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Wirral hospital records*

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HISTORICAL SURVEY

It has been estimated that in 1800 there were about 4,000 hospital beds available in the whole of England and Wales.[1] They were provided, mainly in London, in charitable institutions that had been founded to care for the destitute sick. The risk of cross-infection was considerable. For all other sections of the community illness was something to be suffered in the privacy of the home and the family circle. Medical knowledge consisted of 'nurses' gossip, and sick men's fancies, and the crude compilations of blundering empiricism'.[2] The first half of the nineteenth century saw the growth of a hospital 'movement' – funded by public subscriptions, resulting partly from rapid urban expansion, but gaining its main impetus from the desire of doctors to use hospitals for training and research – and by 1851 the number of hospital beds available had gradually increased to nearly 8,000.[3] During the latter half of the century, however, the development of hospital services was dramatic. Advances in the standard of hospital nursing (Florence Nightingale's training school was started in 1860) and in the safety of surgery led to a general realization of the advantages of institutional medical treatment. By 1891 the total number of beds available had increased to 113,000; in 1911 the figure had reached 197,000.[4] This growth was, to a large extent, unplanned and uncoordinated, but one of its most remarkable features was the increasingly high proportion of beds provided in hospitals run by local authorities. Of the beds available in 1911 about 43,000 were in voluntary hospitals, while the remainder (154,000) were provided by a public sector that had scarcely existed in 1800.[5]

Although the voluntary hospitals shared three common principles – voluntary financial support by subscribers, voluntary medical attendance by doctors and consultants, and free treatment for the poor – they varied considerably in size, standards and aims. Many of the

*This article is an amended version of a work project critique submitted as part of the Society's Diploma in Archive Administration examinations in February 1983. The records described were collected and accessioned between March and June of that year, and there have been some additional deposits since. However, I am ashamed to admit that a full descriptive catalogue is not yet available, although 99% complete in reasonably legible manuscript. Enquiries are welcome. With regard to the hospitals themselves, the pressure towards cutbacks and closures is still very much in evidence. Hoylake Cottage Hospital, closed at short notice in September 1983, reopened in July 1984 as, in effect, a voluntary hospital. As this is written (October 1984) we are still awaiting the promised revision of the DHSS guidelines on the preservation and destruction of hospital records.

[1] Brian Abel-Smith, *The Hospitals, 1800–1948: a study in social administration in England and Wales* (London, 1964), p. 1, footnote.

[2] J. Simon, *On the Aims and Philosophic Method of Pathological Research* (London, 1848), quoted in Abel-Smith, *The Hospitals, 1800–1948,* p. 1.

[3] Abel-Smith, p. 16.

[4] Ibid, p. 200.

[5] Ibid.

old charitable institutions had become large teaching hospitals linked to university medical schools; they had well-equipped operating theatres, laboratories and out-patients clinics. Their example had led to the establishment of new 'general' hospitals in virtually every town of a size sufficient to attract the services of consultant physicians and surgeons. In Birkenhead, for example, where the population had grown from 200 in 1821 to 36,212 in 1861, a Borough Hospital (later called the Birkenhead General Hospital) was opened in November 1863. It replaced an existing but inadequate hospital and dispensary (initially providing fifty beds to the old hospital's eight) and was built largely at the expense of the shipbuilder, John Laird.

However, small hospitals had an important role to play. The general hospitals were usually controlled by a closed group of doctors in each town, and this, together with the fact that the treatment they provided was free, aroused the opposition of general practitioners (and their professional body, the British Medical Association) who felt that they too should have access to hospital facilities. As a result the hospital movement spread into the rural and suburban areas in the form of 'cottage hospitals', which were usually open to all local general practitioners, and normally allowed them to charge patients according to their means. In Wirral cottage hospitals were established at Wallasey (1866), Seacombe (1870), Hoylake (1905) and Neston (1920). The Neston Cottage Hospital was built using funds collected for a village War Memorial. By the turn of the century many of the general hospitals had also decided to introduce a scale of charges as a response to criticisms from the BMA that they were 'poaching' patients with the ability to pay for medical treatment from the general practitioners. In time they began to depend on this source of income.

A further result of the monopoly exercised in the general hospitals – particularly by senior members of the Royal Colleges of Physicians and Surgeons – was that it led many young and ambitious hospital doctors to specialize in particular diseases and treatments in an attempt to further their careers. They might, for example, specialize in the treatment of diseases of the eyes, ears, nose, throat, or chest, or practice such individualistic medical theories as homoeopathy. If the hospital in which they worked refused to provide the necessary funds and allocation of beds they frequently decided to branch out on their own; and, despite the opposition of the medical establishment, there was no shortage of subscribers. Many successful specialist hospitals were established during the late nineteenth century. The most important were those that filled a major gap in the range of services provided by the general hospitals. Few general hospitals accepted, for example, children or pregnant women as patients because of the increased risk of cross-infection. The first children's hospital was established in Liverpool in 1851. This was followed by others in every part of the country, including the Birkenhead and Wirral Children's Hospital, founded in 1869. Maternity hospitals were the earliest form of specialized institution: the first, the British Lying-In Hospital at Woolwich, had been founded in 1749.[6] In Wirral, the Birkenhead Ladies' Charitable Institution and Lying-In Hospital (later called the Birkenhead Maternity Hospital) was established in 1846, and the Highfield Maternity Hospital, Wallasey, in 1921. No doubt because of its proximity to Liverpool, Wirral had no other specialist voluntary hospitals apart from a few that were short-lived and have left no record of their existence other than an entry in the street directories.

The constitutional arrangements and administration of the pre-NHS voluntary hospitals can be illustrated by taking as an example the Victoria Central Hospital in Wallasey. This medium-sized general hospital was opened in January 1901 to replace the Seacombe

[6] Ibid, p. 23.

Cottage Hospital and to provide a new home for an outpatients dispensary, founded in 1831 to give free treatment to the poor.

Under the constitution approved by a meeting of subscribers in November 1900 the land and buildings of Victoria Central Hospital were vested in five Trustees. These, together with the Life Governors (donors of £20 or more to the building or maintenance funds), and all subscribers of not less than one guinea per annum, formed its governing body. Annual General Meetings were held in March, and there were provisions for the holding of Special Meetings at the request of not less than ten Life Governors or subscribers. Membership of this controlling group conferred certain privileges including, for example, the right to recommend 'poor persons' as patients. If there was a shortage of accommodation at the hospital, or any other reason for selectivity in the admittance of patients, a person who had been recommended by a subscriber would be given preference over others.

However, the general management of the hospital was entrusted to a committee (called the General Committee), consisting of the Trustees, twenty-four Life Governors or subscribers (elected for three years with eight retiring annually), and the hospital's four Honorary Medical Officers. From amongst its members the Committee appointed an honorary Chairman, Vice-Chairman, Treasurer, and Secretary; Executive and Election sub-committees; and a rota of 'hospital visitors'. It had powers to appoint and dismiss staff, draw up rules and regulations, and decide on important policy issues, but day-to-day administrative supervision of the hospital was the responsibility of the Secretary – still in 1901 an unpaid official – while the 'direction and general care' of the institution was delegated to the Executive sub-committee. This was a more compact unit comprising the eight honorary officials, lay and medical; it was instructed to meet at least once a month (in practice, weekly meetings were usual). Most voluntary hospitals had similar executive (or 'House') committees, representative of both subscribers and staff, to keep a check on the household accounts, approve routine expenditure (cheques needed the signature of both the Treasurer and the Chairman or Vice-Chairman), receive the regular reports of the Matron regarding the numbers of patients treated, etc., and ensure that the establishment was running smoothly. The Election sub-committee met only to invite and receive applications for vacancies on the medical staff. In larger voluntary hospitals there was often a more elaborate committee structure, and a salaried administrator in place of the honorary secretary. However, the development of a class of professional administrators was slow: it was only after the Second World War that an adequate training scheme and formal qualification were established.[7]

The Matron was both chief nursing officer and housekeeper. At the Victoria Central Hospital she was responsible for employing, training, paying and disciplining the nurses, probationers, porters, cleaners and kitchen staff. She had charge of all 'household goods, bedding, furniture, and linen . . . provisions and stimulants . . . and all surgical instruments and appliances'.[8]

The medical staff consisted of four Honorary Medical Officers, and four Assistant Medical Officers, chosen from amongst the local general practitioners. In addition Honorary Specialists could be appointed as necessary. These doctors were not paid for their services, although they could – at the discretion of the General Committee – treat their own private patients in the hospital. Voluntary service (which could be particularly arduous for the younger assistant medical officers) was considered worthwhile by doctors because

[7] Ibid, pp. 403–4.
[8] Victoria Central Hospital: Rules of Management, May 1901.

of the opportunities it afforded for enlarging both their experience and private practices. The medical staff of the hospital formed a Medical Board, which held formal meetings, nominated its own members on the General Committee, and was in charge of all medical matters – except where there were financial implications.

Like many voluntary hospitals during the early twentieth century, the Victoria Central Hospital was dedicated to the treatment of the poor and needy, but it encouraged patients to pay, as a contribution to hospital funds, if they could afford to do so. In common with most voluntary general hospitals it also excluded the following patients: pregnant women, persons of 'notoriously bad character' and lunatics; those suffering from delirium tremens, venereal diseases and advanced tuberculosis; and (most significantly) anyone with an infectious or contagious disease, or believed to be incurable or dying (except in cases of accident or violence). A successful hospital was one that produced results. They were judged according to the number of patients cured, and therefore preferred to take in those whose chances of recovery were good. A high success rate led to increased public support. One of the earliest developments in the history of the voluntary general hospitals was their exclusion of the very people they had been founded to care for: the incurably ill.

Some of the people whom the voluntary general hospitals refused to treat might be accommodated in one of the special hospitals, but the supply of beds in these hospitals was by no means sufficient to meet the demand. In the absence of any alternative they became the responsibility of public authorities, particularly of the Boards of Guardians established under the Poor Law Amendment Act, 1834.

The Poor Law Commissioners, in advocating the introduction of the 'workhouse test' to deter the able-bodied from applying for poor relief, had envisaged that the aged and infirm would normally continue to receive outdoor relief, but that if they proved unable to manage at home a separate building, with a less punitive regime than the workhouse, could be provided to accommodate them.[9] However, few Boards of Guardians were willing to spend money on the construction and staffing of separate infirmaries, and those that did (as at Birkenhead, where the Board of Guardians, formed in 1861, opened an infirmary adjacent to the workhouse in 1866) normally placed both buildings under the control of the workhouse master and matron, neither of whom had any training in nursing or medicine. In the majority of workhouses the sick and able-bodied were mixed together in general wards. The overworked and underpaid medical officers employed by each Union were usually required to cover the cost of outdoor medical relief – medicines and dressings – out of their own pockets, and therefore preferred to commit the sick to the care of the workhouse. By 1861 there were about 50,000 sick persons in workhouses (compared with 11,000 patients in the voluntary hospitals).[10] In the main they were nursed by untrained female paupers, who could not read the labels on the medicine bottles. As late as 1881 the Wirral Union Workhouse at Clatterbridge employed only one nurse, and she was also required to perform sewing duties.[11]

The gradual (but by no means uniform) improvement in these conditions which took place towards the end of the century was partly a result of pressure from politicians, doctors, and the products of Florence Nightingale's nursing school who, being recruited from the upper and middle classes, were often the social superiors of the workhouse masters and Guardians: a distinct advantage when it came to an argument. Ironically, however, the pressure towards improvement appears to have derived its main impetus

[9] *Report of His Majesty's Commissioners for Inquiring into the Administration and Practical Operation of the Poor Laws, 1834* (reissued 1905, Cd. 2728), p. 307.
[10] Abel-Smith, p. 46.
[11] *A short history of Clatterbridge Hospitals* (Central Wirral HMC, 1966), p. 3.

from the militant campaign, conducted by the Local Government Board after its formation in 1871, to enforce the 'workhouse test' and reduce the level of outdoor relief. Institutional medical treatment was preferred to outdoor medical relief because, like the workhouse itself, it was seen as a kind of punishment. People who applied for medical relief did so because they had neglected to provide against sickness; a dose of the Union infirmary would therefore act as 'an incentive to provident habit'.[12] However, properly staffed and equipped infirmaries were undoubtedly more efficient than mixed institutions, and Boards of Guardians were encouraged to provide them from the money saved on outdoor relief.

In many places the new Union infirmaries came to rival the voluntary general hospitals in the standard of medical care they provided. To speed up the recruitment of trained nurses they formed their own nursing schools (as at the Birkenhead Union Infirmary in 1899); and, unlike the mixed workhouses and voluntary hospitals, which were both directly controlled by lay officials, they were administered by salaried and professionally qualified medical superintendents, whose appeals for additional resources the Guardians' hospital visiting committees found it more difficult to refuse.

Between 1891 and 1911 the number of separate infirmaries in the country increased from 18 to 75, and, although of the 154,000 patients in public 'hospitals' in 1911 about 80,000 were still in mixed institutions,[13] improvements continued slowly but surely. At the Clatterbridge workhouse new hospital wards, an operating theatre and a nurses' home were built during the 1920s. With the abolition of the Boards of Guardians in 1930 the union infirmaries came under the control of the health committees of county and county borough councils. The change to municipal and county general hospitals was often marked by further increases in expenditure. Between 1930 and the outbreak of the Second World War Cheshire County Council spent £250,000 on improvements and extensions at Clatterbridge.[14]

Unfortunately these rate-supported general hospitals remained tainted in the minds of the public by their former association with the poor law institutions, although in statistical terms they were more important than the voluntary hospitals. In 1945 the Birkenhead Municipal Hospital (the former Union infirmary) and Clatterbridge General Hospital provided 509 beds and 394 beds respectively, while the two main voluntary general hospitals (Birkenhead General and Victoria Central) provided a combined total of 288 beds.[15] The institutions, meanwhile, continued under the control of local authority Public Assistance committees, but their role was gradually changing. In 1897 the Birkenhead workhouse had employed four 'attendants on lunatics' and in subsequent years it had – like many other workhouses in the country – put increasing emphasis on the proper care both of the mentally ill and the elderly. When the Birkenhead Municipal Hospital and the Institution were recombined as St Catherine's Hospital in 1948 (the change of name being intended to help rid the hospital of its workhouse associations) the Institution became the hospitals' psychiatric unit.

Before they acquired control of the workhouse infirmaries many local councils had already become involved in the running of hospitals. Some opened 'fever' or 'isolation' hospitals for those suffering from contagious diseases. This was a logical extension of their public health responsibilities. In Birkenhead a fever hospital, catering particularly for smallpox patients, was opened in Livingstone Street in 1876. This was replaced by St James'

[12] *Fourth Annual Report of the Local Government Board, 1874–75,* p. 69.
[13] Abel-Smith, p. 200.
[14] *A short history of Clatterbridge Hospitals,* p. 4.
[15] Sir E. R. Carling and T. S. McIntosh, *Hospital Survey of the North Western Area, Ministry of Health* (HMSO, 1945), p. 83.

Hospital for Infectious Diseases in 1895. In Wallasey the Mill Lane Infectious Diseases Hospital was opened in 1888. The local Boards of Health for Hoylake, Bebington, Bromborough, Neston, and Ellesmere Port formed a Wirral Joint Hospital Board in 1888, and built an isolation hospital on a site adjoining the Clatterbridge workhouse. In 1948 this was merged with the neighbouring buildings – which by then included a wartime emergency hospital – to form the present Clatterbridge Hospital.

Under the National Insurance Act, 1911, local authorities were encouraged to build tuberculosis sanatoria and dispensaries, and Government grants were made available for this purpose. Wallasey Corporation established a TB clinic at its Mill Lane Infectious Diseases Hospital in 1921, and in the same year Birkenhead built a sanatorium at Thingwall, some miles outside the then borough boundary (this is now a private hospital). The Liverpool Open-Air Hospital for Children at Leasowe (later called Leasowe Hospital) opened in 1914: the result of a combined initiative by Liverpool Corporation and the Invalid Children's Association. This hospital specialized in the treatment of non-pulmonary tuberculosis in children.

Local authorities also provided clinics for the free and confidential treatment of persons suffering from venereal diseases, using grants made available under the Venereal Diseases Act, 1916. In Wirral such 'special clinics' – with wards for in-patients – were established at the Mill Lane and St James' Hospitals the following year.

The formal records of these municipal and county hospitals can be found amongst those of their parent bodies. They are contained in the minutes of health committees and hospital sub-committees (for whom the medical superintendent provided reports) and in the annual reports of the medical officers of health.

In 1948 responsibility for all local authority and most voluntary hospitals was vested in a publicly-funded National Health Service. Fourteen Regional Hospital Boards were established with overall responsibility for the hospitals in their areas. The members of these Boards were appointed by the Minister of Health, after consultation with the relevant local authorities, universities, and medical professional organizations. However, day-to-day administration was carried out by a lower tier of local Hospital Management Committees – each responsible for the management of a group of hospitals – whose members were appointed on the recommendations of the local public health authorities, and the senior medical staff of the hospitals concerned. In Wirral there were three Hospital Management Committees: Birkenhead (covering Birkenhead General, St Catherine's and the other hospitals situated in the county borough), Central Wirral (covering Clatterbridge and a number of satellites), and North Wirral (covering Victoria Central, Hoylake, Leasowe, and the Wallasey Hospital for Women, formerly the Wallasey Cottage Hospital). Most Wirral hospitals adopted the voluntary hospital pattern of internal House Committees and Medical Boards, representing administrative, nursing, and housekeeping functions on the one hand and medical staff on the other.

In 1978 Area and District Health Authorities, still consisting of nominated rather than elected members, replaced the Hospital Management Committees. The hospital groups covered by the new Districts corresponded roughly with those of the old Hospital Management Committees, but the main unit for local health service administration was the Area Health Authority. The Wirral Area Health Authority comprised three districts: North (formerly North Wirral HMC), Central (formerly Birkenhead HMC) and South (formerly Central Wirral HMC) Wirral. This reorganization also saw the disappearance of some of the traditional titles for hospital officials and their replacement by such designations as unit administrator, chief nursing officer, and so on. In 1982 a further reorganization abolished the Areas (to reduce the number of administrative tiers to two – Regions and Districts), but

in many places this made little outward difference. In Wirral, for example, the Area Health Authority had merged its three Districts in 1979, with the result that the Wirral Area and Wirral District Health Authorities were coterminous. However, each of these reorganizations has been marked by a considerable amount of internal administrative restructuring.

THE PROJECT: 1978 TO DATE

At the beginning of October 1978 an enquiry was received from a family historian living in Canada. She wished to trace details of an ancestor who, according to family tradition, had been born in the Birkenhead Union Workhouse in Tranmere. The poor law material already held by the Wirral Archives service consisted mainly of those records – minute books, ledgers, letter books, etc. – which would originally have been kept by the Clerk to the Board of Guardians at his offices in Conway Street, and passed to the Birkenhead Public Assistance department in 1930. There were no registers of workhouse inmates. However, it seemed possible that early records might survive somewhere in the former workhouse building, now part of St Catherine's Hospital, and an approach was made to the hospital administrator. In response, the administrator said that a number of old records were stored in an attic above the main general block, but as the room was seldom visited by office staff no one was sure precisely what was there. He suggested that I might like to come and look for myself, making sure that I brought an overall. This was my first encounter with hospital records.

Racks of metal shelving stood down one side of the room, filled with case notes on individual patients, but the remainder of the floor area was almost completely covered with piles of old magazines, nursing textbooks, timesheets, signing-on books, order books, unused stationery, and redundant uniforms and equipment. However, by rummaging around I soon located one workhouse creed register, and then another. Some dilapidated laundry baskets hidden beneath the eaves proved to contain Birkenhead Union valuation lists. It soon became obvious that I had no alternative but to search the room slowly and methodically, sifting through each pile and moving them so as to get at those behind. This was not something that could be accomplished in a single afternoon. However, the administrator was happy to allow me free access, and on a series of visits during the following fortnight I was able to gather together – and arrange on some empty shelving – several sets of volumes, including workhouse creed, births, baptisms, and deaths registers, and later registers of hospital patients.

The workhouse had been established in 1861, but (although I was now able to answer my original enquiry) I could find no register dating from before 1864, and most of the early volumes were in poor, sometimes fragmentary, condition. If they remained *in situ* they would not survive for very much longer, and I considered that it was a matter of priority to secure the deposit of at least some of this material. However, my ambition did not, at that stage, extend beyond acquiring the Board of Guardians' records. A letter was accordingly sent to the chief administrator of the Wirral Area Health Authority on 23 October 1978, drawing his attention to the existence of the archive service, and asking whether the Authority would be willing to deposit for preservation those records which related to poor law documents already held. His reply was delayed by the need to refer the question to a meeting of the Health Authority, but when it came the result was more far-reaching than I had anticipated. At its meeting on 14 December the Authority resolved:

1. To approve in principle the transfer of the records requested.
2. That the Archivist be invited to discuss with the District Management Teams any other documents considered suitable for transfer.

3. That the Archivist be invited to consider an exhibition of these documents following transfer and restoration.
4. That adequate safeguards be taken to protect the confidentiality of personal records.

As plans for a series of exhibitions to mark International Archives Week (4–10 November 1979) were already in hand we readily agreed to each of these proposals.

However, in retrospect it must be admitted that the implications of the Health Authority's invitation 'to discuss with the District Management Teams any other documents considered suitable for transfer' were not fully appreciated. To begin with the Wirral Archives service had not been approved as a place of deposit for public records under s. 4 (1) of the Public Records Act, 1958. Having seen the condition of some of the records held at St Catherine's Hospital, however, I felt that the project could be justified as a salvage operation, and that its legal aspects were formalities that could be sorted out later. The Health Authority was building a large new hospital at Arrowe Park, with the result that several existing hospitals were threatened with closure; it was also in the process of merging its three districts – North, Central, and South Wirral – into a single district. If I had learnt one thing since my appointment as archivist in 1974 it was that administrative reorganizations place records at risk.

It must also be admitted that the rather isolated and indeterminate position of the Wirral Archives service – as one operated within a library by a metropolitan district council, without a qualified archivist – had induced a kind of siege mentality. An application for a ministerial order under the Local Government (Records) Act, 1962 had been refused, and I – as it turned out, mistakenly – assumed that the same might happen to an application under the Public Records Act. I did not want to tempt fate by making such an application immediately. However, it was essential to begin by learning what I could about hospitals and the types of record generated by hospital services.

My principal reference sources throughout the project will be described below, but one that I obtained at the beginning should be mentioned here: DHSS Circular HM (61) 73, *National Health Service: preservation and destruction of hospital records.* This provides a list of classes of documents which are not to be destroyed (Appendix A), together with retention schedules for those that may be destroyed (Appendix B). It also contains the general recommendation that 'any [documents] created before 1858 (in which year the Medical Act was passed) should always be selected for preservation; and caution should be exercised over the rejection of any more than, say, fifty years old'.[16] The circular appeared to me to take a very narrow view of what was worth preserving. Appendix A made little provision for the permanent retention of any medical, financial, or personnel records; the 1858 deadline (based on the introduction of registration for general practitioners) pre-dated the establishment of a large proportion of the hospitals in the country; and the recommendation to exercise caution before destroying any pre-*c.* 1916 documents scarcely provided adequate protection for records covering the most innovative period in the history of the health services. Nevertheless it provided some useful guidelines.

Early in 1979 I discussed the objectives of the exercise with a contact at the Wirral Area Health Authority headquarters. I had been invited to look at records of potential archival value, not to carry out a full records survey (which would, in any case, have been beyond my resources) and I was therefore concerned only with non-current records. Medical case files would not be included at this stage; however, I did wish to preserve those records, such as admission and discharge registers, which contain summarized information. Although I would primarily be interested in any surviving pre-1948 documents, we decided on the

[16] DHSS Circular HM (61) 73: *National Health Service: preservation and destruction of hospital records,* s. 7.

year 1974 as the forward date limit for such records as minute books and their supporting documents (reports, etc.) so that the complete minutes of the former hospital management committees could be deposited. However, my contact was careful to point out that, because of the threatened hospital closures, I might find that some administrators would adopt a defensive attitude towards their records. Tact and diplomacy would be needed. The hospital administrators would be considered by the Health Authority as being in the best position to judge whether or not they needed to retain certain records, and their wishes would not be over-ruled.

I was provided with a list of the people whom I should contact both in each hospital – usually the Unit Administrator or, in the case of smaller hospitals run as satellites of a larger unit, the on-site assistant administrator – and in the headquarters of the North and South Wirral districts. A number of additional people who might be able to assist in locating records that had gone astray were also suggested. An internal memorandum was sent to each person on the list drawing attention to the Health Authority's resolution and informing recipients that I would shortly be in touch. I then contacted each person by telephone to arrange an appointment and to try and give some indication of the kind of material I was interested in seeing.

Unfortunately it quickly became apparent that the amalgamation of the districts had already reached an advanced stage. My main contact had undertaken to locate material in the Central Wirral District offices, as these were based in the Area Headquarters, but in the other two districts the chief administrators had both been appointed to new posts and appeared to be acting only in a temporary, part-time capacity while their offices at Leasowe (North Wirral) and Clatterbridge (South Wirral) hospitals were wound down. Both proved elusive but promised to leave records of historical interest with the on-site hospital administrators for me to see.

During the next three months I visited each hospital in the area and found the administrators to be both friendly and interested in what I was trying to achieve. In most I was shown around various offices and storerooms and allowed to choose those records that I felt should be deposited; although some administrators said that they wished to retain, at least for the time being, small collections of memorabilia (framed photographs, letters written by benefactors, press cuttings, etc.) which were kept in their offices. This apart, the survey was an apparent success. Records were transferred to the central library by car or van, and accession lists were sent both to the relevant hospital administrator and to the Area Administrator. Further deposits continued at irregular intervals during the remainder of the year as material came to light. But at the end of what could be called the first stage of the project (January–December 1979) the quantity of deposited records seemed comparatively small: about 80 cubic feet of material.

There were several reasons for this rather disappointing result. First, the Wirral Archives service has a staff of one; while the archivist can rely on some assistance from reference library staff in processing and retrieving records from storage to meet users' requests, a survey project of this kind must necessarily be a solo effort, carried on against a background of routine work (as well as the occasional unforeseen crisis). A really thorough survey requires time and a single-mindedness that is difficult to achieve in these circumstances. Secondly, I was not completely certain what I was looking (or, more accurately, asking) for, apart from those records that were listed in HM (61) 73 Appendix A, any series of registers that were no longer required, and such items as photographs, brochures, and staff magazines. I was on largely unfamiliar ground. I have since realized that some important records were missed on these first visits – in more than one case because I had failed to ask about them – and that problems in

securing their deposit could have been avoided if they had been discovered in 1979.

However, there were records that I simply could not find at that time despite extensive enquiries. For example, while the signed minute books (1949–74) of the Central Wirral Hospital Management Committee could be found at Clatterbridge Hospital, I could not locate any equivalent North Wirral HMC records at Leasowe. It was explained that the Leasowe office had been short-lived, and that prior to reorganization in 1974 the North Wirral HMC headquarters had been at Victoria Central Hospital. At Victoria Central, however, I was told that the HMC signed minutes had definitely been removed, presumably to Leasowe. But everyone was confident that a set of signed minute books of such recent date would not have been destroyed; they would turn up somewhere (this has fortunately been proved correct).

On the whole, however, my initial impression that few pre-NHS records of any kind had survived the 1948 and 1974 reorganizations has been confirmed by later surveys. The modest degree of protection provided by HM (61) 73 had had little effect (although it seems probable that the major losses occurred in the aftermath of nationalization, before the passing of the Public Records Act in 1958) and in some cases early records had been ruthlessly discarded. At the Birkenhead General Hospital, for example, I could find no minutes of the hospital's governing body dated earlier than 1923 (except for a lucky survival: a committee minute book for the Birkenhead Hospital and Dispensary in Hamilton Street, 1850–56) and no annual reports earlier than 1898. The hospital had been opened in 1863, and both are classes of document scheduled for permanent preservation.[17] There appeared to be no surviving minute books at the Birkenhead Children's Hospital (opened in 1869), although the administrator did deposit an incomplete set of annual reports (1870–1930), building plans, and other items. The Birkenhead Maternity Hospital (opened in 1846 and closed early in 1978) had left scarcely a trace of its existence: the building was empty, and the only records I was able to locate were registers of confinements and births (1896–1960) and of infants treated (1929–76), which were amongst the books found in the attic at St Catherine's Hospital.

The quantity of early administrative records deposited by Victoria Central Hospital was exceptional. It included almost complete sets of committee and sub-committee minutes (1901–74); various documents, including agreements with the local authority providing for the reception of sick at the hospital in return for a contribution from the rates (1904–15); trustees' investment registers (1901–58); and annual reports. The latter set incorporated the reports of the hospital's predecessor, the Seacombe Cottage Hospital, and covered 1869 to 1941; but there were no other inherited records apart from a Wallasey Dispensary committee minute book (1831–49) – the oldest item discovered by my survey.

In fact, the urge to make a fresh start and sweep away traces of the past appeared – rather strangely – to have affected the voluntary hospitals more than the former poor law institutions. St Catherine's Hospital had refrained from destroying its workhouse registers, although some had obviously been lost through neglect. The series of workhouse creed registers continued as the admissions and discharge registers of the hospital's psychiatric wing, and all the registers up to 1973 were deposited. Other pre-1948 records of the hospital, including the minutes of the relevant Board of Guardians and, later, Corporation committees, were already held by the archive service. I was aware that the other former poor law institution – Clatterbridge Hospital – had deposited records of the Wirral Board of Guardians at the Cheshire Record Office some years ago, and therefore suspected that there might be few pre-1948 records left in the hospital complex. However, I was able to

[17] Ibid., Appendix A, s. 1. and s. 5.

find some interesting items, preserved in good condition in the hospital staff library. These were the minutes of the Wirral Joint Hospital Board (1889–1948) – the body responsible for running an isolation hospital adjoining the workhouse – and a quantity of documents, including sanitary reports on Wirral villages, compiled by Rural Sanitary Authority nuisance inspectors and medical officers during the 1860s and 1870s. (The latter serve as a reminder of the range of records that can be found in hospitals.) The administrator also deposited a bound set of the weekly staff magazine, *The Clatterbridge Chronicle* (1959–74), and records connected with the hospital's existence as a County General Hospital (1930–48), as well as a variety of other items. However, Clatterbridge is a large hospital, with buildings covering a wide area; it seemed likely that more records would eventually come to light.

1980 was a relatively quiet year as far as the deposit of further hospital records was concerned. I assumed that a precedent had now been established and that the next sizeable influx would come as a result of the proposed closures; these, it was rumoured, would affect at least four hospitals. This assumption appeared to be confirmed when I was asked by the Health Authority to collect some records (minutes, 1885–1948, annual reports, 1867–1915, and a gifts and bequests register, 1867–1917) from the Wallasey Hospital for Women (the former Wallasey Cottage Hospital) shortly before it closed in August. Otherwise I had little direct contact with hospital administrators for much of the year, apart from those occasions when they required access to their deposited records. However, mention should be made of some related developments.

The first concerned archive storage. When the archives had been established in April 1974 a large room had been allocated for records storage in the basement of the Birkenhead Central Library. This had soon proved inadequate, and the next five years had been partly spent in a frustrating search for additional premises of a suitable standard. While the most frequently consulted records were held at the library, we were forced to keep the remainder in a number of small, scattered outlier stores, in several buildings belonging to the department. Then in September 1979 we acquired the use of a former Civil Defence bunker sited at the Birkenhead Technical College, a few hundred yards away from the library. This is a self-contained unit, effectively sealed off from the remainder of the building, and equipped with its own air-conditioning system. During the next six months the 'Civil Defence Rooms' were fitted out and shelved as an archive repository, and various records were transferred there – including the hospital records, which had initially been stored at the library. The repository appeared to provide storage of a standard that might prove acceptable to the Public Record Office as a place of deposit under s. 4 (1) of the 1958 Act, and this was confirmed by the PRO Liaison Officer when he visited Birkenhead in June. The appointment covers records of the Wirral Area Health Authority and also those of the magistrates' courts for Wallasey and Birkenhead. That our application had been successful was both a great relief and an important step in the right direction.

The second development concerned other health service records: those of the Wirral Family Practitioner Committee. During the previous year I had been contacted by Mr Adrian Allan, the Assistant Archivist at Liverpool University, in connection with his work as a member of the informal Advisory Panel on NHS Records which meets at the University of Manchester Institute of Science and Technology (UMIST).[18] Mr Allan was attempting to compile a list of all hospital records deposited with record offices in the Merseyside Region,

[18] See E.Coyne and J. Pickstone, 'Location and preservation of Health Service records in the North-West Region', *Medical records newsletter,* ed. L. Jordanova (Wellcome Unit for the History of Medicine, Research Publication no. IV, 1980).

and was also engaged in a survey of the records of various Liverpool hospitals.[19] In May he had drawn my attention to an article in the 19 April 1979 issue of *Medical News* ('Are you destroying valuable historical documents – namely your practice records?' by Dave Hall) which pointed out that, while 90% of the country's health care is provided by general practitioners, few – if any – practice records have been preserved by record offices. It also indicated that the Wirral FPC administrator, Mr H. Parsonage (who was also the Honorary Secretary of the North Western Division of the Society of Family Practitioner Committee Administrators) would be sympathetic to any approach made to him by archivists wishing to preserve some of the records which passed through his office. Although general practitioners often retain their own private files on individual patients, their official case notes are the property of the local Family Practitioner Committee, and these are forwarded to the FPC offices after the patient's death. The case notes on deceased patients are normally filed for three years (in annual batches), and then destroyed. As these files, taken as a whole or as a statistically valid sample, provide detailed information about the health of a locality, the incidence of disease, and the kinds of treatments prescribed by family doctors since the inception of the National Health Service, they seemed worthy of preservation. I therefore contacted Mr Parsonage, and we agreed that, subject to the approval of the Family Practitioner Committee (which was given in October 1979), the medical records of deceased patients would in future be offered to the Wirral Archives service at the end of the three-year retention period. Normally there are between four and five thousand deaths each year in Wirral, and each annual consignment of files amounts to about 60 cubic feet of material. The first was deposited in May 1980, and consisted of all the records for the year 1976. The fact that these records were not destroyed at the usual time has already proved useful on a number of occasions – not least when one patient proved to be still alive! – but their rate of accumulation is such that it will probably be necessary to resort to selective retention or sampling in the near future, possibly retaining the complete consignment for each censal year. However, this will not be attempted without the advice of Mr Parsonage and the UMIST Panel.

In October 1979 Mr Allen had also informed me of his application to the Manpower Services Commission for funding for a Special Temporary Employment Programme (STEP) scheme to survey hospital records in both record office and health authority custody in the Merseyside Region.[20] His application was eventually approved by the MSC in October 1980. The scheme was for one year, commencing during January 1981, and allowed for the employment of three project staff working under Mr Allan's supervision. Because the new Arrowe Park Hospital was due to open during late 1981 or early 1982, Mr Allan proposed to begin by surveying the hospitals in the Wirral area.

At a meeting between Mr Allan, the Area General Administrator (Mr Blanchard), the Patients' Services Officer (Mr Lear), the Reference and Information Services Librarian, and myself on 13 November 1979, Mr Allan explained that the STEP project team would consist of two survey staff (who would visit the hospitals) and a clerk/typist (who would remain at the University, and would be responsible for collating the information compiled by the others). As with the survey I had conducted two years earlier, they would primarily be concerned to locate pre-1948 administrative records; however, later records would be listed as they were found (particularly where they formed part of a continuing series), and so would any surviving pre-1948 medical case notes. In addition, the team were to list and

[19] A. R. Allan, 'The work of the Archives Committee of the Liverpool Area Health Authority (Teaching)', *Medical records newsletter.*

[20] See A. R. Allan, 'Proposed survey of medical and health records up to 1948 within the area of the Mersey Regional Health Authority', *Medical records newsletter.*

describe any portraits, statues, busts, old items of medical equipment, and antique furniture that might be of interest to local or national museums, and to transcribe the texts of endowment plaques and commemorative or foundation stones. All items would be listed and left *in situ,* and the survey reports which the team produced would be arranged by location. As the value of these reports would be undermined if the items described were to be discarded or lost before arrangements for their deposit had been finalized, it was agreed that Mr Allan and I would both be notified if it were necessary for them to be moved.

Mr Lear's interest in the matter arose from the fact that – as Patients' Services Officer – he would be responsible for co-ordinating the arrangements for the transfer of the clinical records of each hospital patient to Arrowe Park during the next twelve to fifteen months. He therefore agreed to act as our contact during the project, and to begin by arranging a meeting between Mr Allan, myself, and the hospital administrators.

At this second meeting (held on 18 December) the objectives of the survey were outlined again for the benefit of the hospital administrators, and a provisional programme was drawn up. Mr Allan envisaged that the survey team would spend two or three days in each hospital, more in the larger units, but that (subject to the need to complete the survey of a particular hospital) one day each week would be spent back at their University base, transcribing their rough notes and carrying out research into the background of the next hospital to be visited. It was agreed that each hospital survey would begin with a preliminary session in which the team would be shown around the main storage areas. The survey itself would commence at Leasowe Hospital on 12 January 1981, and would probably end by the second week of February. To ensure that all administrative staff were aware of the survey an explanatory article would appear in the Christmas issue of the Health Authority's staff magazine. Copies of the survey reports would be forwarded to each hospital administrator, the Wirral AHA headquarters, and myself, when they had been produced. Following the publication of the reports it was anticipated that arrangements would be made for the transfer of material to the Wirral Archives well in advance of the hospital closures. I undertook to inform the curator of our associated museum (the Williamson Art Gallery and Museum, Birkenhead) of what was in progress, and to ensure that he received copies of the lists of artefacts that appeared in the reports.

Our own hospital project had now entered a new and more promising phase. The advantages of carrying out a survey under the sponsorship of a University, and with its own funding and staff, were already apparent in the way that it was receiving the full backing of the Health Authority's senior administrators. But it must also be said that Mr Allan's methodical arrangements were an object lesson to me in how it should be done.

The survey staff were appointed during December, and before any hospitals were visited they were given a short training course at the University Archives. Mr Allan was to accompany them whenever possible, and I was given an open invitation to do so as well. Unfortunately, as a result of the rather tight timetable involved, I was unable to attend as often as I would have wished, although I was in regular touch with Mr Allan and the others during the next few weeks, and was informed of some of their most interesting finds. The Wirral AHA reports of the Univerity of Liverpool Health Records Survey Team were completed to schedule and circulated during March 1981.[21] It should be emphasized that

[21] The following are the reports issued by the University Archives, Liverpool, 1981:
ULAS 1981/1: List of archives etc. at Leasowe Hospital . . . 12–13 Jan. 1981;
ULAS 1981/2: List of archives etc. of Victoria Central Hospital . . . 15–16 Jan. 1981;
ULAS 1981/3: List of archives etc. of Clatterbridge Hospital . . . 19–23 Jan. 1981;
ULAS 1981/4: List of archives etc. at the Wallasey Hospital for Women, 21 Jan. 1981;
ULAS 1981/5: List of archives etc. of Hoylake Cottage Hospital . . . 22–23 Jan. 1981;
ULAS 1981/6: List of archives etc. of Birkenhead General Hospital and Birkenhead and Wirral Children's Hospital,/

while the reports were intended as an encouragement to further action on the part of those responsible for preserving archives and museum artefacts, they are themselves of permanent value, not only because they contain transcriptions of immovable records (foundation stones, etc.) but also because of the picture they present of each hospital, many of which have now closed. Each report includes a short administrative history; notes on the procedures adopted, people consulted, and records *not* found; lists of associated records deposited at local record offices; and detailed descriptions of the archives and artefacts found at each location in the building.[22]

Mr Lear asked for copies of the survey lists, marked to show the items which the museum curator and I would like to receive. These were then to be forwarded to the relevant hospital administrators to see if they had objections to any of the proposed transfers. At the beginning of April I went through the lists with him item by item. He expected few objections, but said that because of the quantity of records, etc., involved it would be necessary to get fresh approval from the Health Authority itself before any transfers could take place. However, he hoped that this would be a formality. Mr Lear was also shown the storage area where transferred records would be kept, and I explained that the repository had been approved by the Lord Chancellor as a place of deposit for NHS records. The next stage was to wait for the hospital administrators to respond.

The survey team had found comparatively few records of the classes scheduled for permanent preservation under HM (61) 73 Appendix A. However, I was inclined (with Mr Allan's concurrence) to preserve most of the records listed in the reports. In general, few ephemeral records had been included. From the very full descriptions given (in the case of registers, for example, the information written in each column was indicated) it seemed that the majority would be of some value to local, social or medical history researchers, or to genealogists; and that they all tended to cast some light upon a noteworthy aspect of the institutional history of the hospital – its methods of fund raising, the way in which the training of student nurses had been supervised, or the fact that it had run a special clinic of some kind. A quick estimate showed that to ask for most of the listed administrative records (including registers of patients) would – in terms of quantity – increase our existing holdings of hospital archives by about 150% (or 120 cubic feet). The survey had been thorough, and it had demonstrated that there were really very few records surviving from before *c.* 1960, let alone 1948, unless clinical records were also taken into account.

The survey team had listed medical case files only where the series was complete from some date prior to 1948. Given the fact that while few hospitals have retained any case notes from before *c.* 1950 the quantity of later clinical records held is often vast, this was a justifiable expedient. It would not otherwise have been possible to complete the survey in the time allowed. However, Mr Lear was anxious for me to include some clinical files among the deposited records. The space available at Arrowe Park would be insufficient for them all to be kept there, and the only alternative was the eventual destruction of a large number of them.

There is no doubt that clinical records pose a major problem for both hospital administrators and archivists. The extent of this problem can be seen at St Catherine's Hospital (a medium-sized unit) where the case notes for the period *c.* 1950 to *c.* 1965 occupy

Hospital,/ 26–30 Jan. 1981;
ULAS 1981/7: List of archives etc. of Birkenhead Children's Hospital, 28 Jan. 1981;
ULAS 1981/8: List of archives etc. at St James' Hospital . . . 5–6 Feb. 1981;
ULAS 1981/9: List of archives etc. at St Catherine's Hospital . . . 2–4 Feb. 1981.

[22] For an account of the University of Liverpool Health Records Survey 1981, see Adrian Allan, 'Underneath the Archives', *Health and Social Services Journal,* 22 April 1982.

about 3,000 feet of shelving in the hospital attics. Some hospitals (Birkenhead General, for example) have adopted microfilming as a solution, but this is probably too expensive to be considered as a realistic option by those record offices that wish to preserve hospital records. Clinical notes are also subject to an extended closure period of 100 years because of the highly confidential nature of their contents.

Although HM (61) 73 states that 'Medical records and allied documents in hospitals' should be destroyed 'six years after conclusion of treatment or, where the patient dies in hospital, three years after death' (Appendix B, s. 25), it seeks to secure the preservation of a hard core of clinical records by requiring that 'summaries of clinical notes taken (Front Sheets, Registrars' Books, etc.)' should be preserved (Appendix A, s. 10). The Tunbridge Report on *The Standardisation of Hospital Records* (issued with HM (65) 71) also recommended a policy of weeding: the retention of primary documents and the removal after 8 years of such secondary and transitory documents as pharmacy request forms, and temperature, pulse, blood pressure and urine charts. However, I understand that these recommendations have not been widely implemented, and that the Wirral Health Authority regards them as impracticable, given the quantity of records involved and the staff and resources available.

There is also disagreement as to the archival value of clinical records. The Wilson Committee on Public Records (whose *Report* appeared at this time) found that 'the long term value of clinical records is less clear-cut than that of the administrative and non-medical NHS records'.[23] On the one hand it had been suggested to the Committee that as 'attempts to use data from existing clinical records for purposes of retrospective research have proved disappointing . . . there was . . . little point in seeking to keep any of them'; but on the other they had been told by 'a range of eminent medical and other researchers' that 'clinical records contained information of vital value, although the uses to which it would be put were sometimes limited and it was not always necessary to keep the records indefinitely'.[24] The Committee also found that fourteen of the record offices appointed as places of deposit for NHS records under s. 4 (1) of the Public Records Act, 1958 declined, as a matter of policy, to accept deposits of medical case notes.[25]

The Committee's recommendations were that the Medical Research Council be invited 'to convene an advisory group to identify NHS clinical records of research potential' and to issue guidance on appropriate retention periods,[26] and that clinical records should not be deposited with administrative records at local record offices but transferred to one location (or more) in each Region, financed by the health authorities, and under the supervision of a designated medical records officer.[27]

To have accepted on deposit *all* the medical case notes that could not be accommodated at Arrowe Park would have been quite impossible. Birkenhead General, Birkenhead Children's and Leasowe hospitals were due to be closed completely; St Catherine's and Victoria Central hospitals would both lose their general hospital status; the former would remain open only for psychiatric and geriatric patients, while the latter would be retained only as an accident and emergency unit; and as all maternity services, for example, would be centralized at Arrowe Park, even Clatterbridge Hospital would have its facilities reduced. Mr Lear thought that all the files from 1960 could be transferred to Arrowe Park, but that this would still leave about 2,500 feet of records, mainly from the previous ten

[23] *Modern Public Records: selection and access* (March 1981), Cmnd. 8204, s. 397.
[24] Ibid.
[25] Ibid., s. 393.
[26] Ibid., s. 400 and s. 411.
[27] Ibid, ss. 401, 410, 413 and 414.

years, in buildings that would eventually be due for disposal. We did not have that amount of free shelving available, and would not, in any case, have been happy to fill it with records which could not be made available to researchers for 100 years, whose long-term value was debatable, and which (if the Wilson Committee proposals were put into effect) were supposed to remain the responsibility of the Health Authority.

The possibility of the Wirral AHA making one of its redundant buildings available to us was discussed. The Birkenhead Children's Hospital, sited around the corner from the Central Library and a few yards from the Williamson Art Gallery, would have been large enough to house a local studies centre, including a record office, local history library and museum displays. It would also have been possible to designate a section of the building as a medical records centre, financed by the Health Authority but with a retrieval service operated by archive staff. However, the Authority wished to sell all its vacant sites for redevelopment, particularly as the high cost of the new hospital needed to be counterbalanced by significant savings, and this idea came to nothing.

The University team had found only one series of original pre-1948 medical files in the Wirral hospitals, and I was quite willing to regard this as a special case. They were the clinical records of Leasowe Hospital, complete from 1923 to date. The Health Authority intended to transfer the post-1960 files to Arrowe Park, and as the series was comparatively small in terms of bulk this would leave a modest 70 feet of records needing to be rehoused somewhere, or destroyed, when the building was emptied in January 1982. The physical size of the series was an important consideration, but there were other good reasons for wishing to preserve the series intact. Mr Allan told me that he knew of very few extant series of pre-NHS hospital patients records anywhere in the North West. The Leasowe records were therefore rare; unique as far as Wirral was concerned. Leasowe Hospital could also be termed a centre of excellence. It had specialized in the treatment of children suffering from non-pulmonary tuberculosis and, latterly, of people suffering from arthritic conditions; and had eventually taken in patients from all parts of the country. The UMIST Advisory Panel had recommended that 'wherever new treatments or new hospital procedures have been introduced, or where research has been carried out, or peculiar social or medical problems have arisen, the relevant records should be earmarked for preservation'.[28] I therefore asked for this series to be deposited with the archive service, provided that the Wilson Committee's proposals for regional centres were not put into effect in the near future.

In fact, in its response to the Wilson Committee recommendations the Government rejected both this proposal and the suggestion that a Medical Research Council advisory group should be convened, although it accepted that clinical records should remain the responsibility of the Health Authorities.[29] How long such records should be retained is 'essentially a matter for local administrative decisions'.[30] Indeed 'the problems of their sheer volume and confidential nature, combined with doubts as to their long-term value, present a strong case for removing all such records from the preservation requirements of the Act';[31] although, a little inconsistently, the Government sees some value in the preservation of samples 'done on the basis of local initiatives by hospitals who are prepared

[28] J. Pickstone and L. Coyne (ed.), *The preservation of NHS records: a handbook for the guidance of personnel and archivists in the North Western Health Region* (produced by an advisory panel on the preservation of health service records, Department of History and Science and Technology, UMIST, Dec. 1979), p. 19.

[29] *White Paper on the Report of the Wilson Committee on Modern Public Records* (March 1982), Cmnd. 8531, ss. 51–54 and Annex A, ss. 38–42.

[30] Ibid, s. 53.

[31] Ibid, s. 51.

to select and deposit samples and record offices which have suitable facilities and are prepared to house such records'.[32]

At the time of writing the Wirral Health Authority has not agreed to the retention of samples rather than of complete runs of clinical records. Destruction of clinical records is opposed by the medical staff on the grounds that their need for a particular file is impossible to predict. This has not, of course, prevented hospital administrators in the past from discarding medical records as a matter of practical necessity, but from their point of view it may be simpler to be able to state – regretfully but categorically – that all the files from before a certain date have been destroyed than to be asked to justify their decision to retain one file rather than another. In addition, selective or representative sampling could not really be attempted with any confidence without the active participation of both hospital administrators and doctors, and even if they were sympathetic to the idea few would be able to devote much time to such an activity.

It is possible that the Health Authority administrators had hoped to be relieved of this accumulation of non-current clinical records as a result of the University survey, and the fact that this expectation was disappointed may have contributed to the loss of interest which now became apparent. During the latter half of 1981 they were also increasingly preoccupied with arrangements for the opening of Arrowe Park Hospital. Whatever the reason, the momentum achieved as a result of the University survey was lost, and the project entered a long period of inactivity and frustration which lasted for almost two years. It would, in retrospect, be churlish to itemize all the disappointments of this period. Suffice it to say that Arrowe Park Hospital opened on 1 February 1982 and that the planned closures followed during the next two weeks without any records having been deposited. In fact, the proposed deposit of hospital records remained conspicuously absent from the Health Authority's agenda, and with the shelving that I had earmarked for the storage of hospital archives becoming filled with other material my telephone calls to the headquarters staff at St James' Hospital took on an air of weary routine.

One isolated development occurred in May when Mr Lear asked if I would like to take the medical records from Leasowe Hospital – 'unofficially' as the Health Authority had not yet given its approval. I agreed, and the records from 1923 to 1960, plus card index, were delivered the same week.

Eventually, I contacted the administrators of the four remaining 'old' hospitals – Clatterbridge, Hoylake, St Catherine's, and Victoria Central – to explain that the delay in collecting their records was not caused by lack of interest on my part, and to enquire whether there had been any changes affecting the location of this material. In each case the administrator said that the marked lists had been checked and returned to headquarters some time ago, and that nothing had been heard since. The administrator at Clatterbridge said that she would raise the matter at the next management meeting.

That was in July 1982. In August Mr Blanchard wrote to apologize for the delay, and to say that the matter was under discussion; he would report back as soon as possible. Finally, in October I received a telephone call from the Project Planning Officer at the Wirral Health Authority's headquarters, who had been asked to try and bring the matter to a satisfactory conclusion. The difficulty was that the archives of the closed hospitals had been dispersed. He thought that some had been transferred to Arrowe Park, and that others could be found at Birkenhead General, St Catherine's, and Victoria Central. He suggested that we should spend a day visiting these hospitals together so that I could be introduced to the staff.

[32] Ibid, s. 53.

I could then return later, on my own, to sort through any accumulations of records that had been pointed out to us. I readily agreed.

Events now began to move quite rapidly. During a two-week period I spent as much time as possible in each of these hospitals: attempting to track down the missing records; checking the items that I could find against the descriptions given in the survey reports; compiling new summary lists to show their present locations; and, wherever possible, collecting everything together in a locked room or cupboard. When all the summary lists were completed (including a list of records that could not be traced) copies were given to the Project Planning Officer so that the approval of the Health Authority could, at long last, be obtained.

It appeared that most of the records from the Birkenhead General and Birkenhead Children's hospitals had been transferred to Arrowe Park, where they had either been placed in a small store-room near the general office or in the medical records store in the hospital basement. The survey team had found comparatively few records at the Children's Hospital, and fortunately they were all present and correct. They included various albums of photographs and press cuttings (including a very interesting album of photographs of staff and patients presented to Miss Cunnington, the matron and, later, wife of the hospital's founder, Dr Peter Murray Braidwood, on the anniversary of the New Wirral Children's Hospital, Birkenhead, 21 June 1884); statistics of medical supplies, gas and electricity consumption during 1937 to 1948; and two volumes of committee minutes covering the period 1929 to 1937. I also found a register of baptisms (1956–74) and a small series of registers covering patients treated for scarlet fever, measles and whooping cough (1949–80) – childhood ailments which have been a major preoccupation of the National Health Service.

The results of my search for the listed records of the Birkenhead General Hospital were rather more disappointing. The former hospital administrator, now based at Arrowe Park, said that he had brought most of them to the new hospital personally; but that had been ten months ago, and in the meantime many had unaccountably disappeared. There had been, for example, a personal memorandum book of the hospital chaplain during the period 1920 to 1949, containing historical notes and photographs. There had also been a series of nurses registers (1907–55), giving summarized details of their training, qualifications, and careers at the hospital. It seemed possible that the registers had been passed to the school of nursing at Arrowe Park, but my enquiries brought – for the very first time – a flat refusal to cooperate. This may be a common problem. D. A. Dow, the archivist to the Greater Glasgow Health Board, has, for example, found that 'nursing staff, in particular, often come to regard records as their own property in some mysterious way, and are reluctant to hand them over'.[33] The survey team had also found some volumes from a series of casualty registers (1957–64) that I had wished to preserve as a sample, but while I was able to find other volumes from the same series (1949–59) those particular books appeared to have been discarded after they had reached Arrowe Park.

At the Victoria Central Hospital the Surgical Unit had been closed, but the records held there had all been transferred to the former Medical Unit (a separate building about a mile away, which now serves mainly as office accommodation with a small accident and emergency unit). A fairly large number of records from this hospital had been deposited with the archive service in 1979, and those that the survey team had found in the unit administrator's office related mainly to the Wallasey Hospital for Women. They included the earliest patients register for a former voluntary hospital that has so far been located in

[33] D. A. Dow, 'Greater Glasgow Health Board Archives', *Medical records newsletter.*

Wirral (1886–1920). Attached to the Medical Unit was a Chest Clinic, established in 1921 to test and treat patients suffering from tuberculosis, and when the clinic had been visited by the survey team in 1981 they had found there a complete set of patients registers covering the period 1921–73. Tuberculosis had been a major medical and social problem, particularly in Merseyside, and I had wished to preserve these registers. I was therefore disappointed to discover that almost all the contents of the clinic had been sent to the incinerator the previous week, leaving only a few odd volumes which I was able to rescue from salvage bags. Fortunately a substitute existed in the form of clinic attendance cards (1921–81), kept in two small filing cabinets, which had not yet been destroyed.

Having been a busy general hospital, St Catherine's now seemed almost empty and deserted, but it proved to be a treasure house of forgotten records. The University survey had listed sets of Birkenhead Union Infirmary patients registers (paralleling the Workhouse registers already deposited) and probationers registers of the Union Infirmary training school (1899–1921). The former were still in one of the hospital's attics, but the latter had disappeared (fortunately to be rediscovered a year or so later). However, one of the hospital porters said that a large number of records had been brought over 'from Wallasey' the previous year; no one had looked at them, but he could show me where they were. Some were in a former ward kitchen; others in a large, dilapidated hut which had once served as a nurses' recreation centre. They had all been transferred from Leasowe Hospital. In addition to the records listed by the survey team – which included nurses registers and reports on the progress of students and probationers (1919–64), as well as various photographs – there were committee minute books (1920–48), accounts of the hospital building fund (1913–29), the log book of the hospital school (1941–70), and the minutes of the school managers. Taken together with the clinical records deposited in May 1982 they provided a fairly comprehensive hospital archive. I was also able to solve the mystery of the missing North Wirral Hospital Management Committee minutes. They had eluded both me and the survey team during visits to Leasowe Hospital in 1979 and 1981, but must, after all, have been somewhere in the building. The complete signed set (1948–74) was now at St Catherine's, together with a large quantity of printed reports (*c.* 1950–70). There were also the signed minute books of the Association of Hospital Management Committees (Liverpool Region) (1950–74), and a variety of odd items from other hospitals.

At Hoylake Cottage Hospital the administrator had packed all the listed items in labelled boxes, awaiting collection, when she had received the survey lists the previous year. These items include some X-Ray registers (1928–54) and papers relating to the establishment of the hospital in the early 1900s.

The University survey report on Clatterbridge Hospital had made me acutely conscious of the inadequacy of my own survey in 1979: how had I managed to miss so many records? Every aspect of the hospital's history since *c.* 1904 – workhouse, isolation hospital, county general hospital, headquarters of the Central Wirral HMC – is represented by sets of staff and patients registers, reports, correspondence files, photographs, and scrapbooks. Although some of these are in poor condition, others have been preserved with care. One item of special interest is a box file of minutes and agenda papers of the National Association of Masters and Matrons of Poor Law Institutions (1915–31). None of these records appeared to have been moved during the last two years.

St James' Hospital has been mentioned very little in the course of this account. Opened in 1894 as an infectious diseases hospital under the control of the local authority, St James' has since 1948 been used mainly to house area administrative offices, and there appear to be very few records of its former hospital function left in the building. The minutes and working papers of the Birkenhead HMC (1948–74) were transferred from St James' to the

archives in 1979. Until the opening of Arrowe Park in 1982 a special clinic for the treatment of venereal diseases was operated at St James', and the survey team found registers for the clinic dating back to 1923. However, the Health Authority has refused to part with even the earliest of these registers.

The summary lists that I had prepared were shown to a meeting of the Health Authority on 25 November 1982 and, in the main, approved. However, a number of items were deleted for various reasons, and there has therefore been a further delay occasioned by the need to type a new 'authorized' list. At the time of writing (February 1983) this list, together with the written permission of the District Administrator for me to proceed with the collection of the records, has only just been received. The project is therefore still very much in progress. The next stage will be to visit each hospital again to ensure that all the listed records are packed ready to collect; arrange collection; and then draw up accessions lists once the records have been installed in the repository. I anticipate that this will take about two or three months.

CONCLUSION: PROBLEMS AND POSSIBILITIES

Why preserve hospital archives? Adrian Allan, in an article aimed at health service administrators, has drawn attention to their 'vital importance in medical research (for instance the tracing of hereditary diseases, the determination of the effects of environmental changes on long term health, and historical epidemiology) and in broadly historical research . . . [as well as] . . . in policy making and social administration studies'.[34] On a parochial level they are also the records of important local institutions, of great potential interest to local historians and genealogists.

Between May and September 1980 the Contemporary Medical Archives Centre (CMAC), based at the Wellcome Institute for the History of Medicine, conducted a survey of the hospital records (if any) held by 90 local record repositories. In October a summary of the findings was circulated to those record offices that had participated. One of their conclusions was that interest in the preservation of hospital archives appeared to be growing amongst archivists, but they pointed out that 'with the present situation of health service reorganisation, expenditure cuts and the closure of hospitals or units within hospitals it is perhaps not enough for repositories to be ready to accept deposits when offered . . . [although] dealing with local health authorities can be a frustrating and long drawn out experience'.[35] The main problems encountered by archivists actively involved, or attempting to become involved, in the preservation of hospital archives were: (1) those posed by the records themselves – the bulk and confidentiality of certain classes, and (2) the difficulties of liaison with the relevant health service administrators. My own experiences certainly tend to support these conclusions.

However, unlike some local archivists, I have never encountered hostility or an uncooperative attitude in the health service administrators with whom I have come into contact. On the contrary, the majority have been both friendly and helpful. It is simply that they have more pressing concerns. 'There never has been, and there probably never will be, enough resources for all that the National Health Service would wish to do. NHS expenditure on record preservation will thus inevitably continue to be under heavy constraint and is always likely to be sacrificed to more immediate and demanding needs . . .'.[36] Even though local record offices are, in effect, offering to shoulder the cost of

[34] Allan, 'Underneath the Archives'.

[35] *Hospital records and local repositories,* a short report circulated by the Contemporary Medical Records Centre, Wellcome Institute for the History of Medicine, in October 1980.

[36] *Modern Public Records: selection and access,* s. 386.

preserving hospital records, they are not always willing to take the clinical records which are the hospital administrators' major headache; and deposit arrangements require the time and attention of these administrators. With a vital and hard-pressed service to run, both commodities are in short supply.

Another problem for both administrators and archivists is the lack of comprehensive and up-to-date official guidance on records preservation. The principal DHSS Circular on National Health Service records (HM (61) 73) was issued in July 1961. Some criticism of this Circular has already been made. It should also be mentioned that records are described in the Circular appendices with a precision that is sometimes confusing (it is not difficult to find large sequences of hospital records which do not seem to match exactly any of these descriptions); that the retention periods given (in Appendix B) for those records that can be destroyed are based on mainly legal/financial requirements, and are generally too short (usually two or eight years) for historical criteria to be applied; that the Circular does not make any provision for a reviewing procedure which could identify records of research potential; and that many categories of poor law and public health records which might have been inherited by hospitals are not mentioned specifically. However, it is perhaps too easy to criticize the Circular from the point of view of an outsider and with the benefit of hindsight. As Dr Patricia Barnes has pointed out, the compilers of the Circular 'were dealing with a widely scattered service with a paper-creating potential almost beyond imagining . . . To ensure the orderly preservation and destruction of the records of each hospital would require an army of record officers, inspecting officers, and archivists.'[37]

It is understood that a revised Circular is in preparation, and that a draft will shortly be made available. It is to be hoped that this new circular will, among other things, remove the present 1858 and *c.* 1916 deadlines by giving complete protection to *all* pre-1918 hospital records; introduce some kind of reviewing procedure, applying historical as well as medical and administrative criteria, for those records that are scheduled for the longer periods of retention in the present Appendix B; and include advice on a wider range of inherited records. It is known that the new circular will, however, effectively remove clinical records from the protection of the Public Records Acts.

In December 1979 the UMIST advisory panel issued a handbook on the preservation of NHS records, for the guidance of both administrators and archivists.[38] This includes suggested retention schedules, drawing on HM (61) 73 and parts of later circulars (including the draft version of HC (80) 7, on the preservation and destruction of personal health records), but with clear, summarized descriptions of each record type. Records are divided into three categories: A, Do not destroy; B, Not to be destroyed (except where a duplicate is known to exist) without the advice of an archivist; and C, Can be destroyed after the recommended period. The handbook also contains details of obsolete bodies – Boards of Guardians, etc. – whose records may have been inherited by a hospital, and gives advice on the selection of clinical records for preservation. The panel hopes to achieve a co-ordinated policy on the preservation of clinical records as this should depend 'not only on the class of records in question but on the quality of the records, the storage space available and on the number of similar records known to be permanently preserved in the region and elsewhere'.[39] I have therefore been careful to inform the panel (through Mr Allan) of those series of clinical records that have been deposited with the Wirral Archives Service, and have sought their advice before accepting such deposits. The handbook itself is an

[37] Patricia Barnes, 'The statutory position and its limitations', *The preservation of medical and public health records* (Wellcome Unit for the History of Medicine, Research Publication no. I, 1979).
[38] Pickstone and Coyne (ed.), *The preservation of NHS records.*
[39] Ibid.

extremely useful publication, and has been commended to archivists by the Contemporary Medical Records Centre, in the absence of up-to-date DHSS guidance.

The Wellcome Unit's series of Research Publications should also be mentioned. Two of these – *The preservation of medical and public health records* (no. I) and *Medical records newsletter* (no. IV) – contain papers giving advice on the preservation of hospital records and progress reports on survey projects in various parts of the country.

It is often difficult to find published information on the history of local hospitals. Wirral hospitals are given only the briefest mention in the standard local history books; although in some cases the hospitals themselves have produced small historical booklets. In many cases I have had to rely on street directory entries for such details as foundation dates, number of beds, the names of hospital officials, supporting charities, and so on. I have also found early editions of large-scale Ordnance Survey maps useful in pinpointing the exact position of defunct hospitals and in finding the approximate date of hospital extensions. The Ministry of Health survey report compiled in 1945 by Sir E. R. Carling and T. S. McIntosh[40] provides some historical information about each hospital as well as a complete picture of hospital services in the area on the eve of nationalization.

In selecting hospital records for preservation I have drawn on the experience of Adrian Allan, who is both a member of the UMIST advisory panel and an archivist with medical school connections, and on the advice and information given in the publications described above. However, with regard to pre-1948 hospital records it must be admitted that these records have already been so thoroughly reduced in quantity by a process of natural selection that there has been very little scope for professional appraisal. I have been grateful to accept what could be found. I have also considered it important to preserve records – such as staff and patients registers – which provide details of the day-to-day workings of the hospital as well as of any significant medical and social developments which took place. Although the normal time for transferring public records to a repository is 30 years after the date of the last entry it seems reasonable to request the deposit of younger records, provided that they are non-current, belong to series that we wish to preserve intact, and might otherwise be at risk if left at the hospital. Although value for genealogical research is not normally considered a criterion for the selection of government records for preservation under the Grigg reviewing procedure, I feel that it is right and proper for local record offices to recognize the claims of family historians; although in the case of clinical records, in particular, the problems involved clearly make it unreasonable to preserve everything, unless a much wider range of research uses can be demonstrated.

For the future, I hope that deposit of Wirral Health Authority records can be established on a regular, routine basis. Experience suggests that this will be difficult, but hospital services in the area have now achieved a pattern which is likely to remain the same for many years, and it is possible that my present contacts in each hospital and in the District Headquarters may remain in post for longer than they have done in the past. There are therefore some grounds for optimism.

[40] Carling and McIntosh, *Hospital Survey of the North Western Area, Ministry of Health.*