursing staff were admitted to the wards, 1,624 other ranks and 50 civilians. The artificial limb fitting factories used by 5 firms employed a total staff of 300.

By the late 1930's Roehampton was an ageing community. Apart from the patients, as many of the staff as possible were ex-servicemen. We are given a brief glimpse of life there in the surviving correspondence about a request from the artificial limb-makers to make use of Roehampton Hospital Sports Club ground. The grounds at Roehampton, characterised by the lawns and great cedar trees, though gradually eroded from their Edwardian splendour, were still a special feature of the Hospital, and provided the setting for many community events as well as the annual garden party, first held in 1916.

In 1938 the Medical Superintendent was T.C. Buchanan. In making his case to the Committee for the factory-workers' application to be rejected, he wrote:

"its decision is for the benefit of the patients who may be forced to spend many years (in some cases the remainder of their lives) in the hospital... It is possibly not realised to what extent the ground is used and appreciated by the patients and their visitors. For those cases unable to go out especially cases who can only get about in wheelchairs – this field is a blessing and...in the summer evenings it is not unusual to find several sitting reading, etc., under the trees. The sisters are not now in their first youth, and after a hard and exacting period of duty do not feel like leaving the precincts of the Hospital..."

This stable, settled community was in marked contrast to the pace and activity of Roehampton at the end of the First World War.

Annual Garden Party



CHAPTER 3

Second World War 1939-45

The Ministry requested that the Governors provide another 550 beds to bring the Hospital's capacity up to about 900. Some of the Committee were disturbed by the loss of amenities that further expansion and loss of garden would result in for the War Pensioners, but after "long and earnest consideration" 17 new brick wards were erected to replace the old huts, with an air-conditioned underground theatre and resuscitation wards, new kitchen and dining hall, recreation building, stores and ancillary buildings. These new buildings were declared open by Lord Horder, Honorary Consulting Physician to the Hospital, an eminent physician, who was also physician to King George V. Residential patients were moved to the Star and Garter Home at Richmond.

"... in short, a further new Hospital has been built within and adjacent to the old... Roehampton may be said to have taken another lease of life and to have entered upon a new sphere of usefulness in the service of mankind."

In an attempt to simplify the cumbersome dual arrangements whereby the Hospital was administered, a new agreement was reached with the Ministry of Pensions which assumed sole control.

The Limb Fitting Centre and factory space was also extended and new staff trained. The plan under the emergency scheme was to use the Hospital initially for all casualties and then, as the system settled down, to reserve it for the treatment of ex-service amputees, fractures and facial injury cases. No doubt the rush to expand facilities was prompted by memories of the appalling statistic of over 40,000 men losing limbs in the First World War. In fact, the casualty pattern that emerged in the Second World War was not the same, and as new needs emerged, new facilities had to be developed to cope with the changing situation.

There were approximately half the number of amputation cases in the Second World War. Leon Gillis, consultant surgeon at Queen Mary's from 1943-67, summarised the reasons as follows: advances in surgical technique, in chemotherapy and in the general management of any injury, better treatment of infection and the availability of blood transfusion.

"Generally the men of World War II were fitter than World War I...they fought under better conditions and their wounds were cleaner – less likely to develop tetanus or gas gangrene."

Altogether 20,000 ex-servicemen and 2,000 civilians were treated at Roehampton between 1939 and 1945. The civilians included women and children admitted under various agreements negotiated by the Governors. Improved co-operation between the different professions and experience gained since 1915 had improved the quality of their treatment. Gillis again:

"Observations made on the results of large numbers of World War I amputations led to changes in the site and technique of the operations."

By 1939, the specialists were agreed on 4 standard sites (2 for each limb) for major amputations. British surgeons were considered conservative in this respect, and, according to Gillis

"opposed experimentation with the more unorthodox types of amputation stumps practised abroad."

Writing in 1965, he remained convinced that this well-proved policy, in conjunction with the progressive improvements in prostheses, was justified by its results.

During the war, George Perkins (later Professor of Surgery at St. Thomas') came to work at Roehampton. Recalling this experience in 1972, he was scathing about the lack of communication between the Hospital and the Limb Fitting Centre.

"The orthopaedic surgeons were cutting off legs, but they had no idea of the length of stump and the shape that the limb-fitters preferred. However, the limb-fitters did their best, but they did not know how to teach the men to balance and walk on their limbs, whereas the orthopaedic surgeon is experienced in rehabilitating the patients with broken legs...Partly it was caused by their having different bosses, but mainly it was a matter of 'us and them'."

He did his best to break down this barrier, and co-operated with R.D. Langdale-Kelham, the head limb-fitting surgeon in a book called *Amputations and Artificial Limbs* published in 1942.



1940s ward round

Perkins developed a technique, which remained in use for many years, of fitting a temporary plaster pylon which helped the patient to become mobile as soon as possible. He could then be discharged and fitted with an artificial limb at his nearest centre. In this work he was assisted by physiotherapists.

As well as Orthopaedics, the established departments of Plastic Surgery, Neuro-surgery and General Medicine expanded to cope with the influx of casualties. In addition a new need arose, this time from among the men stationed in countries where tropical diseases were endemic, of whom the worst affected were those captured by the Japanese in the Far East. The prisoners who returned were suffering from harsh treatment and malnutrition in addition to severe illnesses. The Ministry decided to establish a Department of Tropical Diseases at Roehampton under the direction of Dr J.P. Caplan. By 1950 the unit had 120 beds and was the largest of its kind in the country.

The successful treatment of tropical disease was dependent upon meticulous nursing care, and in the early days the department was hampered by a shortage of suitable staff. In 1949 a 6 month post qualification course for the Certificate in Tropical Nursing was established which helped raise standards to the required level. The department became a clinical teaching

centre, attended by post-graduate students from the London School of Hygiene and Tropical Medicine.

The largest group of cases was suffering from intestinal amoebiasis, and a standard 10 day course of treatment introduced at Roehampton in 1946 gave excellent results. A report produced in 1950 claimed that malaria had ceased to be a clinical problem in spite of "an increasing tendency on the part of the pensioners to ascribe any febrile illness to Malaria". The same report, however, commented on an increase of patients admitted with intestinal helminthiasis (worms), although it was 5 years since most of the prisoners had been released; it also expressed concern about possible future cases of cirrhosis among those suffering from liver complaints caused by poor nutrition. In other words, treatment would need to continue well into the future. FEPOW (Far East Prisoners of War Association), through the National Federation of Far Eastern Prisoners of War Clubs and Associations became one of the organisations closely associated with Roehampton.

Roehampton suffered considerably from air attack during the war. A high explosive bomb and 55 incendiary bombs fell in the autumn of 1940, the bomb causing extensive damage to Roehampton House, destroying the ceiling and wall paintings by Sir James Thornhill and the

freestone mantelpiece attributed to Grinling Gibbons.

Further damage was caused in November 1940 when a high explosive bomb hit a factory and the major part of the curative workshops. The Managing Director of J.E. Hanger & Co Ltd (principal tenants of the artificial limb fitting centre), T. Bryant Smith was killed by the bomb. After this damage extensive camouflaging of buildings took place.

In February 1944 a high explosive bomb seriously damaged Roehampton House and the quarters of some of the nursing staff. Also in 1944 there were intensive attacks by flying bombs and the Hospital was evacuated for a brief period. Some of the older wooden buildings were destroyed and the opportunity was soon taken to erect new buildings. Over this period 5 members of staff were injured but there were no casualties among the patients.

In 1941 a new agreement was drawn up between the Hospital and the Ministry of Pensions including a lease to the Ministry of the Hospital area for a term of 60 years at a peppercorn rent. Providing limbless ex-servicemen received full priority for the whole period of the lease, the Ministry were permitted to use the Hospital for general medical and surgical cases; the maintenance of the grounds, the factories and the Limb Fitting Centre remaining the responsibility of the Governors. The Ministry continued the practice of training patients for employment. A research department was equipped by the Ministry and much original work was carried out under the direction of the Standing Advisory Committee on Artificial Limbs appointed by the Ministry.

The admission of children was agreed in 1942/3.

By 1944 the Ministry of Labour, the Ministry of Pensions and the Roehampton Governors had

Roehampton House after bomb damage 1940



arrived at a scheme by which artificial limbs could be made available to certain classes of civilian on a contributory basis. When the NHS came into being, Roehampton was at the centre of the system for supplying artificial limbs.

A new Limb Fitting Centre was opened on 22nd, February 1944 by the Chinese Ambassador Dr V.K. Wellington Koo. It had facilities for lectures and films and in addition to treating

patients was used for teaching purposes and demonstrations for visitors from all parts of the world.

In the last year of the war 21,769 war cases were treated in the Limb Fitting Centre and 13,540 limbs were sent by post. The limbs posted were repaired limbs or limbs sent to other centres for fitting. 1,933 civilian cases were treated and 452 limbs sent by post to civilians.

Lady Mountbatten 1940's Garden Party



CHAPTER 4

Post War Period : 1945-59

In 1947/8 a further extension of the Limb Fitting Centre and factories took place at a cost of £30,000.

By this time the Hospital and Limb Fitting Centre had become an even more important national institution. In the report of the Ministry of Pensions for the period 1939 to 1948 the following appears:

“At the Queen Mary’s (Roehampton) Hospital, London, the Ministry has concentrated the headquarters of its service in the artificial limb field. Close to the surgical wards of the hospital the Ministry has established a large limb fitting centre which is used for the various processes of fitting and training in respect of new amputations. It serves as a centre for the Greater London and Home Counties Area for the purpose of adjustments, repairs and after-care services for the limbless. There are two main factories in the grounds. Thus in Roehampton there is a concentration of experts and research in artificial limb matters which is unique.”

At the end of the War, Roehampton’s reputation stood high. The new Limb-Fitting Centre attracted visitors from many countries and all available expertise was shared with the Allies. The Centre was built by the Governors, who continued their building programme after the War. Roehampton was a “compound”, rather than a single institution, the word was applied by George Perkins, who was continually exasperated by the administrative complexity. Howard Sutcliffe, Honorary Secretary and Treasurer 1946-59, likened the organisation in 1950 to an equilateral triangle, with the Hospital, Limb-Fitting Centre and artificial limb factories at the three points, and the Governors at the centre. By that date, however, an event had already taken place which was to reshape that organisation yet again, namely the establishment of the National Health Service in 1948.

The Ministry of Pensions hospitals were exempted from the legislation initially, though it was recognised that they would come into the Service later, and so Queen Mary’s was not affected at first. The right of everyone covered by the NHS to artificial limbs, however, ended the Governors’ function in making them available (except for a handful of private cases) and their role greatly changed. It was the end of an

era, which can be symbolised by two events: in 1951 Queen Mary attended the Garden Party for the last time (she died in 1953), and in March 1953 Lady Falmouth planted a white acacia tree on the main lawn in memory of the ladies with whom she had founded the Hospital in 1915. She herself died later that year, aged 92. Queen Mary left instructions in her will that the Princess Royal should visit the Hospital regularly.

After 1948, the Governors no longer had any administrative responsibility at Roehampton, as all those functions were now performed by the State. They still owned the site, and their income from rentals and investments increased during the 1950’s and 1960’s. In 1971, when the assets stood at £200,000, the General Council was disbanded and replaced by a new Board of Trustees, whose objectives reflected the changing policy evolved during the previous 20 years. Like their predecessors, the Governors, the Trustees were made up of representatives

Queen Mary’s last visit 1951



from the ex-servicemen's associations and related bodies traditionally associated with Roehampton. They became increasingly determined not to allow their income to accumulate. They had always provided amenities for patients, and this was continued, but they adopted a much more liberal welfare policy, aimed at helping widows and dependants as well as ex-servicemen themselves. The Department of Health and Social Security War Pensioners' Welfare Service, BLESMA (British Limbless Ex-Servicemen's Association) and other charities were approached in an attempt to seek out needy cases. The Governors were also prepared to fund surgical and medical projects which had particular reference to the war disabled.

The backlog of cases produced by demobilisation meant that initially the work of the Ministry 'of Pensions Hospital continued without being affected by the NHS. Indeed Leon Gillis, in a report produced in 1950, commented on the increasing number of the First World War pensioners admitted during the previous year. Nevertheless, numbers were bound to fall eventually and changes to result.

In 1953, there was a transfer of powers from the Ministry of Pensions to the Ministry of Health, and the Ministry of Pensions Hospital Service was closed down by 1950. In view of the unique nature of Queen Mary's, however, it was once

again treated as an exceptional case. The annual report of 1955 explained:

"The Hospital remains under the direct control of the Minister of Health in succession to the Minister of Pensions, and will continue primarily to accommodate disabled ex-servicemen. However, the Governors are pleased to know that the Minister of Health has in mind the use of spare beds in the Hospital by suitable Health Service patients provided this can be done without affecting the priority of admission of the war pensioner and that the Charity Commissioners are prepared to approve such an arrangement."

The South West Metropolitan Regional Hospital Board, faced with a shortage of beds in Battersea and Putney, pressed the Minister to transfer Queen Mary's to its control for development as an acute general hospital. This was dismissed as "wishful thinking" by the Ministry at the beginning of what were to prove long and complicated negotiations with the Governors. The problem of how to integrate the Hospital into the NHS was not finally resolved until 1960.

The first NHS patients to be admitted to Queen Mary's were plastic surgery cases. As empty beds became available, the consultants admitted patients from the waiting lists at their own teaching hospitals and in 1954 it was

Main factory post-war 1950's



proposed to move the Regional Plastic Surgery Centre from Rooksdown House, Basingstoke, to Roehampton. The plan took five years to come to fruition: the new Burns and Plastics Unit being opened on 1st April 1959. Sir Harold Gillies, still active though long past retiring age, finally agreed to pay monthly visits to Roehampton. The Governors also approved the use of beds by the Bronchitis Research Unit based at the Brompton Hospital.

The building work needed for the Burns and Plastics Unit, which included the expansion of the Pathology Department, involved moving the Tropical Diseases Unit to different wards. FEPOW interpreted this as a threat to the Unit, and expressed its concern through the Roehampton Council of Governors to the Minister. This conflict of interest (although there was much good will on both sides) characterised the problem of administering Queen Mary's, but it was increasingly obvious that a permanent solution must be found. The problem was eventually solved after lengthy negotiations between the Ministry of Pensions and the Ministry of Defence when the newly built Queen Elizabeth's Military Hospital at Woolwich was commissioned. The FEPOW unit from Queen Mary's was transferred on the 18th April 1977 and remained there until

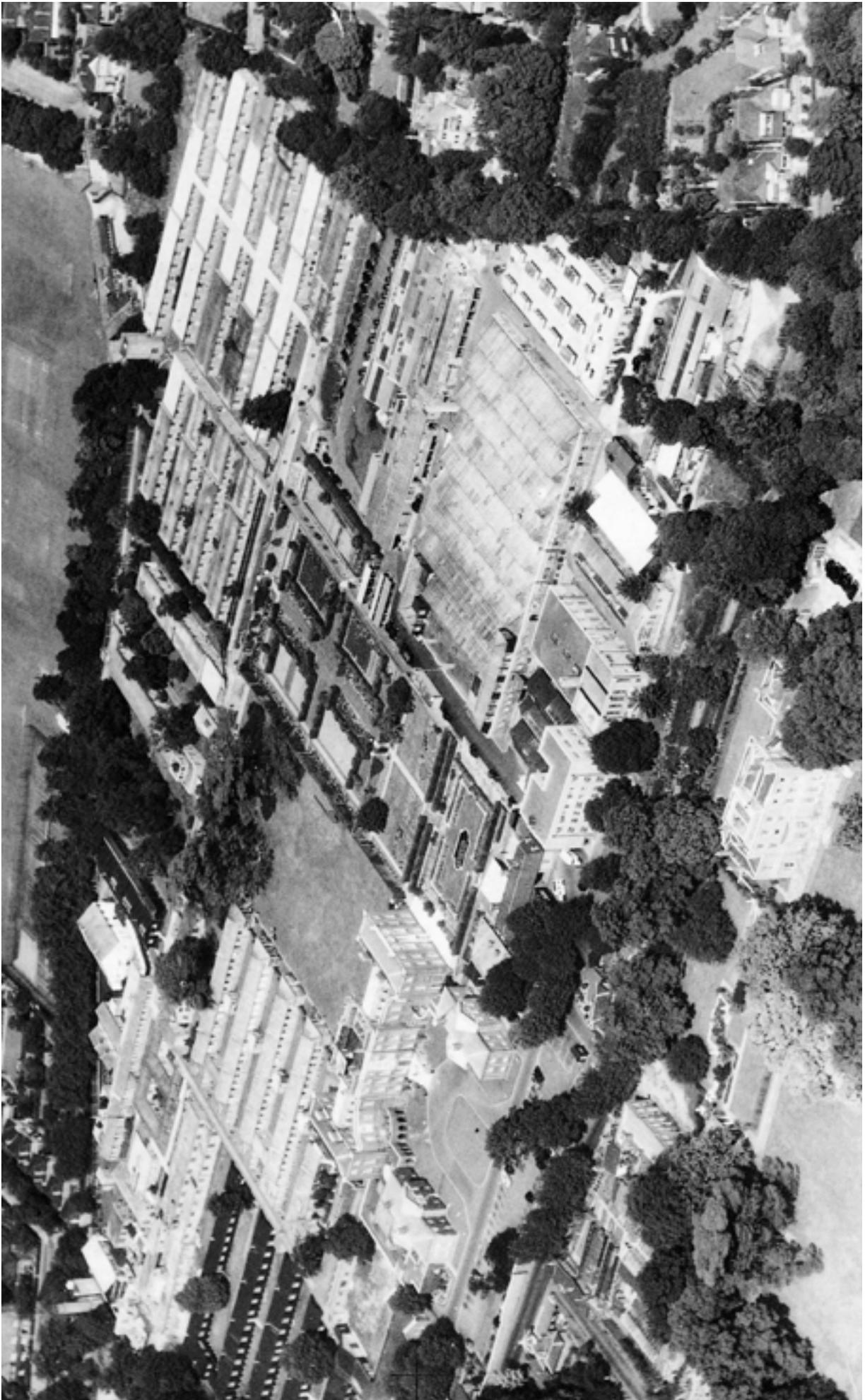
Queen Elizabeth's was closed at the end of 1995. Other arrangements were then made to continue the facility to FEPOWs undergoing Tropical Disease Investigations.

In 1959 the number of beds was reduced from 608 to 408, of which 94 were unavailable because of the difficulties of recruiting staff to what was becoming an isolated institution. By this date civilian patients outnumbered pensioners by about 2 to 1.



Garden Party 1948





CHAPTER 5

Modern Times 1960-87

In the first phase of the NHS (1948-74) not all hospitals were run by Hospital Management Committees under the Regional Boards. The teaching hospitals had kept some of their former independence by retaining their Boards of Governors, which were responsible directly to the Minister. The Minister came to feel that inclusion in such a group with Board members appointed to represent the special interests such as those of disabled ex-servicemen, would be the most appropriate way to bring Queen Mary's into the NHS. Informal discussions evidently took place between members of the Medical Committees of Westminster Hospital and Queen Mary's during 1959-60. The Westminster Group, which included Westminster Children's Hospital, The Gordon and All Saints' as well as the parent institution, was a comparatively small one, comprising 687 beds in 1959. The group was under pressure from the General Medical Council and the University of London to review its bed allocation policy to meet teaching needs and particularly to establish medical, surgical and gynaecological professorial units. The possibility of amalgamating with another institution in order to help develop its facilities was being discussed in various committees at the time, and Queen Mary's was felt to be very suitable. Agreement was reached towards the end of 1960, and the plan was announced by Enoch Powell, Minister of Health, in the House of Commons on December 12th. The handover was scheduled to take place a year later. Only the Hospital was to be transferred: the Limb Fitting Services remained under the direct control of the Ministry. This separation was deeply regretted by St. John Buxton, the orthopaedic surgeon, in his reflections on the history of Roehampton. He felt an opportunity to provide an integrated service under the control of the hospital had been missed:

"The addition of this unit to a teaching hospital is of paramount importance. Those of us who have watched the changes over the years feel a great satisfaction that Roehampton is now part of so great a teaching hospital as The Westminster, so well

suited to administer the somewhat lonely unit, to provide a high level consultant staff and make use of the wards not only for the care of the patients but for the education of medical students, nursing staff and ancillary staff in training.... The link of hospital is now forged but the artificial limb service remains an entity administered by the Ministry of Health. The supply of a splint, backbrace or leg iron is part of a hospital service. Surely the day has come when it should be appreciated that the advice regarding amputation, the care of the stump, the supply of the artificial limb and the subsequent rehabilitation is a clinical affair and should be divorced no longer from the hospital organisation. This point is stressed in the report of the British Medical Association's Planning Committee, entitled 'Aids for the Disabled' (1968). In this attention is directed to what is considered an unsatisfactory separation of the administration of the artificial limb service. The integration at Roehampton would be easier than in many parts of the country."

The Board of Governors elected a House Committee with Lord Nathan as Chairman and Sir Arton Wilson and Sir Charles Norton as Vice-Chairmen. Lord Nathan's memories of the original Roehampton House were vivid as he recalled marching at the head of an army platoon in 1914 to take over the House for soldiers' billets.

At the first meeting of the House Committee, Lord Nathan said that the policy for the development of Queen Mary's Hospital would be one of *'going slowly at first'*. Prompted by the Ministry of Health plans, the Hospital was to be completely re-built and a scheme was prepared and included in the development plan for the Group then under consideration at the Ministry.

At this time there were 403 beds in 18 wards and the daily average of War Pensioners in the wards was 288. The nursing establishment was 277 including 17 pupils in the recently opened Pupil Nurse Training School. The nurses were assisted by 30 orderlies and 6 theatre attendants.

The management of Queen Mary's was now in the hands of the members and staff of the Westminster Board of Governors, who faced a daunting task. The Hospital was a national institution which did not serve the local community. It had no out-patient or casualty

Opposite: Aerial view of Queen Mary's pre-1967 building of BRADU



Princess Royal 24th October 1963 opens casualty and out patients department

facilities and only a limited range of specialties, and it had previously treated very few women or children. As the last of the Ministry hospitals it had none of the usual infrastructure; for example, in medical records or supplies, and its standards, most particularly in nursing, were recognised as falling short of those of a teaching hospital. The Board had to develop its strategy very quickly during 1961 in order to submit a 10-year plan to the Minister in preparation for the appearance in 1962 of the *Hospital Plan for England and Wales*, one of the milestones in the history of the NHS. The Hospital Plan was positive and optimistic in tone, looking forward to a decade of “rapid increase in the capital sums available annually for hospital building.” For the first time, services were to be related to the size and needs of local populations. A new concept, that of the district general hospital, was defined as “the most practicable method of placing the full range of hospital facilities at the disposal of patients...”

The Plan predicted that the first phase of development at Roehampton would begin during the period 1966/67-1970/71.

This was a disappointment to the Westminster Board, who had hoped it would start immediately. The Board had a frustrating time trying to develop services at the Hospital, as the Ministry appeared to expect those developments to come out of the Board’s general financial allocation and not the special funds it felt were necessary. After much hard bargaining, the improvements began to appear. The new casualty and outpatient department was opened by the Princess Royal on 24th October 1963;

the new pathology department was opened in February 1964.

Provision of nursing services posed an immediate problem. After an investigation in 1962 the number of available beds was reduced from 373 to 333 because of the shortage of nurses. Staff nurses were transferred from Westminster, which then had to rely more heavily on agency staff. In 1963 the General Nursing Council ruled that Queen Mary’s was suitable for nurse training, provided that more obstetric and gynaecological beds were available. A temporary ward was opened in January 1963, but the delay in funding for the Professorial Obstetric Unit was one of the Board’s major frustrations at this stage. The Group’s nurse education was based at the Wolfson School of Nursing in Vincent Square, newly opened in 1960.

Also in 1963, the League of Friends was formed to provide the services for NHS patients that charities such as the Not Forgotten Association did for war pensioners. The members of the Westminster Board appointed to protect the interests of this group monitored the waiting time for pensioner patients and raised the issue if this became extended, because their right to priority of treatment remained. Nevertheless, the Roehampton Trustees were able to state at their Annual General Meeting in 1969:

“The function of the Trust was to ensure that the position of war pensioners was preserved, but in view of the very friendly attitude of Westminster Hospital to the war pensioner community this responsibility was a light one.”

Large capital sums were expended from Ministry grants, notably on: a clinical measurement department, a new casualty and outpatients block, upgrading of wards, a unit for congenitally deformed children, a new gynaecological and maternity ward unit, residential quarters for staff which was named ‘Sir Arton Wilson House’ and a new pathology department.

In 1967 Kenneth Robinson, Minister of Health, opened the Biomechanical Research and Development Unit (BRADU) erected by the Trustees at a cost of £63,000, but administered by the Department of Health and Social Security. The building was 26,000 square feet distributed over 3 floors. The Royal Fine Arts Commission was consulted about the design, as Roehampton House was a Grade 1 listed building. Special facilities for research into artificial limbs were provided in addition to fitting rooms and workshops.

It came under the general administration of the Ministry of Health and the fitting rooms were leased to Vessa Ltd, and Chas. A. Blatchford & Son Ltd, the limb contractors.

During this period, two other developments took place which reflected the Hospital's traditional concern for the limbless and demonstrated a quality of treatment and rehabilitation beyond the experience of its founders. In February 1963 the Board was requested by the Minister of Health to establish a special unit "*for the provision of prostheses, and especially of powered arm prostheses for children with severe skeletal defects.*" Children with congenital deformities had been treated at Roehampton for some years, but their numbers had been increased by the "thalidomide babies" of 1959-62, victims of the drug given to their mothers during pregnancy. The new powered limbs demanded an intensive programme of limb-fitting and training; for the children much of

this took place in the playroom which formed the centre of the Unit (named after Leon Gillis). This unit treated over 80 per cent of all the babies affected by thalidomide in this country. In later years, the Unit was adapted to cope with the needs of adolescent patients.

A long planned 12-bed Limb Surgery Unit, which aimed at an integrated and comprehensive programme of amputation, limb-fitting and rehabilitation which would surely have gladdened the hearts of Perkins and Buxton, was finally opened in 1974.

In spite of the frustrations, much progress was being made in the development of Queen Mary's as a hospital serving its local community. The long promised Obstetrics and Oral Surgery Units were both officially opened in 1968, and psychiatric services were added in 1972. The site which had seemed so extensive was shrinking fast. In 1964 an estimate was obtained for

1965 Patients of the Leon Gillis Unit



moving Roehampton House on rollers to another location; it would have cost £58,000. This scheme was one of many which never came to fruition. In spite of its successes, the Board felt that such improvements were piecemeal. What was really needed was an overall plan for the development of Queen Mary's as a district general hospital of 1100 beds. As the second half of the decade and the projected redevelopment date approached, the Ministry began to hedge. When in 1965 the Board was considering purchasing some more land in Roehampton Lane with a view to redevelopment, the Ministry would not commit itself to what size of hospital would eventually be planned, nor whether it would be the only one in the area, and because of this uncertainty the projected purchase was abandoned.

1965-74 was a period of much discussion and a plethora of reports and plans concerning the future of hospital services, medical education and NHS reorganisation ensued. Would Westminster Hospital and Medical School move to the Roehampton site (as seemed likely in the late 1960's) or to Richmond or to Croydon (a proposal being discussed in 1974)?

When the shape of the 1974 reorganisation became known, it was evident that the Westminster Group was to be dissected. The

London division would be part of Kensington, Westminster and Chelsea Area Health Authority and the Roehampton division (augmented by the addition of Putney Hospital in 1971 and St. John's Battersea in 1972) part of Merton, Sutton and Wandsworth. The management link with Westminster was to be broken, though the teaching link survived.

Once it had been accepted, however reluctantly, that the break with Westminster was inevitable, representatives of Queen Mary's entered some fierce negotiating and campaigning to secure its future. The new area health authorities were to be sub-divided into districts, and it was initially proposed that Queen Mary's be part of an enormous district also including St. George's Hospital, newly rebuilt in Tooting. Rumours of take-over and closure were rife. A local campaign was mounted to press for the Hospital's independent survival. The Merton, Sutton and Wandsworth Joint Liaison Committee (set up to prepare for NHS reorganisation locally) recommended that there should be a Roehampton District serving the Putney and Roehampton parts of Wandsworth and the Barnes part of Richmond with Queen Mary's as the district general hospital. The argument that this formed a natural catchment area, in which hospital, GP and community

Lord Montgomery Garden Party 1963



health services could work closely together to meet local needs, was eventually accepted by Dr David Owen, Minister of Health.

The *Area Strategic Plan* produced in 1976 by the Merton, Sutton and Wandsworth Area Health Authority envisaged that a population of 130,000 would be served by the Roehampton District with Queen Mary's being supported by in-patient hospital provision at Putney and St. John's. The Plastic Surgery and Burns, Limb Surgery and Leon Gillis Units were confirmed as regional specialties serving a much wider geographical area. The teaching of Westminster Hospital Medical School students at Roehampton would continue. The eventual redevelopment of the district general hospital was implicit in the Strategic Plan.

Accordingly a new accident and emergency department with accommodation for medical and nursing school teaching on the first floor of a purpose built two-storey building was opened, and permission was given to proceed with the construction of a larger modern burns unit complete with its new operating theatre suite, and for the replacement of the antiquated operating theatre complex serving the Hospital generally. While these developments were underway the battle for the District, won in 1974, had to be refought in 1981 prior to the NHS reorganisation in 1982. Public pressure was rewarded by the formation of the Richmond, Twickenham and Roehampton District Health Authority, with an increased population of 160,000 relating to Queen Mary's.

A new *District Strategic Plan* was approved by the Regional Health Authority. Queen Mary's was to meet regional specialty needs in the fields of burns and plastic surgery associated with maxillofacial surgery, severe limb malformation in children, and specific protein laboratory estimations. The latter work was undertaken in the Specific Protein Reference Unit which was initially set up in 1974 under the direction of Dr Jim Kohn. Close links were developed with the Charing Cross and Westminster Medical School which came into being in 1984, followed by an expansion of medical student training in general medicine and surgery, obstetrics and gynaecology, orthopaedic and traumatic surgery, pathology, paediatrics, psychiatry and, most recently, geriatrics.

A development plan for the Queen Mary's site was agreed with the Regional Health Authority to incorporate the new Theatre Complex, Burns Unit and Accident and Emergency Department. In the meantime another significant development was the opening of a purpose-

built 29 bedded Elderly Assessment Unit (acute geriatric assessment and rehabilitation ward).

Also in 1987 the provision of new District Headquarters and Acute Unit administrative accommodation was completed by major conversion work on Roehampton House thus enabling separate and much improved postgraduate medical education and library facilities to be provided within the former prefabricated District offices. Princess Alexandra visited Roehampton on 15th June 1987 to open the Burns Unit, the Theatre Complex and the newly refurbished Roehampton House.

Throughout the 1974-1987 period a close working relationship was maintained between the Limb Fitting Centre and the Hospital, cemented through the creation of honorary consultant appointments for senior medical officers of the Roehampton ALAC (Artificial Limb and Appliance Centre) contributing to the work of Queen Mary's. Worthy of mention in this rehabilitation context is the designation in 1983 by the DHSS of the Physiotherapy and Occupational Therapy Departments at Queen Mary's as a Demonstration Centre, a confirmation of the long-established centre of excellence in this field.

Against this background of change the role of the Roehampton Trust continued to evolve. In the 1980s land and property comprising the Hospital, Limb Centre and Factories were transferred in stages to the ownership of the National Health Service, after a financial settlement had been reached between the Department of Health and Social Security and the Trustees (formerly called Governors) of the Queen Mary's Roehampton Hospital Trust. The last of these transactions took place in 1990, thus concluding the interests of the Trust in the property after a period of 75 years. However the Queen Mary's Roehampton Trust continues to carry out its much needed benevolent work by making financial grants to worthy organisations who care for war disabled ex-servicemen and ex-servicewomen.



Sophie Mason with her prosthetist, Brian Wade from Vessas, being fitted with special skiing prostheses



Igor – child of Chernobyl. Igor was born after the nuclear plant at Chernobyl exploded in 1984. He has badly deformed legs, feet and only one arm. He was brought to Britain in 1994 and has been attending the Rehabilitation Centre since then. He now has 2 inch boots to give him some height and a prosthetic arm he can use with ease. The boots were so successful that Steepers made him a pair of football boots.



CHAPTER 6

Queen Mary's Today

Sadly the last of the cedar trees was lost in the hurricane of 1987, when it fell through the roof of the Physiotherapy Department. The lawn and rose garden still exist, although the lawn now has a secondary use as a helicopter landing area.

In the late 1980s the Hospital's academic connection with the Charing Cross and Westminster Medical School was emphasised by changing the name to Queen Mary's University Hospital.

Since 1990 there have been considerable changes in the NHS. On 1st April 1993 Queen Mary's became part of Richmond Twickenham and Roehampton NHS Healthcare Trust, an integrated trust which provides acute, mental health and community services; it includes Putney, Barnes, Normansfield and Richmond Royal Hospitals. The District Health Authority of Richmond, Twickenham and Roehampton merged with Kingston and Esher to become Kingston and Richmond Health Authority and moved from Roehampton House to offices in Surbiton.

The physiotherapists in the Rehabilitation Centre still regularly take patients on outings to practice using their new limbs in public places; in 1995 they went on the Eurostar rail link from London to Paris.

The Hospital has continued to thrive in the 1990s and as well as providing a full range of district general hospital specialties, it has internationally recognised Departments of Burns, Plastic Surgery, Maxillofacial Surgery and, of course, Rehabilitation. The Rehabilitation Directorate has established close links with the University of Surrey's Biomedical Engineering Group, and in 1996 set up a new Walking School in the Bader Centre, where a gait laboratory will be constructed; this will include a walkway to allow patients' treatment needs to be assessed. In addition there are several other areas of research under consideration and work has already begun between the Biomedical Engineering Group and the Hospital's Maxillofacial Surgery and Technology Units on the design and manufacture of facial cosmeses to help reconstruct patients' faces after accident, cancer or birth defect.

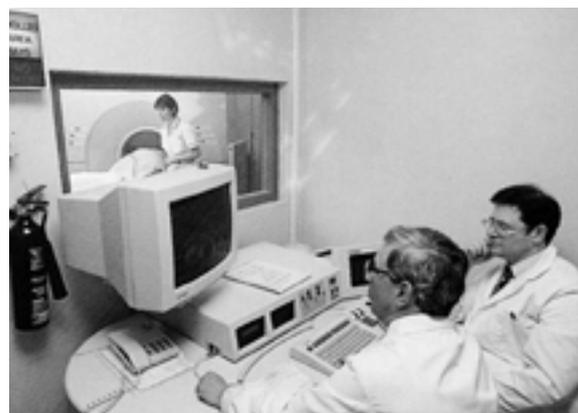
A CT (Computed Tomography) Service was officially opened by Dr Brian Mawhinney, Minister of Health, on 16th May 1994. This has proved to be an invaluable diagnostic tool for patients and clinicians.

On 20th March 1996 the Stephen Kirby Skin Bank was opened by Simon Weston, a Falklands War veteran who was severely burnt during the bombing of his ship, the Sir Galahad. The skin bank will screen, treat and store skin to provide help in treating severe burns. Stephen Kirby was flown to Queen Mary's after being burnt in a camping accident in France in 1994; friends and relatives donated skin to help him, but he died of complications. His widow Kim was responsible for launching the appeal and organising the fundraising.

The Hand Management Unit started treating patients in November 1995, but it was officially opened on 10th May 1996 by Paul Daniels, the magician and television celebrity.

A major rebuilding programme for the Hospital has begun; the first phase will be to replace the Out-Patient Department with a Rapid Diagnostic Centre which will provide integrated diagnostic and consultation services in one modern building.

Dr Frank, Clinical Director and Consultant Radiologist (centre) with the state of the art CT Scanner





Dr. Weinbren, Consultant Pathologist, discussing which antibiotics to use to treat an acutely unwell patient



Physiotherapy service

A first class children's service at Queen Mary's



APPENDIX 1

Limb Fitting

For an industry to develop there must be a demand for its product: war creates such a need when thousands upon thousands lose legs and arms. Provision of artificial limbs restores independence and dignity. The American Civil War ended in 1965 leaving many in this situation. At the Battle of Bull Run, Colonel J.E. Hanger, fighting for the South, lost a leg; the wooden appliance he made for himself was so successful that many other soldiers (and the Confederate Army itself) demanded limbs.

When injured men returned to England during the First World War, apart from a few small firms, there was no industry that could cope with the thousands of appliances needed. Not only was there no trained workforce, there was virtually no workforce at all: so many men had enlisted. The authorities turned to America and many thousands of wooden artificial limbs were imported, with technicians to make and fit them in England; but demand was huge, and manufacturing needed to be based here.

Limb makers from all over the world were invited to Roehampton House to attend the International Exposition of Artificial Limbs in 1915; 39 firms attended. J.F. Rowley & Co had sent their Kansas City branch manager, Billy Isle: he was a good organiser and a born leader, he also had an artificial foot after his own was crushed by a train and amputated. With characteristic enthusiasm, he would truthfully say to an amputee: *"I know it is hard but it's not what you've lost that counts, it's what you have left."* He greatly impressed the judges, all members

of the Royal College of Surgeons, by running the length of the exhibit hall and performing many other agile feats; they awarded him a gold medal and the first prize for lower extremity prostheses.

A contract was quickly offered to the J.F. Rowley Company with Billy Isle as general manager. Other companies who exhibited in 1915 and set up workshops at Roehampton were: J.E. Hanger Inc (who in 1926 took over J.F. Rowley, making them the largest manufacturer of legs in Great Britain); Carnes Artificial Arms Ltd; joining them later were W.R. Grossmith, Charles Salmon & Sons, Horace V. Duncan, C.A. Blatchford, Anderson & Whitelaw Ltd and Masters & Son. Cabinetmakers came to help from all parts of London, joined by other skilled woodworkers from the provinces. Experienced prosthetists came from the United States. All worked at a feverish pace. King George V and Queen Mary showed great interest in fabrication and fitting of the limbs, and Billy Isle is reported as saying that they were well informed and gracious to the amputee patients, and the staff.

Shortly after 1915, the firm of Desoutter Brothers Ltd came to Roehampton. One of the Desoutter family had lost a leg above the knee in a flying accident and the company, then operating a small aircraft factory at Hendon, designed a metal leg: it was made of Duralumin, extensively used in the construction of aeroplanes. J.E. Hanger had also produced a light metal leg at that time.

Photograph showing the gait of artificial limbs 1st World War



Later during the First World War, in order to deal with the numbers involved and reduce the inconvenience of travelling, limb fitting centres were set up in some of the larger cities: each centre was staffed by a Roehampton trained surgeon with an administrative staff with a branch workshop and fitting accommodation provided by contractors. Roehampton remained the parent centre where the limbs were made and repairs carried out.

At the beginning of 1934 Hangers were the main suppliers of metal and wooden legs at Roehampton, being the recognised contractors to the Ministry of Pensions for the whole of the country, having 16 branches attached to Ministry of Pensions Artificial Limb and Appliance Centres. Hangers had a large number of private civilian patients in addition and also exported limbs all over the world (even America). The company manufactured new legs at Roehampton and fitted them at the various centres for the following bodies: the Ministry of Labour, to rehabilitate industrial

accident cases; the Board of Education, for school children; railway companies, for staff injured on the railways; charitable and hospital organisations. The orders for these categories of legs were channelled through the Trustees of Queen Mary's Hospital who used the existing machinery of the Ministry of Pensions. The administrative work and many of the costs for patients were borne by the Trustees.

During the Second World War the work of Hangers was greatly expanded and whilst dealing with thousands of private cases, they remained the sole contractors to the Ministry of Pensions. On the passing of the National Health Service Act, 1948, Hangers soon lost their private work, most patients naturally preferring to be dealt with as NHS patients, in fact many taking the opportunity of acquiring new limbs.

At this time, the Desoutter business was sold to Vessa Ltd, so that the main contractors to the Ministry of Health were Hangers, Blatchfords and Vessa for legs and Steepers for arms.

Duralumin shins being hand shaped 1950s



During the first 12 years of the NHS a great expansion in the limb fitting service took place, many more Artificial Limb and Appliance Centres were established throughout the country, and several of the older centres were rebuilt. The new centres had more workshop space so that more extensive repairs and refitting could be performed locally and even a contribution made to the manufacture of new legs.

The Roehampton factories were set up in 1915 and it could be said that from then efforts were made by all concerned to improve standards. Indeed, there is evidence that the founders, notably Mrs Gwynne Holford, took a particular interest in this. It was not, however, until 1917

that a research department as such was set up in the Hospital and amongst its developments was Certalmid, a laminated plastic material. This material was principally used for arms but was also incorporated in leg manufacture and continued in use until after the Second World War and the emergence of plastics. This research department was the first of its kind. Regretably the department was closed some years after the end of the First World War and was not re-opened until 1945, under the leadership of A.W. Craft, in a small part of a new building erected during the Second World War. This research unit continued until it was incorporated in the BRADU (Biomechanical Research and Development Unit) in January 1967.

Limb factory 1st World War





Plastic Surgery and Maxillofacial Surgery at Queen Mary's

Medical services were not prepared for the large number of gross facial injuries which occurred during the First World War, and the arrival of 2,000 such cases after the Battle of the Somme put severe pressure on the few services available. In 1917 the Queen's Hospital, Sidcup became the first hospital devoted entirely to plastic surgery. Sir Harold Gillies and a team of plastic surgeons from Britain, the Commonwealth and America worked there to establish many of the principles which now guide modern plastic surgery. In 1923 Queen's Hospital was closed and the service transferred to Roehampton, although Gillies did not approve of this move.

Sir Harold Gillies was an advisor to the Government on the needs for plastic surgery units at the beginning of the Second World War. Rooksdow House, previously a private annexe to Park Prewett Mental Hospital, was one of the units opened at this time, providing 160 beds. Building on lessons learnt in the First World War thousands of members of the armed forces and civilians injured by bombing were treated at Rooksdow House. Gillies placed great emphasis on training surgeons and insisted on the importance of good photographic and diagrammatic records. He also cooperated closely with oral surgeons in the treatment of jaw injuries.

After the Second World War Rooksdow House was fully occupied for some time by those patients requiring long-term care and returning for follow-up surgery. Gradually more of the patients were civilians and in 1948 Rooksdow House became part of the NHS and was designated the Regional Plastic Surgery Centre for the South West Metropolitan Regional Hospital Board.

Over 1,600 operations were performed at Rooksdow House every year and the large waiting list was growing. In addition there were 400 emergency admissions each year. This

Opposite top: Technician working on an orthodontic appliance

Opposite bottom: The helicopter regularly brings patients to the burns unit

created pressure to move the Centre as Rooksdow House did not have sufficient modern facilities and extensive rebuilding would have been required. Also, it was badly positioned in the Region for access and Park Prewett Hospital wanted to expand its mental patient facilities. Finally in 1954, after considering various options, it was decided Roehampton would be the most suitable site for the move. This was partly due to the fact that the plastic surgery department from Sidcup had transferred there in 1923. However, it was 1959 before the Regional Plastic Surgery Centre could finally move to Roehampton as a great deal of planning and rebuilding was required.

In 1954 Roehampton had two consultant plastic surgeons while Rooksdow House had three consultant plastic surgeons, three consultant oral surgeons and two consultant anaesthetists plus registrars and house surgeons. Sir Harold Gillies was Emeritus Consultant and agreed to visit Roehampton in an advisory capacity. The Plastic Surgery Centre took over wards F to M and the underground theatre continued as the main plastic surgery theatre. Ward G was rebuilt as a Burns Unit with 23 beds and an adjoining room for patients in shock, a Burns Treatment Area was also built with a theatre for skin grafting operations and special dressing room with saline bath equipment. New library and lecture theatre facilities were built near ward F. The Oral Surgery Unit was located in a wooden building next to Pathology which had been enlarged to cope with the additional demands of the new units. Accommodation was also found for a clinical artist and an enlarged photographic department. The new unit opened on 1st April 1959, although emergencies had been accepted a month earlier. Three months later the delegates to the Second Congress of the International Society of Plastic Surgeons, which was being held in London, were invited to visit Roehampton as a centre of international importance.

With the retirement of Sir Harold Gillies the directorship of the Plastic Surgery Centre passed to Mr Patrick Clarkson and later to Mr Richard Battle. Norman Rowe, the leading figure in the

field of maxillofacial surgery continued his directorship of the speciality at the new centre formed at Queen Mary's. The Burns Unit was under the management of Mr A.G. Evans who did much to advance the treatment of burns patients at that time.

Queen Mary's was in fact still in the late 1950s and early 1960s under the aegis of the Ministries of Pensions and Health. The opening of the Plastic, Burns and Maxillofacial Units marked the beginning of a change from the care of war pensioners to involvement and provision of a district general hospital.

Over the years since then the departments have continued to grow and develop. In 1976 the Plastic Surgery and Burns Unit was confirmed as a Regional Speciality and in 1987 Princess Alexandra opened a new Burns Unit. 1996 saw 2 new developments with the openings of the Hand Management Unit and the Stephen Kirby Skin Bank.

The Maxillofacial Surgery Unit today provides specialised treatment for facial injury patients and is very involved in the management of head and neck cancer cases. The Unit offers specialised management facilities for patients

with oral facial deformities including cleft palate treatment. The Maxillofacial Prosthetic Laboratory Service also offers all aspects of advanced prosthetic reconstruction and rehabilitation. To mark the special contribution made by the late Norman Rowe the unit at Queen Mary's was named the Norman Rowe Unit.



W. L. Rowe CBE, FRCS, FDS (Eng, Edn, Glas, Ireland)

**Emeritus consultant in oral and Maxillofacial surgery.
Founder of the Maxillofacial services at Queen Mary's**

Mr Clarke, Consultant Plastic Surgeon, fitting a younger patient with a special splint made at Queen Mary's



APPENDIX 3

Roehampton House

Roehampton House was designed by Thomas Archer and built for Thomas Cary between 1710-12. Archer, a pupil of Sir John Vanburgh, was also the architect of Heythrop in Oxfordshire, the fine pavilion at the head of the long water at Wrest Park; St John's Church, Smith Square, Westminster; the tower at St Philip's Church (now the Cathedral at Birmingham) and other fine buildings.

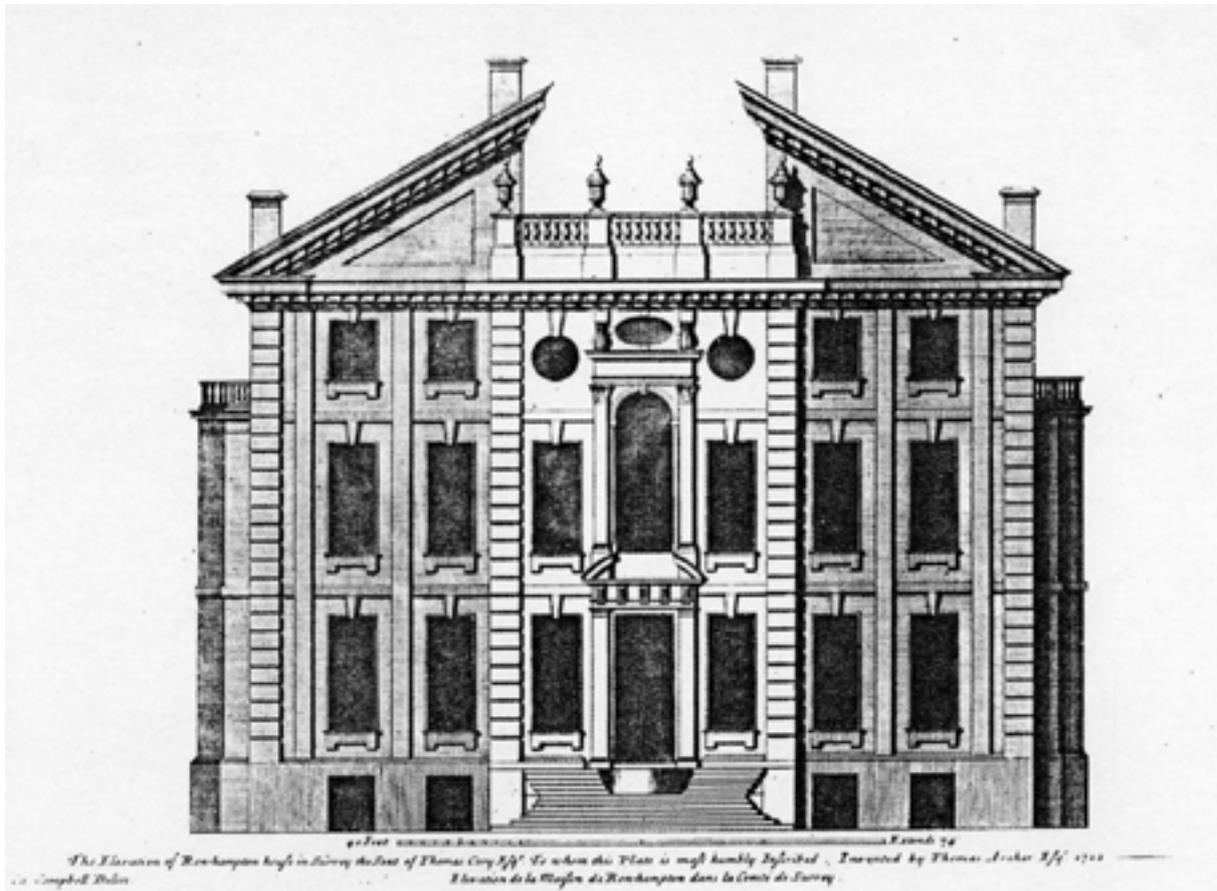
Curiously, there was already a building of the same name on the other side of Roehampton Lane, and the two continued as neighbours for some 60 years. The other Roehampton House had been built for Sir Richard Weston, later the Earl of Portland, in 1630. In 1777 it was pulled down by its owner, Lord Huntingfield, and replaced by a new building designed by James

Wyatt. This was renamed Roehampton Grove and now, as Grove House, is part of the Froebel Institute.

Roehampton House, as built by Archer, was a much smaller building than the present one. It consisted of what is now the central block of seven bays, with a basement, two and a half storeys and a top parapet. Archer's embellishments to the red brick exterior have not found favour with some architectural commentators: Pevsner calls them "wilful" and Simpson says they show "borrowing from mannerist Italy which sit strangely on the Anglo-Dutch body of the house." The ground plan and elevation for Roehampton House appeared in *Vitruvius Britannicus* by Colin Campbell in 1725. This volume, published with the intention of illustrating the glories of British architecture, includes the following description of the House:

"This is the seat of Thomas Cary Esq. in Surry, in a most agreeable Situation: The Apartments are well disposed for State and Conveniency. The Salon is very noble, and has an excellent ceiling, by Mr.

Elevation of Roehampton House



Thornhill. But, above all, the Humanity and Liberality of the Master deserves to be transmitted to Posterity."

In spite of the fact that the architect himself apparently submitted the drawings, historians do not now think the House was built quite according to plan. The published elevation includes a large broken pediment (similar to that at St. John's, Smith Square), but it is now generally agreed that this can never in fact have been built and that the present more modest parapet has always been in place.

The most noted internal features were the "painted salon" and the main staircase. The salon, which was two storeys high, was on the first floor above the entrance hall. The fashionable Sir James Thornhill painted the walls with landscapes and "The feast of the Gods" on the ceiling. He also painted the dome of St Paul's Cathedral, and the ceiling of

the Queen's bedchamber at Hampton Court. Thornhill was a very capable portrait painter and his works may be seen in Chatsworth House, the Tate Gallery, the National Portrait Gallery and elsewhere. In his article about Roehampton House in *Country Life*, 14 August 1915, Lawrence Weaver commented:

"Much varnishing has obscured Thornhill's heroic design and given it a glitter which makes photography of the walls impossible and of the ceiling most difficult."

It is fortunate that two of Thornhill's original designs were deposited in the British Museum, because the room was totally destroyed by the bombing in 1940 and has since been subdivided.

The great staircase, which is still the original although it has been moved, is an example of Archer's power of design. The balustrading is good and typical of its period. The detail which

Sir James Thornhill's illustration for the walls of the "painted salon"



gives the staircase its individual distinction is the soffit. Weaver defines it:

“the moulding of the soffit (or underside) of the solid oak treads, so that their profile matches the form of the console brackets. This is not a unique treatment, but unusual and rich enough to demand special notice.”

The dining room opened out of the hall by a doorway immediately opposite to the entrance and, with the hall, occupied the full depth of the central portion of the house. The chimney piece of the dining room was a remarkable piece of work, carved in freestone, said to be the work of Grinling Gibbons. To the right of the dining room and opening out of it was the boudoir. To the left of the dining room, and opening out of it, was the drawing room. These rooms occupied the rear of the house or the “garden front” as it was known.

When first built, Roehampton House had many surrounding buildings including a brewhouse, granary, stables and coach house. There was also a small farm with a barn, cowhouse and piggery. The kitchen garden consisted of, among other things, a hot house, a cool-house and a melon ground. The garden front opened onto “a large pleasure ground, beautifully formed and richly planted” part of which was walled-in. At the end of this ground was a terrace, a greenhouse and “two alcoves surrounded by six enclosures.”

Daniel Lysons in his *Environs of London*, 1792 wrote:

“The beauties of the surrounding scenery and the contiguity to Richmond park have induced many persons to build villas at Roehampton.”

1912 Dining room of Roehampton House



COPYHOLD VILLA,
WITH
STABLING FOR 8 HORSES, DOUBLE COACH-HOUSE,
Extensive Offices of every description, suited to an elegant Villa,
SEATED ON A BEAUTIFUL LAWN,
Richly fringed with Sandy PLANTATIONS, ORNAMENTAL SHRUBS, FINE
SCAFES, and valuable,
Noble Terrace, Excellent Kitchen Garden,
With extensive lofty Walls, clothed with choice Fruit Trees, Hot-
house, Green-house, Ice-house, and sandy Rich Eschewers, entirely
compact, containing
THIRTY-FOUR ACRES AND UPWARDS,
Surrounded by lofty Oak Palms, and divided and subdivided by
excellent Quickset Hedges, late the property and residence of
JOHN WILKINSON, Esq., deceased.
BEAUTIFULLY SITUATE AT
ROEHAMPTON, IN THE COUNTY OF SURRY,
WAS BY ORDER OF THE ADMIRALTY
Sold by Public Auction, by
MR. CHRISTIE,
At his GREAT ROOM, Pall Mall,
On **THURSDAY, the 7th of JULY, 1791,**
AT ONE O'CLOCK.

Bill of sale

The late eighteenth century saw something of a building boom as several well-to-do families established summer homes in the area. Lysons singles out Dover House, Mount Clare and the Earl of Bessborough's House (first called Parkstead, later Manresa House) designed by William Chambers. Elm Grove, William Harvey's old home, was rebuilt in 1792.

“Despite the disappearance of some of these houses in the early 20th century, and the buildings in the grounds of the survivors, there is still nothing like Roehampton anywhere in London to get an impression of the aristocratic Georgian country villa.” (Pevsner)

The ownership of Roehampton House is very difficult to ascertain since the original documents are not available. The habit of the time meant that the House might have been owned by one person, leased to another, who then rented it to a third person. It is therefore easier to say that certain people were known to have been in residence at certain times.

Roehampton House changed hands many times during the eighteenth and early nineteenth centuries. It seems that George Cary lived there at one time. William-Anne Keppel, 2nd Earl of Albemarle, purchased the House from Thomas Cary's widow; but John Wilkinson bought it in 1775. Wilkinson was one of the owners of the



Roehampton House shows “garden rear” with Lutyens wings

two ships in Captain Cook’s expedition of 1771-8; after his death in 1778 his widow lived there until it was put up for auction in 1791. The notice of its auction by Mr Christie on 7th July 1791 still exists and gives a wonderful description of the house and gardens:

“The premises form an elegant elevation with wings connected by colonnades, seated in the midst of its own grounds, built in an uncommon substantial manner, neatly finished on a plan replete with uniformity, elegance and convenience; the situation beautiful, the offices are fully competent for the purpose of a large family; the grounds are elegantly disposed, the plantations grown to the summit of luxuriance, and crowned with stately Cedars of Lebanon, forming umbrageous walks impervious to the sun.”

The House was acquired by William Drake M.P. at that auction. It is known that Dr Markham, Archbishop of York, rented the House in 1807 and 1808 and that in 1814 John Pearse rented the House from William Duncan.

In 1830 Lord Ellenborough bought Roehampton House, having moved from Elm House (also in Roehampton), after an acrimonious divorce. He was Lord Privy Seal at the time, but in 1841 was sent to India as Governor General. On his return

to England in 1844 he was made First Lord of the Admiralty and created an Earl.

In about 1830 it is known to have been the residence of George Fitzclarence, 1st Earl of Munster, eldest son of George IV and Mrs Jordan. As a soldier he served in the Peninsula War under Wellington and then in India, where he made a dangerous and difficult journey to deliver dispatches. He was later created Duke of Munster and Baron of Tewkesbury and became involved in politics. Before his suicide in 1842 he had also become well known as an orientalist.

In 1841 Roehampton House became the London home of the Earls of Leven and Melville. It is described, in 1850, as the seat of Alexander Leslie-Melville, a younger brother of the eighth and ninth Earls of Leven (they were also the seventh and eighth holders of the Melville Earldom). He was living at Roehampton House in 1857, where his nephew Lord Balgonie, the only son of the eighth Earl of Leven, died. The widow of the ninth Earl continued to live there until her death in 1887. In 1859 she had added a north wing (which was subsequently demolished during Lutyens’ alterations). This wing is visible in some of the photographs surviving from this period.

Around 1910 the House was bought by Arthur Grenfell, a Canadian financier and noted polo player who wanted to be near the Roehampton Club polo ground. He commissioned Sir Edwin Lutyens to carry out major alterations which were to treble the size of Roehampton House. Lutyens raised Archer's curved links to 2 storeys and 3-storey wings were added to the north and south of the main block. According to Weaver, plans to remodel the old walled gardens to the south-east of the House were never carried out, nor were Lutyens' plans for the interior of the new wings. Lutyens also built new pavilions around the entrance forecourt. On the southern elevation he followed Archer's treatment of a slightly projecting middle feature, emphasised by a stone doorway carried up to the window above but slightly varying the details which distinguishes it from the old work.

By 1915 the House had been sold to Kenneth Wilson, of the Ellerman Wilson Shipping Line, but it seems unlikely that he had time to live there before the House was requisitioned by the War Office as a troop hostel.

Presumably Lady Falmouth and Mrs Gwynne Holford were drawn to the area because of its reputation as a healthy country retreat. During the earliest days of the Hospital patients were accommodated in the main house and the limb

makers in the basement. Access, especially to the upper floors, was difficult for disabled men, and the patients and workshops were gradually moved out to single storey huts in the grounds. Since Lutyens' alterations in 1910 the grounds have been widely covered by hospital buildings, commencing in 1915 and many old outbuildings (including the ancient icehouse) were demolished in the process. There were no permanent hospital buildings on the site before 1925. In the 1930s 3 acres of land to the south of the House were sold to a speculative builder for £9,000. Throughout the Hospital's history the House has generally been used for offices or as a nurses' home. In 1956, part of the frontage was sold to the London County Council for the purpose of widening Roehampton Lane, which was too narrow to cope with increasing traffic. Three lodges, including one built by Lutyens, were demolished and 2 new lodges designed by the LCC Architect's Department were built directly in front of Roehampton House. At the same time, a handsome pair of iron gates with a gilded overthrow were moved from where Lutyens had placed them (north of the estate) to a new position between the new Lodges facing Clarence Lane. These gates have the monogram AG (standing for Arthur Grenfell) in the overthrow.

Lodges built by LCC when road widened in 1956





Both pictures show the old north wing which was built in 1859 and demolished by Lutyens in 1910



In 1965 when the BRADU (Biomechanical Research and Development Unit) was being built to the south of the House and in view of its proximity to the old building the plans were submitted to the Royal Fine Arts Commission for approval. This is the large square building faced with portland stone which can be seen from Roehampton Lane. During the building operations the deep foundations were constantly flooded with water, presumably from a spring: no doubt the “*plentiful water supplies enjoyed by the estate*” referred to in the 1791 bill of sale.

Among architects and planners the name of Roehampton is synonymous with housing development. The cottage-style estates built after the First World War were followed by a similar drive after the Second World War, and gradually the parks and aristocratic villas were engulfed. Most famous is the Alton estate, built in the 1950s, on land formerly belonging to Manresa House and providing some 2,500 new homes. This account of the history of Roehampton House has outlined why it was spared this fate. In October 1978 its architectural merit was recognised when it was declared a Grade I listed building.

Princess Alexandra re-opens Roehampton House 15 June 1987



In 1983 the House, which was being used mainly as residential accommodation for staff, reached another crisis in its history when poor quality asbestos insulation was discovered around the heating and hot water pipes. The building was emptied, and further investigation revealed a host of problems, the most serious of which was the structural weakness of Archer's original central section. In addition, fire precautions were inadequate, there was beetle infestation and wet rot, and improvements were needed in the electrical, heating and hot water systems. The Health Authority wished to convert the building into a much-needed District Headquarters. The conservation lobby became interested in the project and vocal in its insistence that the character of the building be preserved and restored. Unfortunately, as the Project Manager wrote in his report: “*Politically with a number of NHS hospitals under threat of closure due to insufficient funds, a project of this nature, large in capital cost, was not desirable*”.

After prolonged negotiation and much hard bargaining, the District Project Design Team, with advice from English Heritage and Wandsworth Borough's Conservation Officer, reached a practicable solution acceptable to all parties. The building was strengthened and brought up to standard. This included a last minute request to incorporate computer cabling. At the same time original features, such as layout, panelling and fireplaces, were preserved. The oak staircase was restored. Great care was taken with the decoration. Research by English Heritage revealed that the panelling had been painted, and the original colours have been adhered to as far as possible. Financial contributions were received from Wandsworth Borough Council, the Heritage of London Trust, the Leche Trust and the Pilgrim Trust. The house was re-opened on 15th June 1987 by Princess Alexandra.

The restoration of Roehampton House represented an interesting exercise in the practicalities of conservation. It is not a museum, but very much a working environment. It was a condition of the financial help given by the Borough Council that there should be some public access to the House. The first Open Day was organised in September 1988. Guided tours around the House were organised, together with displays illustrating the history of the House and the restoration work. It proved to be an almost overwhelming success, and subsequent Open Days have been combined with the traditional Garden Party in June.

APPENDIX 4

The Douglas Bader Centre

by Keith Deiderfield

(Secretary of the Douglas Bader Foundation)

Following his untimely death in 1982, Sir Douglas Bader's family and closest friends decided that the life of this great man and the example that he had set in combating the severest of disabilities, even when the odds of achieving success were overwhelmingly against him, should not go unmarked.

The achievements of Sir Douglas Bader in overcoming the trauma of losing both legs as a result of an aeroplane accident whilst still in his youthful prime and his never ending fight to minimise the effect of his disability on his life along with his heroic exploits while serving in the Royal Air Force during World War 2, are well chronicled. Many of us will have read the book or seen the film "Reach for the Sky" and can only feel humility and admiration at such courage.

Prior to his accident the young Bader had been an extremely accomplished sportsman excelling, in particular, on the cricket pitch and rugby field. Despite the accident his thirst to compete and pursue sporting excellence led him to the golf course where he found a new challenge. With his customary grit, determination and pride he quickly mastered the tricks of balance and developed the stability needed for the game. He perfected his own style which enabled him to compete with allcomers and improve his golfing handicap eventually playing off a very creditable "4".

Throughout his life his love of sport never deserted him. He always took a keen interest and was never short of a few words of encouragement or advice and, when appropriate, criticism.

On leaving the RAF Douglas Bader joined the Shell group of companies and in 1952, as aircraft operations expanded, he became Managing Director of the newly formed Shell Aircraft Ltd after which he went on to become a member of the Civil Aviation Authority.

In the course of his business activities he travelled the globe but, despite the demanding time schedule of executive management or the geographical location in which he found himself, he always made the time to help others with

disabilities regardless of their race, colour or creed. He shared his own experiences and used his own achievements as an example to them always promoting his belief in the philosophy of self sufficiency and his belief that *"An amputee who fights back is not disabled – He is impaired!"*

It was for his tireless voluntary work in this field that Douglas Bader was knighted in 1976.

The sporting interests and achievements of Sir Douglas Bader coupled with his work and effort in improving "the lot" of disabled people throughout the world and his thirst for positive action rather than meaningless words, persuaded his family and friends to establish the Douglas Bader Foundation with a view to furthering his philosophy. It was agreed that a centre should be built to assist rehabilitation and provide sporting, recreational and leisure opportunities for those with disabilities.

Work began in finding a suitable site on which to build such a Centre. Eventually the site of the old leather shop at Queen Mary's University

Douglas Bader playing golf



Hospital was offered to the Foundation for their development by Richmond, Twickenham and Roehampton Health Authority. No other location was more appropriate as it was here that Sir Douglas had been introduced to his new legs and a new way of life and where his medical needs were met for some 50 years.

Architectural plans were prepared for the new Centre in the estates department of RTR. By the end of 1991 the Douglas Bader Foundation had raised sufficient funds for building work to commence and on 25th February 1993 Her Royal Highness, the Princess of Wales, Patron of the Foundation, officially opened the Douglas Bader Centre. By now the success of the fund raising effort provided finance not just to build, furnish and equip the Centre but also to fund the first 2 years of operation, financial responsibility eventually passing to RTR on 1st April 1995.

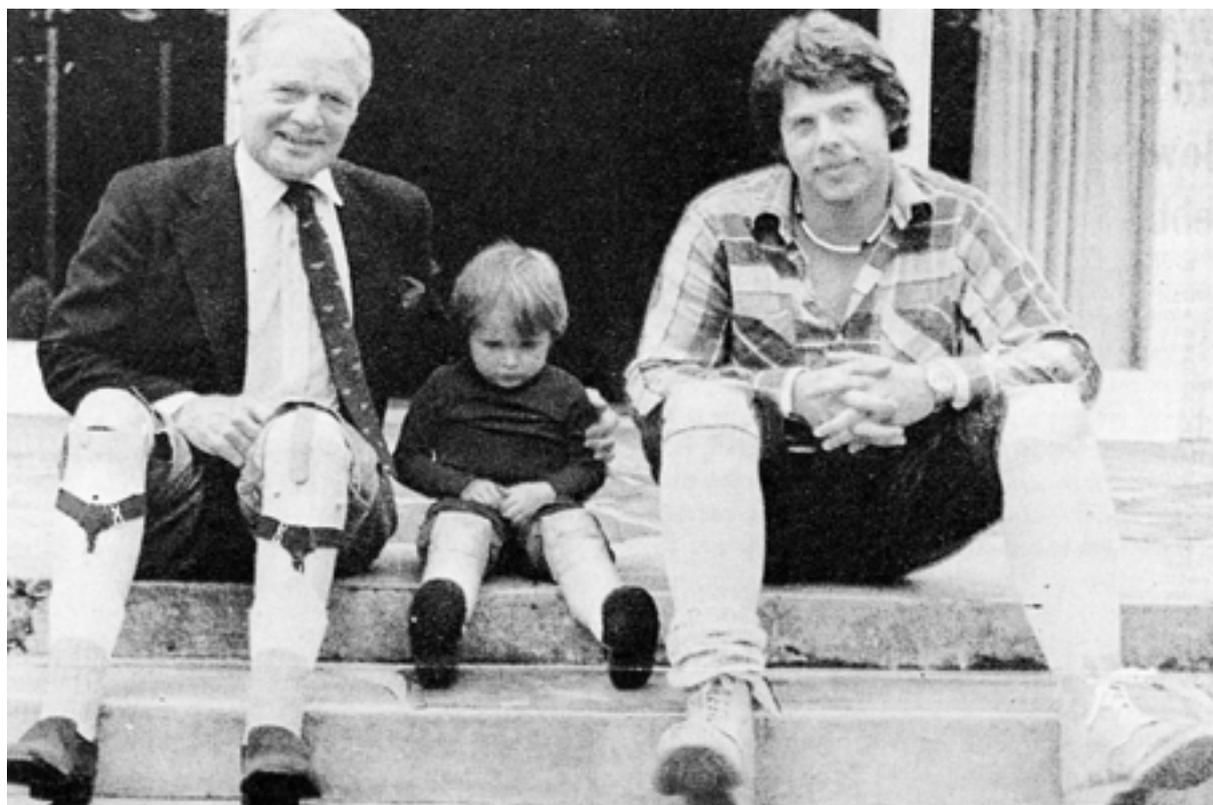
Today the Centre is the headquarters of the Douglas Bader Foundation and part of the world famous Roehampton Rehabilitation Centre. It provides a range of facilities for use by disabled members of the community as well as patients and staff of RTR, including a multi-purpose

sports hall with adjacent shower and changing facilities, a fitness gym, general purpose area and comfortable licensed lounge. It is very well equipped, pleasantly furnished and qualified staff are always on hand to assist individuals or organise group activities. Since the summer of 1995 it has provided a new permanent home for the Walking School and a number of Rehabilitation Therapy Groups organised by the Physiotherapy Department.

The aim of the Centre is not to duplicate or to act as a substitute for the work undertaken by the medical authorities but to provide the right environment for people with disabilities to enjoy their leisure activity time in whatever way they wish with their families or friends, to provide an additional leisure and fitness facility for the staff of RTR and to assist with both clinical and social rehabilitation.

It is difficult to measure the success of a centre such as this in any other way than by participation. By applying the philosophy of Sir Douglas Bader and by demonstrating the same single minded determination as he did, then the aims of the Foundation will be achieved and the Douglas Bader Centre will continue to flourish.

1981 Douglas Bader (left)



APPENDIX 5

The Trustees Today

The Trust was founded in 1915 to relieve the war-wounded, in particular those who had lost limbs, and it concentrated its efforts on running Queen Mary's Hospital for this purpose. A large number of casualties from both the First and Second World Wars were treated at the Hospital. After a period of control by the Ministry of War Pensions, the Hospital passed into the mainstream of the National Health Service in 1961 to whom the Trust transferred its property interests in stages. The last interest in property at Roehampton was transferred in 1990.

The conduct of the Trust is governed by an Order of the Charity Commissioners dated 10th April 1972, which superseded earlier Orders. The beneficiaries under this Order may be summarized as those disabled in war and their widows.

Some years ago the Trustees decided their objects were not best carried out through giving individual assistance to beneficiaries (which involved a substantial amount of casework and staffing), but through making grants to ex-service charitable organisations which have similar objects and to certain other organisations which demonstrate that they benefit the same groups.

The Trustees wish to receive applications from organisations which qualify for the receipt of grants; they try to contact such organisations, drawing attention to their objects, and, in particular, to the desirability of information about the number of war pensioners assisted, since war pension entitlement is the most positive indication of being disabled in war. But organisations which can apply should not omit to state assistance to war pensioners' widows, nor be unaware that entitlement can arise from disabilities attributable to service in the armed forces which is not obviously service in war.

OBJECTS:

1) Relief of needy men and women who served at any time in the armed forces of the Crown and were disabled in such service and their widows and dependents. Also ex-Merchant Navy and Civil Defence personnel who were

disabled during the 1914-18 or 1939-45 wars and their widows and dependents. In practice ex-servicemen and women are normally accepted as having been disabled in service if they are in receipt of a 'war' disablement pension from the Department of Social Security: such pensions are awarded for disabilities attributable to service whilst in the armed forces, whether in war or peace.

2) Assistance for nursing or residential home Charities whose aim it is to provide accommodation at least partly for the above groups of beneficiaries. Also grants for medical research having particular regard to the needs of disabled persons who served in the armed forces.

The Trustees have no plans to change their objects, but are well aware that they may need to vary their methods in the light of developments such as 'Care in the Community' which will change seriously the funding of many nursing homes and residential homes. The Trustees will also need to bear in mind the changing pattern of the age of beneficiaries, many of whom derive from the Second World War. While numbers of potential beneficiaries may well decline in the fairly near future, the cost of looking after survivors may well increase.

By the nature of the composition of the Board of Trustees, the Trust has links with several ex-service organisations and government departments, which assist their activities.

For further information about the work of the Trustees please write to:

Alan Baker Esq.
Clerk to the Trustees
Queen Mary's Roehampton Trust
13 St George's Road
Wallington
Surrey
SM6 OAS

