

Walthamstow Isolation Hospital

Walthamstow's Need For An Isolation Hospital

By 1901, Walthamstow had grown from being an Essex village that in 1801 had 3000 people, into a large metropolitan London suburb of some 97,000 people. Although Walthamstow had its own Connaught Hospital in Orford Road and had access to the former Work House Union Infirmary at Whipps Cross, it still needed somewhere in the country where patients needing to be 'Isolated' could be treated and recuperate. The situation was exacerbated by the fact that smallpox patients had been previously sent to the Plaistow and Highgate Hospitals. However, in 1893 they refused to take any more smallpox patients from the area and the need for a municipal isolation hospital became urgent.

Although at the end of the nineteenth century, vaccination was becoming more widespread, then, unlike today, there were many infectious diseases for which there wasn't a known cure. This was before the introduction of mass vaccination and antibiotics and these included diseases such as Cholera, Typhoid, Smallpox, Diphtheria, Scarlet Fever, Measles, Whooping Cough and Pulmonary Tuberculosis (Consumption/TB) All diseases that now have been virtually eradicated from the UK.

The growth of the population, living closely together, accelerated the spread of infectious diseases and there was a desperate need for an Isolation 'Fever' hospital.

The Walthamstow (Sanatorium & Isolation Hospital)



Above: Entrance to Larks Wood



Above: Larkshall Farm

The solution to the problem was to be found just a few miles away in Chingford where, for this purpose, Larkwood Lodge a 20 acre site, off Hale End Road (later renamed Larkshall Road) was bought by the Walthamstow Urban District Council for £2623.

The Walthamstow Sanatorium (or Isolation Hospital) was based on the principle of a pavilion in the Pasteur Hospital, Paris and opened in 1901 to deal with smallpox patients from the Walthamstow and the surrounding area. Its cost was £33,364 and a large number of people came to the opening. At that time, although easily accessible from Walthamstow, the hospital was situated in a very rural area with a large wood on one side and farmland on the other.

The Hospital Facilities

The ground floor of the two-storey administration block contained offices, a sitting room and bedroom for the doctor, sitting rooms for Matron and the nurses, as well as dining rooms for the nurses and the servants. The kitchen, scullery, pantries and storerooms were also on this floor. On the first floor, as well as bathrooms, were bedrooms for Matron, 18 nurses and the servants. Gas was used for cooking and heating and the Hospital made its own gas (the cost of this was 2d (0.8p) per 1000 cubic ft compared with 7d (3p) for coal gas.

The ward accommodation consisted of three pavilions containing 14 beds each, as well as a nurse's room with kitchen and bathroom. There was also a small 4-bedded observation ward. A mortuary was discreetly hidden behind trees at the rear of the site.

The engine-house contained two 28 BHP gas engines of the Westinghouse type, which generated electricity for lighting and driving the laundry machines.

Horse Drawn Ambulances



The Patients arrived by horse-drawn ambulances and were admitted to the observation ward for assessment before being transferred to one of the main wards.

In 1904 an agreement was reached to admit diphtheria patients from Chingford.

A Bigger Hospital

The Hospital was enlarged in 1905, with the provision of a new Administration block and a Bacteriological Laboratory. There was also an additional bedroom and sitting room for six nurses and five maids in the Administration Block.

In addition there was a 2-storey block for 24 convalescent patients, with a day room on the first floor. By this time the Hospital had 72 beds. This work was part funded by the Essex County Council and in addition was to provide treatment for orthopaedic and mixed cases of surgical and pulmonary tuberculosis.

A Dedicated Tuberculosis Pavilion

At that time tuberculosis (TB) was a prevalent disease and it was believed that plenty of fresh country air benefited patients and a dedicated pavilion for patients with tuberculosis opened in 1914. The new building was divided into six compartments, with two beds in each. At the west end there was a room for two acute patients, with bedrooms for the nurse and ward maid and, at the east end, a small kitchen and dining room.

The 'State of The Art' Isolation Chambers

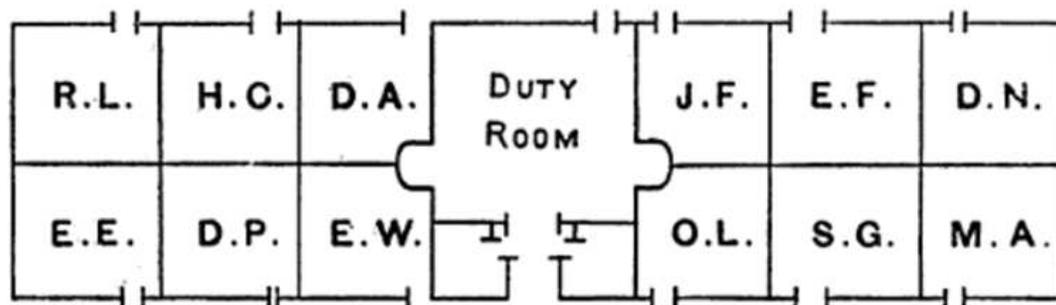


Fig. 27. Diagram of cases treated in the cubicles at Walthamstow Isolation Hospital.

R.L.—Admitted as diphtheria, symptoms suggest scarlet fever only.

H.C.—Is suffering from diphtheria, but has shown some desquamation very suggestive of scarlet fever also.

D.A.—Admitted as diphtheria, proved to be suffering from scarlet fever only; very septic.

J.F.—Scarlet fever, symptoms on admission were suggestive of measles.
E.F.—Scarlet fever; septic; has purulent conjunctivitis.
D.N.—Scarlet fever + diphtheria.
E.E.—Diphtheria, but was convalescent from whooping-cough on admission.
D.P.—Scarlet fever, complicated by acute nephritis.
E.W.—Scarlet fever, complicated by acute nephritis.
O.L.—Scarlet fever + diphtheria.
S.G.—Admitted as scarlet fever; two days after admission developed measles rash.
M.A.—Scarlet fever; other members of family have measles at present.

The Isolation Treatment Cubicles

In light of the present situation with regard to the Ebola disease, it is instructive for us to read about the precautions taken a 100 years ago against a whole range of highly infectious diseases, in a situation where there were not any vaccines, immunisation or antibiotics.

"The cubicles are cells separated from each other by glass partitions and entered from the open air...the cubicles can be thoroughly disinfected without any delay and without any inconvenience to any other patients in the block and that it is not necessary to provide any other sick room accommodation for the staff, as any illness, infectious or otherwise, can be satisfactorily dealt with in the cubicle.

If the disease is spread only by contact infection or by droplets expelled in coughing and carried through the air for short distances only, an incomplete screen may suffice or it may be sufficient to carry out careful antiseptic precautions in nursing with no separation but an ample space between adjoining beds. But if the infection is capable of being wafted through the air for longer distances, complete aerial separation is necessary"

WW1 Work With Wounded Soldiers

During WW1, the hospital worked closely with the Hale End Red Cross Hospital in the orthopaedic assessment and treatment of wounded soldiers. The orthopaedic work was carried out at this hospital and convalescence and recuperation at the Hale End Red Cross Hospital.

A Problem Shared

The neighbouring Borough of Leyton had a similar problem to Walthamstow in needing a dedicated 'Isolation' treatment facility and in 1938, Ley Hospital Council bought a half-share in the Hospital and it became known as the Leyton and Walthamstow Joint Hospital.

Gas Decontamination Units



As a result of gas being used as a weapon in WW1, there was a real fear that the Germans would drop gas bombs. As a result, in 1938, the government passed the Air Raid Precaution Act that, amongst other things, required

Local Authorities to set up gas decontamination units.

At the beginning of WW2, a First Aid post with a Gas Cleansing Section was established at the Hospital. This would have had an airlock at each end of the room consisting of two gas tight doors, one of them having 'Air Lock' painted on it. On the wall there would have been a sign that said 'Undressing room - Remove underclothing and place in bins'. At the beginning of the war, gas masks were issued to the civilian population. In 1940 and 1941 the Hospital was bombed, but little damage occurred

A Member Of The National Health Service & General Hospital

In 1946, the hospital was renamed as the Walthamstow Infectious Diseases Hospital and Sanatorium. In 1948 it joined the NHS and at that time it had 100 beds for patients with infectious diseases and 18 beds for those with tuberculosis.

Some Patients' Memories

Mrs Toogood remembers vividly the routine of life in Chingford Isolation Hospital

"The routine of the hospital was that when the ambulance got to the lodge, the Doctor arrived and gave you what was called an anti-toxin injection. Then you were taken to the ward. You had to wear hospital cloths and you were laid absolutely flat without a pillow for three or four days. You didn't have anything to eat the on first day. The second day they gave you some sort of boiled fish.

Most of the dinners were either fish or mince because everybody was in bed most of the time. They had those feeding cups that look like little tea-cups so you could drink.

After three days you got one one pillow, then after three more days you got two pillows. After three or more days if the Matron thought you were well enough, you sat up. After a couple of weeks you could get up. They used to wake you about seven o' clock in the morning. They'd come round with bed pans and they'd wash us...."

Mrs Toogood

"The Nurses were very kind. The Doctors seemed all right, but of course they always had a retinue and were treated like gods. Nobody said 'nay' to them. But the Sister was a bit strict. She kept her eye on the Nurses, though the Night Sisters were always very nice. Most of the Nurses were very young Irish girls and they were lovely, they looked after us. If you had any worries they'd sit by your bed until you were asleep and that sought of thing.

Everything had to be absolutely spick and span for Sister coming on. That was bad enough but every day at about eleven o' clock it was Matron's round. My goodness, you had to attention for the Matron! She was really someone of importance. And if the Doctor came on the Nurses hardly dare breathe because he was so important".

Hospital food

"The food ...I can still remember it. Every day it was water with mince in it. It was horrible. I've never touched watery food since. I don't even have gravy on my dinner"

Mrs Toogood remembers the food,

"We used to have bread and butter and cereal for breakfast – I think we used to have porridge sometimes. And then there was mince or something similar for dinner. And bread and butter and cake for tea.

When we got up we used to have our meals in the boys' part of the ward because there wasn't room in the girls'. The boys ward ... had a big table and you could go and sit round that when you were up. That didn't please us very much really because there were one or two boys who were a bit badly behaved. They had one from a Children's Home. When he had finished his dinner, he used to pick up his plate and lick it. Perhaps he wasn't used to such good food. I don't know.

At about seven o' clock the Night Nurses would come on and they would give us a milky drink and bread and dripping or something like that. Then they'd settle us down."

Because of the strict isolation there was not normally any contact between the young patients and their parental family. But children knew when to expect some contact.

Mrs Ayres

"Of course you never saw your mother or father. They were only allowed as far as the gate. And having Diphtheria and Scarlet Fever together...my name was on the gate on the danger list.

They used to put a list up of people on the danger list and my father used to come up on a Sunday morning. And you could only get a bus.... or tram I suppose it was, as far as the Mount. ... But they used to leave me things at the gate every Sunday morning. And they used to leave me a list in it. And I couldn't read but I used to get someone to read it to me because ..everyone knew that some of those things went missing.

They could only send toys that would be destroyed because you couldn't bring anything out at all. They used to sent fruit, bananas and things because you didn't get that sort of thing unless it was sent in."

Mrs Toogood

"We knew on Sunday that they (Our families) would be coming to bring books or something like that, and they'd be at the gate. So when the nurses weren't looking we'd nip out and stand by the windows and wave like mad."

Mrs Pettifer remembers this too:

“And we were never allowed visitors, not at all. People used to bring boxes and stand outside the corrugated railing. People, mothers and fathers used to stand outside to see their children over the corrugated fence, you see. And sometimes they would throw delicacies or something over, you see.”

They used to come round every evening to take our temperatures. Then the question ‘Have you had a Mark today’. That meant had you had a bowel action. The first day you said no, you’d get some senna tea in a feeding cup that’s horrible! The second day the same again. The third day you had an enema. That was the routine.”

Part of the treatment in hospital was complete rest to avoid strain on the body and in particular the heart. Life in hospital was often very boring.

Mrs Ayres

“The ward took scarlet fever and diphtheria cases...Some of the children just lay there all the time.

They did eventually let me get up. I was so bored and there used to be those taps on the outside walls and I used to clean them morning and night. I was then allowed out of the cubicles for a bit, but I wasn’t allowed to go into other cubicles...

Bit seemed a terribly long time. It was nearly nine weeks. And I can remember it going on and on. There was nobody to turn to, there was nobody you could tell. Or. If something upset you there was nobody that you could tell. I can remember doing things to get back at them if I thought they were being nasty. They had huge blinds at the windows and I remember someone saying to me ‘Let it go’ and I remember leaning over and it went off like a pistol shot.”

Mrs Ayres on hospital discipline:

They didn’t pander to patients as they do now. I can remember that the nurses were very.... One of them was very strict. And I thought she was really nasty. And I always remember thinking ‘when I grow up I’m going to see her’ you know. Course she was probably an old lady by then.

I remember the Sister was quite kind but the nurses were quite rough. I don’t think they were there because of dedication. I think it was a job, and I think the children were a bit of a nuisance really..you know.”

Recuperating In The Fresh Air

“Mind you it was a lovely place really. I remember the grounds being wild like, the grass was very long and you could hide in it. Cause they came to call you, you know, when we were up a bit better....you could hide ... pretend you wasn’t there..”

Miss Waterdon played outside.

“When I was starting to get better I was able to go out and run around. I think I went in, in the November and came out in the April. We used to run round the block and snow was on the ground. Then after some weeks we were discharged and sent home

But what really struck me was the children, when they got out of bed, they couldn’t walk. And I remember I lying there thinking, well I can run fast, you know. And when I got out of bed I passed out completely, I couldn’t walk either. Even when I came home I had to go about in a push chair.

I was lucky because you were usually left with something with Diphtheria, all sorts of funny things..... Well almost invariably you were left with some weakness of the heart....but no I didn't have any after effects at all."

Chingford Hospital

By 1953 the Hospital had ceased to deal solely with infectious diseases, becoming a general hospital providing post-operative, medical and orthopaedic treatment and was renamed as the Chingford Hospital.

In 1956, a new Out-Patients Department opened and Physiotherapy and Occupational Therapy Departments were added in 1958. By 1970 Chingford Hospital had become a general hospital with 100 beds. In 1978 the former TB ward was converted to a medical ward for female patients and renamed Larkshall Ward.

A Debate about the future of the Hospital

Throughout the 1980s there was much debate about the future of the Hospital. Amongst the proposals were: whether it should become a community hospital for the care and rehabilitation of local people with a Health Clinic providing family planning, a baby clinic, chiropody and occupational therapy services. Terminally ill patients would be sent to Whipps Cross Hospital. At this time the Hospital had 58 beds for geriatric patients and 15 beds for younger disabled people.

Unfortunately, this debate was quite spurious, as like most of the other cottage hospitals in the locality, it ceased to be a general hospital and now provides a limited range of specialist services as an out-post of Whipps Cross Hospital.



Above: Courtesy of Google maps. The Silverthorne Medical Centre

The in-patients part of the hospital closed in 1991 but the Out-Patients Department continued until 1996, when the Hospital finally closed. One of the Hospital buildings survives as the Silverthorn Medical Centre that is part of the Whipps Cross Hospital.



Above: Courtesy of Google maps. The Ainslie Rehabilitation Centre & Highams Court

The site also contains the Ainslie Rehabilitation Unit for physiotherapy and transitional care and Highams Court, with 17 beds for the continuing care of the elderly. Highams Court was built first. It was opened officially in 1994 by the former MP for Chingford, Norman Tebbit, accompanied by his wife.

Site Development



A consortium of four Housing Associations bought the remainder of the Hospital site to build 120 family homes, the sale of the land contributing to the building of the new health care centres on the site.

Some of the present day housing on the site in Friars Close

Bill Bayliss
8th January 2015

Some Resources Used In This Article

I apologise for the lack of images of the hospital, other than those I have used, The sad truth is that (Unless you know better) there isn't any.

Davis L 1998 *Chingford Hospital. A Hundred Year Story of Our Hospital.* Chingford Historical Society

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[HANSARD 1803–2005](#) → [1890s](#) → [1894](#) → [March 1894](#) → [1 March 1894](#) → [Commons Sitting](#) →

[QUESTIONS.](#)

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www.british-history.ac.uk

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