

The Feilding Palmer Cottage Hospital – an insight in to early 20th-century healthcare

The Feilding Palmer Cottage Hospital in Lutterworth, a small market town in south Leicestershire, opened its doors for the first time in 1899. It had been built as the result of a donation from Mrs Palmer, in memory of her late husband Rev. Feilding Palmer, whose family had long connections to the town.¹ In the years leading up to 1939 the hospital oversaw a great change in the healthcare available to local residents. Prior to this, medical care could only be obtained through expensive private physicians or the poor law medical services. The nearest hospital was Leicester Infirmary, about 15 miles away. By 1939, several thousand people had received treatment at the hospital, as in-patients or out-patients, or through the hospital's district nurse service, receiving care that might otherwise have been unavailable to them.

Facilities

Between the years 1899 and 1939 the hospital underwent a number of changes but, when it opened, the facilities were minimal. The original building was two storeys high, on a site of three quarters of an acre. It had two wards with beds for just four men and four women, and a small operating theatre. Nurses' sitting rooms were on the first floor.² In 1912, two private wards were added,³ and there is record of another ward being closed for three months during this time whilst extension work was carried out.⁴ A plan of the hospital produced in 1935 shows that there were then ten beds in the general wards and two in private rooms.⁵ The population of the town in 1931 was 2,262,⁶ and the hospital also served surrounding villages.

Treatment

The hospital treated a wide variety of diseases and ailments, from tumours to ingrowing toe nails and, in 1907, treatment was also given after an attempted suicide and to someone who had had an abortion – when both suicide and abortion were crimes.⁷ Improvements and extensions made to the hospital resulted in more patients being admitted. In 1906 there were only 57 in-patients admitted, and even this was a significant increase from the 33 in-patients the previous year.⁸ In comparison, there were 164 in-patients in 1936, nearly three times as many.⁹ The number of out-patients also increased, with many making several visits, for example, 120 out-patients in 1906 and 206 out-patients visiting the hospital 752 times in 1912.¹⁰ The hospital also introduced a district nurse service in 1905,¹¹ and in 1906, the nurse made over 2,000 visits to 203 patients.¹² Admissions therefore played a relatively minor, though vital, role in the life of the hospital, accounting for only one in seven of the patients treated. Although the building was unable to accommodate a large number of people, many more were therefore able to benefit from the treatment and care it offered. However, it could not meet every need, and the 1910 annual report stated, 'we are rather hampered by having

¹ *The Leicester Chronicle*, 23 December 1899, p. 7.

² *The Leicester Chronicle*, 15 April 1899, p. 8; 23 December 1899, p. 7.

³ The Record Office for Leicestershire, Leicester and Rutland (hereafter ROLLR), DE 783/51/6, Feilding Palmer Cottage Hospital Annual Report (hereafter FPCHAR), 1912, p. 6

⁴ ROLLR, DE 783/51/6, FPCHAR, 1912, p. 5

⁵ ROLLR, DE 783/52, Plan of Lutterworth Cottage Hospital 1935.

⁶ *Leics VCH* III, p. 192

⁷ ROLLR, DE 783/51/3, FPCHAR, 1907

⁸ ROLLR, DE 783/51/2, FPCHAR, 1906, p. 3; DE 783/51/1, FPCHAR, 1905-6, p. 3.

⁹ ROLLR, DE 783/51/7, FPCHAR, 1936, p. 4.

¹⁰ DE 783/51/2, FPCHAR, 1906, p. 3; DE 783/51/6, FPCHAR, 1912, p. 3

¹¹ ROLLR, DE 783/51/1, FPCHAR, 1905-6, p. 4.

¹² ROLLR, DE 783/51/2, FPCHAR, 1906, p. 8.

only one nurse to send out, as so often we have to refuse a case because the nurse is already engaged elsewhere.’¹³

Fees and Funding

Most patients did not pay the full costs for their care, and the hospital was very much dependant on donations from local people. These could often be substantial: in 1911 James Darlington donated £357 10s. towards the building of a new wing,¹⁴ and the hospital received a bequest of £500 from the will of W. H. Revis in 1924.¹⁵ As well as individual donations, there were also collection boxes placed in local pubs, special collections made at church services and regular fund-raising events such as concerts and rummage sales.¹⁶

Charges were not fixed, although there was a minimum. In addition to doctor’s fees for admission and discharge, in-patients from Lutterworth had to pay between 2s. 6d. and one guinea (£1 1s.) per week in 1906, whilst those from neighbouring villages had to pay from 5s. 0d. to one guinea.¹⁷ Although Lutterworth was a fairly prosperous town, there would have been many working class labourers who would have been unable to afford this. Those too poor to pay could be admitted by a letter of recommendation from an annual subscriber.

By 1936, healthcare had become more accessible. A new payment structure meant that those who weren’t able to pay for their treatment were admitted free, as were those who paid into a workplace fund. All others had to agree their fee with the secretary before their admission to the hospital.¹⁸ Although the NHS wouldn’t be established for another ten years, it is clear that the concept of free healthcare was already beginning to emerge.

Whilst the Feilding Palmer cottage hospital was just about able to survive on the donations it received, not all cottage hospitals had the same good fortune. For example, an article that appeared in *The Manchester Guardian* on 6 August 1931, tells of the struggle of Newburn Hospital on Tyneside. Magistrates had issued a warrant for the payment of £31 arrears. This situation had arisen after the closing of a local steelworks caused subscriptions to fall from £500 to just £50.¹⁹

Conclusion

The case of Newburn shows that whilst cottage hospitals were growing increasingly effective in some places, this was not universal and that even the most successful hospitals were still vulnerable when they were reliant upon donations. The Feilding Palmer Cottage Hospital was small, did not have the resources to meet all needs, and healthcare remained costly and unavailable to many. However, it provided an immensely valuable local service to large numbers of residents of Lutterworth and surrounding villages. As the hospital’s 1911 report records, ‘The amount of suffering, expense and discomfort avoided by having a hospital at hand must be enormous.’²⁰

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¹³ ROLLR, DE 783/51/4/2, FPCHAR, 1910, p. 4

¹⁴ ROLLR, DE 783/51/5, FPCHAR, 1911, p. 8.

¹⁵ *The Times*, 23 September 1924, p. 15.

¹⁶ For example, ROLLR, DE 783/51/3, FPCHAR, 1912, p. 7

¹⁷ ROLLR, DE 783/51/2, FPCHAR, 1906, p. 4

¹⁸ ¹⁸ ROLLR, DE 783/51/7, FPCHAR, 1936, p. 3.

¹⁹ *The Manchester Guardian*, 6 August 1931, p. 8.

²⁰ ROLLR, DE 783/51/5, FPCHAR 1911, p. 4.