

HIGHBURY

DURING THE FIRST WORLD WAR

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Highbury, the Birmingham family home of Joseph Chamberlain lay empty at the beginning of 1915, as the rest of the family had dispersed after his death. Britain was at war and like other private owners, Austen Chamberlain offered Highbury for use as an auxiliary hospital. Supported by funds from the employees of Kynoch Limited for equipment and War Office grants, voluntary organisations established the Highbury Volunteer Aid Detachment (VAD) Hospital between May 1915 and February 1919. It quickly developed into an orthopaedic and neurological hospital where longer-term specialist treatments were given.



Highbury Hospital patients.

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Orchid House converted to a patient ward.

At first Highbury was auxiliary to the First Southern General Hospital (established in the University of Birmingham buildings), but was later transferred to the Second Birmingham War Hospital at Hollymoor. Starting at 100 beds, expanding to accommodate over 220 beds in 1918, Highbury was closely affiliated with the 4th Auxiliary (designated for officers), which was established in 1916 at the neighbouring Moor Green House. Both were administered through a general and house committee, consisting of the wives of Kynoch directors (most related to the Chamberlains), Sir John Holder and members of the medical and VAD staff.

From Home to Hospital

The house not only had to accommodate patients but nurses and other essential staff as well. Every bit of space was used; rooms allocated either as wards, operating or

treatment rooms and staff quarters. Many of the nurses slept in the attic but as the number increased, the entrance Lodge was brought into use. However, class and professional conventions of the time meant that the professional senior nursing staff were privileged with private accommodation and there were separate dining areas for the nurses and domestic staff. Space also had to be found for offices and for the storage of provisions and medical supplies. This meant that the former family home was subject to numerous adaptations to install extra bathrooms and toilets and upgrade the electrics.

As more patients and staff arrived and different types of treatment developed, even more space was needed, and other buildings had to be utilised. The former potting shed became a gymnasium, a large glasshouse became a day room and films were shown in the conservatory. Eventually, all the glasshouses, once home

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Commandant Porter (centre with hat) and the nursing staff.

to Chamberlain's famous orchid collection, were converted into extra wards or workshops.

Even the former farm buildings were useful; the dairy ideal for an isolation ward for infectious patients and the farmer's cottage turned into private accommodation for the resident Medical Officer. Other structures were also added when a large wooden hut was donated by Barry Jackson, Birmingham theatre owner and producer. This was installed at Highbury and used as an open-air ward, which was a popular treatment at that time.

Volunteers and Staff

Like most auxiliary hospitals, Highbury was run by a commandant, Mrs Amy Porter. She was a notable individual who was at Highbury throughout the war and was awarded the Lady of Grace of Order of St. John for her key role in the work of the St. John Ambulance Association in Birmingham. Tragically, like so many other

parents, she lost her only son in 1916.

There was also the quartermaster, who oversaw purchasing and provisions and the matron, Mrs Boedekker, who directed all the nursing staff who included paid professionals and VADs. Many middle-class women became VADs, in a better financial position to volunteer. Miss Whitworth-Wallis, the daughter of the director of Birmingham Museum and Art Gallery was just one of the many Edgbaston ladies who joined and the English soprano Dorothy Silk, from Kings Norton, also spent time as a housemaid at Highbury.

Some of the local VADs and staff had family commitments and worked part-time, so the hospital car was often used to pick up or drop off staff at Five Ways to continue their journeys by public transport. Others, like Mrs Florence Walters, were resident and had volunteered as her husband was in military service and

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Electric treatment in the Dining Room.

her son at boarding school. She also started as a housemaid but then took first aid training to be able to nurse.

The resident Medical Officer was introduced in 1917 but all other surgeons, doctors and anaesthetists visited on set days, as Highbury was just one of several hospitals they attended. Other paid medical staff included a lady dispenser, masseuses and electric treatment staff, superintended by Mr. Atkinson. By 1917 there were thirteen masseuses (full and part time), plus three staff in the electric treatment room. The hospital also required orderlies and drivers as well as domestic staff, working in the kitchens, house and laundry. Many of the domestic positions had to be advertised as paid positions, as the committee struggled to get enough volunteers to do domestic duties.

Medical and Pioneering Treatments

Highbury was a convalescence hospital, where orthopaedic and neurological cases were transferred from the military hospitals. However, in July 1916 it was reported that ninety patients had been transferred to Highbury straight from the ambulance trains. This corresponds with the start of the Battle of the Somme and the unprecedented number of casualties in the first few days.

Most patients at Highbury required long-term specialised treatment. This included orthopaedic surgery for injuries to limbs and regular massages and galvanism (therapeutic electrical treatment to stimulate the nerves and muscles). In 1917, Highbury Hospital admitted a total of 474 patients, performed 102 operations and gave 35,715 massages and 44,448 electric treatments. Some patients had long stays, as at the end of 1917, ninety had been there for over six months and eighteen for over a year; on average the daily patient number was 229.

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Orthopaedic treatment at Highbury expanded in 1918 when Major Naughton Dunn, a specialist orthopaedic surgeon was put in charge of the area. At Highbury he continued the surgical and treatment methods that had been developed at Shepherd's Bush under the leadership of his mentor and friend, the pioneer surgeon Sir Robert Jones. Naughton Dunn performed reconstructive surgery such as tendon transplantation and bone grafting, whilst teaching younger surgeons specialist techniques. After the war he continued his eminent career and played a major part in establishing the Royal Orthopaedic Hospital in Birmingham.

Naughton Dunn's time at Highbury Hospital was also personally significant, for early in 1918 a local VAD nurse, Ethel Jackson arrived. From general ward duty she progressed to the surgical nursing staff and assisted in the operations performed by Naughton Dunn. Romance soon blossomed, and they were married in September 1919 and had four children.

Neurological patients were under the care of Captain Stanley Barnes, a local eminent neurologist, posted by the Royal Army Medical Corps to the Southern General command. He faced the particular challenge of special cases with psychological and physical symptoms of paralysis, muscle spasms and tremors when no physical injury existed. This would later be termed shell shock, now known as post-traumatic stress disorder (PTSD). At this time there were competing theories about its cause and how it should be treated. Records show that Captain Barnes was keen to expand the electrical treatment at Highbury, so it can be presumed that shell shock patients were treated by this form of therapy.



Major Naughton-Dunn, orthopaedic surgeon.

Non-medical treatments were also introduced in 1917 through the curative workshops programme and patient work in the house and grounds. As a form of occupational therapy, they encouraged independence after disablement, with the opportunity to learn a new trade if injured soldiers were unable to return to their former occupation. They were also considered beneficial to relieve the boredom of long-term treatment and some psychological symptoms. Early workshops at Highbury included shoe-making, tailoring, electrical and metal work, as well as clerical training and gardening. Captain Barnes particularly favoured poultry and rabbit tending as gentle curative tasks for the most

severe shell shock patients.

Captain Barnes was also confronted with a strange new disease which was first reported in England in 1918. It affected the brain and was characterised by lethargy or pathological sleepiness, progressing to inactive bodies. The disease was Encephalitis Lethargica (the sleepy sickness), which became a global epidemic in the shadow of the influenza pandemic. This lesser-known rare disease continued into the 1920s and affected millions of people, killing many and leaving others in a comatose or catatonic state. Captain Barnes had an outbreak of about eighteen cases under his care and some were still at Highbury when he gave a clinical lecture on what was known about the disease to his medical colleague Henry Davy. The disease baffled the medical community and with no identified cause at the time, Captain Barnes could only try to treat the symptoms.

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Shell shock patients tending poultry.

One of the curative workshops.

Patient Life at Highbury

The hospital atmosphere was encouraged to be communal and relaxed with the patients eating together in the Hall on long trestle tables. There was also a temporary stage that could be placed in the Hall for concert parties and entertainment. Other patient recreations included billiards and music by a piano which was gifted to the hospital. Patients and staff also produced their own costumed concert parties and decorated the wards and communal areas.

Able-bodied recovering patients helped to maintain the house and grounds. Private Cousins, a patient for eight months in 1916, carried out all the necessary electrical work and upon his discharge was presented with a cheque for £5 in gratitude. Once the curative programme was established, all patient workers had to be issued with a certificate declaring them fit to work by the medical board and they could



wear their uniforms with a blue armlet on the right arm above the elbow. They worked for about two hours at a time, alongside their scheduled treatments. The work was unpaid but there was a reward system of privileges, such as afternoon and weekend passes, but bad timekeeping or unsatisfactory work meant the loss of such privileges.

Patients included soldiers from British and Commonwealth forces. Lance Corporal Lee Casselman of the 21st Canadians was invalided to England on a hospital ship in September 1916 and admitted to the First Southern General. With injuries to his arm he was sent to Highbury Hospital and while there he was awarded the Military Medal for conspicuous bravery at St. Elois earlier that year. The investiture took place in the Hall, watched by fellow patients and nurses.

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Patients in the Hall at Highbury

War Pensioners

Before the end of the war it was evident that the many disabled and traumatised soldiers would need treatment long after the fighting had ceased. The pioneering work of the orthopaedic military and auxiliary hospitals continued.

Highbury Hospital joined Uffculme and Sorrento to become a group hospital dedicated to the care of ex-servicemen or war pensioners. Austen Chamberlain gifted the house and some of the grounds to a trust and the running of the hospital was transferred from the voluntary organisations to the Ministry of Pensions and a local committee in March 1919; it continued until 1932.

Highbury Hospital maintained its specialism for neurological cases and as an orthopaedic centre under Naughton Dunn. An annex was built to house new operating theatres, treatment rooms and gymnasium and in place of the dilapidated glasshouses, purpose-built patient wards were constructed. Ex-servicemen from Birmingham and the surrounding Midland counties continued to receive specialist treatments and the curative workshop programme for over twelve years after the end of the First World War.

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All images are courtesy of the Library of Birmingham MS946/11



Staff and patients of Highbury Hospital.

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Further Reading

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