BEST OF HEALTH

130 YEARS

OF

BHSF

1873 - 2003

Peter J Maskell

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On 6 January 2003, the BHSF Board (formerly known as the Executive Council) met to carry out the routine business of the Company. It was of course a very special meeting since it marked the 130th anniversary of the founding of BHSF, the inaugural meeting having taken place on 6 January 1873 with John Skirrow Wright in the Chair and Joseph Sampson Gamgee as Honorary Secretary.

Much has happened in those 130 years. Previous publications have charted the history of the Fund - notably a "65 Year History of the BHSF 1873 - 1938", "The Golden Years 1873 - 1973" and "Kewstoke Convalescence Centre in Wartime". This new book builds on those previous and excellent historical accounts, and provides new information and illustrations not previously captured. In his book, Peter Maskell the author and current Chief Executive of BHSF, describes the social, political and economic changes that have taken place during the life of BHSF - and how the direction of the Fund has by necessity changed in order to maintain its relevance and contribution to society’s medical and charitable needs.

I feel honoured to have succeeded Sir David Perris as Chairman of this great organisation. My involvement with the former Executive Council of BHSF dates back to 1988, shortly after I joined Cadbury Limited as their Company Medical Adviser. The Cadbury family have a long and prestigious association with social infrastructure and healthcare in Birmingham. During the inter-war years, when it was determined that a site should be found in order to build a new hospital, it was Cadbury Brothers who in 1925 donated 150 acres of land adjoining Birmingham University in order for the new hospital to be built. This is of course the site of the current Queen Elizabeth Hospital.

Long before that time, employees had been contributing to BHSF and the Bournville Works Magazine of January 1914 records that: "At a recent meeting of the Directors, it was agreed to increase the Firm's contribution in 1914 to half the total contribution of office, men and women; previously their contribution had been one third of the amount."

By then, the Cadbury business at Bournville had become established as the largest contributor to BHSF amongst some 2190 firms in Birmingham.

Anyone who has had the privilege and the honour to be associated with BHSF can take pride in what has been achieved over its 130 year history. None of us associated with the Company today will ever forget the past, our
roots and the journey BHSF has taken to arrive at its current form and structure. As to the future, the ever-changing and dynamic environment in which our business operates will demand that we do not stand still. As in the past, the challenge for us will be to ensure that we continue to be amongst the very best at what we do; and that despite the need to operate in an increasingly competitive marketplace, we will do so with the same high standards of professionalism and ethical behaviour that have served BHSF so very well during its 130 year history. Long live BHSF!

BHSF Chairman, Dr Paul Kanas
Enough history of Birmingham has been published to fill a sizeable bookshelf. There is no doubt that the energy and enterprise of those who made Birmingham the great City which it is today were unrivalled and many of the famous names of industry and commerce have their origins here. For instance, in the commercial area, each of the big four British banks has its roots in or very strong connections with the City. HSBC, of which Midland Bank was a major component, started life as the Birmingham and Midland Bank. Lloyds TSB began as Taylor and Lloyd’s Bank. Barclays developed out of the Birmingham District and County Banking Company Limited established in 1836. Meanwhile Natwest includes in its forerunners Rotten and Scholefield’s Bank, formed in 1806.

However, Birmingham is probably more immediately known as the workshop of the world, or as the City of a thousand trades. 19th century commentators were struck by the quantity and diversity of Birmingham’s goods. They were also impressed by the sound of their production. The French historian, Alexis Tocqueville, explained in 1835 that the town was "an immense workshop, a huge forge, a vast shop" in which "nothing was audible because of the sound of labour", and 12 years later, Hugh Miller declared that nowhere else in the world were "the mechanical arts more noisy". But no writer bettered Charles Dickens in bringing to the ears of his readers the clamour of manufacture. He did so through the persons of Mr Pickwick and Sam Weller when they entered "the great working town of Birmingham".

"As they rattled through the narrow thoroughfares leading to the heart of the turmoil, the sights and sounds of earnest occupation struck more forcibly on the senses. The streets were thronged with working people. The hum of labour resounded from every house; lights gleamed from the long casement windows in the attic storeys, and the whirl of wheels and the noise of machinery shook the trembling walls. The fires, whose lurid sullen light had been visible for miles, blazed fiercely up in the great works and factories of the town. The din of hammers, the rushing of steam, and the dead heavy clanking of engines, was the harsh music which arose from every quarter.” (Charles Dickens, The Posthumous Papers of Mr Pickwick, 1837.)

It was the singing of metal and the hissing of water which had given rise to Birmingham’s pre-eminence as a manufacturing centre. But the town’s transformation into a place of international significance was effected not just because of the craft of its workers. It was also due to the willingness of its industrialists to invest in each other’s inventions and businesses; and because they were able to send out their wares to the markets of the globe via a good transport system.

In the shadow of all this industry and enterprise, the ordinary man and woman and their children often suffered a pretty wretched existence. Living conditions generally were very poor indeed in the middle of the 19th century. The great social changes to be initiated by Joseph Chamberlain did not begin until rather later and took time to be really effective.
The Public Health Act was passed in 1848 and Birmingham Corporation immediately requested that an "enquiry into the sanitary health of the Borough be made in order that a local Board of Health could be established under the powers of the Act". So it was that Robert Rawlinson visited the town twice in 1849 and published his report. Although the picture he painted was not as black as that of Manchester, Liverpool or London, there was still considerable room for improvement.

The population was 220,000 of which almost one quarter lived in 2,000 courts in the town centre and it would be many years before this basic pattern was changed. Most of the courts were "back-to-backs" or "tunnel-backs" with the small properties crowded together and often with multi-occupancy. Public sewers were few and in many places drainage was non-existent. Those courts that had privies had too few of them and sewage often found its way into the River Rea, the canals and the streets.

Rawlinson’s report also identified a number of other causes of ill-health apart from over-crowding and the lack of sanitation. One was the parlous state of the water as the underground water supply and the River Tame were both polluted.

The enquiry by Dr Hill, Medical Officer of Health, into the conditions in the town centre in 1875 prior to the implementation of the Artisans’ Dwellings Act showed little apparent improvement on this situation: "... want of ventilation, want of light, want of proper and decent accommodation resulting in dirty habits, low health and debased morals on the part of the tenants.” The consequence of all this was a terrible mortality rate, particularly among children. From 1851 to 1861 there were 34,517 infant deaths in a population of 290,000. Even in 1875 the death rate in St Mary’s Ward, at 26.82 per 1,000 was twice the level in Edgbaston. Zymotic diseases (smallpox, diphtheria, whooping-cough, diarrhoea and so on) were rife. Other social and health problems were reflected by a report that many of the inmates of the County Lunatic Asylum were found to be suffering from post-natal depression, epilepsy or alcoholism. There has probably never been an era when there was such a need for good medical care and yet it was not freely available. It was against this background that the Birmingham Hospital Saturday Fund came into being.
JOSEPH SAMPSON GAMGEE

Gamgee was born in 1828 at Leghorn in Italy, the son of a prominent English vet who was practising there. Following education on the continent, he showed an inclination for veterinary surgery, publishing his first paper at the age of 16 and on the advice of his father he became a veterinary student in 1846 and qualified in 1849. He went on straight away to University College Hospital to study medicine and for quite a while shared lodgings with Joseph Lister, the founder of antiseptic surgery. While Gamgee was studying medicine he practiced as a vet, believing that the two disciplines had much in common. He gained gold medals for anatomy, surgery and medicine, and was elected a Member of the Royal College of Surgeons, London, in 1854 and subsequently a Fellow of the College of Surgeons in Edinburgh. Being multi-lingual, he travelled widely throughout Europe and for a while, as a friend of Louis Pasteur, worked at the University of Paris. He served as a surgeon at University College Hospital, and then took charge of the Anglo-Italian Hospital in Malta, tending the wounded from the Crimean War. He was subsequently appointed Staff Surgeon and Principal Medical Officer of the British-Italian Legion.

In 1857 Gamgee came to Birmingham, allegedly attracted by the very large percentage of the town’s population that came from Italy. His election to the medical staff of the Queen’s Hospital in that year was not without some controversy. Election candidates were not allowed to canvass, unlike the position at the General Hospital where campaigns were long, well organised and expensive. Despite that, views were expressed in the press and even from the pulpit of St Martin’s Church. Nonetheless his appointment at the Queen’s gave him a real opportunity to make his mark in medicine and on society.
BIRMINGHAM HOSPITALS

The Queen’s Hospital was founded in 1841. In 1941 it became the Birmingham Accident Hospital until 1993 when it closed and its responsibilities were taken over by Selly Oak Hospital.

When Gamgee went to the Queen’s Hospital, the number of operations performed in a year was well under 100 and before any major surgery took place the whole of the senior staff would consult as to whether or not it was avoidable in view of the post-operative mortality rate. Gamgee’s first outstanding operation was on a former coal miner when he successfully amputated the man’s leg at the hip joint because of an enormous growth on the femur which was 48 inches in circumference and with a total weight of more than two thirds the weight of the man himself.

HOSPITAL FUNDING

In those days there was no State or Civic money for hospitals whatsoever.

The General Hospital had unique assistance towards its funding. In its early days one-off musical events had been held whenever the hospital’s finances had been in particular need of help. However, in 1784 the Birmingham Triennial Music Festivals began specifically to supplement the income of the hospital, and in that year £703 was contributed. The Festivals were held at either the Theatre Royal in New Street or St Philip’s Church, now Birmingham Cathedral. However, the Festival scheduled for 1832 was delayed by two years to allow all the musical events to take place in the new purpose-built Birmingham Town Hall. The 1834 Festival was a considerable success and the Town Hall became the venue for all subsequent Triennial Festivals. Such was the fame of the Festivals that the world’s best musicians and composers queued to take part and there is an impressive list of musical works which were given their first performances at one of them. The amounts raised were substantial until the early part of the 20th century when, in decline, the last of the four-day Festivals was held in 1912, with Sir Henry Wood as principal conductor.

Birmingham’s other principal hospital of the time, the General Hospital, had been founded in 1779 in Summer Lane, when the population of Birmingham was 30,000, and it stayed there until it moved to Steelhouse Lane in 1897. It eventually closed towards the end of the 20th century, and the buildings were refurbished in order to house the Birmingham Children’s Hospital which moved from Five Ways.
At the Queen’s Hospital, there had been various fund-raising activities. In 1847 there was a “subscription of artisans”. In 1856 and 1857 the first fetes at Aston Hall were held to benefit the Queen’s – this involved a trip out to the country, for Aston Hall was then on the very edge of the town. In 1859, Dr Miller, Rector of St Martin’s Church, started the Hospital Sunday Fund and this grew to involve other churches with all the collections being donated to the Queen’s and other hospitals. Many people made a special effort to attend the services on those days, even when they were not normally churchgoers. However, the income of the Queen’s Hospital was still very meagre, and largely derived from voluntary donations by wealthy and public-spirited citizens, the in-patient maintenance charges, and registration fees. These registration fees were paid by out-patients and varied between 6d and 2s 6d – in return the hospital secretary issued a ticket entitling the patient to hospital treatment for a stated period.

The ticket system was introduced in an effort to provide an improved service when free treatment caused complete blockage of the out-patient department. On the other hand it often resulted in hardship and neglect of illness because of poverty.

Gamgee was interested not only in surgery but in all hospital matters and medical politics. Ten years after he went to the Queen’s Hospital, he published a pamphlet on hospital reform in which he deplored the system of the out-patient department where people queued up to be seen at the rate of one a minute, or were left waiting for hour after hour in the cold. He complained that the waiting rooms allowed a minimum amount of air space per patient, there were no toilet facilities accessible from those rooms and no possibility at all of isolating contagious cases. Dressing rooms were small, dark and badly ventilated and the dispensary was merely a passageway.

Gamgee decided to involve the working men of Birmingham in the building of a new out-patient department at the Queen’s by means of voluntary contributions. He called a meeting in his house at 22 Broad Street and brought together 14 working men and several manufacturers. He persuaded them that with regular small donations a new hospital wing could be built and they would therefore have a say in the running and management of the hospital. Gamgee’s enthusiasm was infectious and
the idea was taken up wholeheartedly. At a meeting in the Town Hall on 16 January 1869, chaired by George Dawson, the idea was translated into “A Working Men’s Fund for the Extension of the Queen’s Hospital”. The Mayor, Alderman Thomas Avery and Mr George Dixon became Trustees. Councillor William Radford and Mr Henry Hadley became cashiers. Charles Hobbs became Vice-Chairman and Robert McRae, Honorary Secretary to the Birmingham Trades Council, became Secretary. The Committee consisted of 800 workers’ representatives. £4,000 was raised by those employed in factories and street collections plus some more substantial donations including £100 from Queen Victoria in appreciation of the workers’ efforts.

The foundation stone was laid on 4 December 1871 by the Lord Lieutenant of the County, Lord Leigh, and by all accounts this was a big day for the town. There was a huge procession consisting of the trade, friendly and other societies and bodies of work people, the local Masonic Lodge, divisions of the police, post office letter carriers, firemen in uniform and many others. There was even a printing press on a carriage drawn by two horses to enable views of the new building to be distributed along the line of the march. There were several brass bands, one of which, Messrs Synyer and Gilmer’s military band, accompanied a choir of 1,000 voices in the singing of a hymn specially composed by the Reverend Canon Kingsley. There was a luncheon at the Great Western Hotel at 4 pm, tickets for which were quaintly described as "gentlemen’s tickets 5s; ladies’ tickets 3s 6d (exclusive of wine)". In the evening there was a soirée for contributors to the Working Men’s Fund in the Town Hall followed by dancing until midnight.

Hence there is no doubt of the importance of this project to the people of the area.

The funding having been completed, the Committee advised the Board of the Queen’s Hospital and referred to the effort which had been made in the following terms:

“The Working Men’s Committee has endeavoured to do a useful work in a manner which may stimulate their fellows to similar and greater exertions, of which the fruits may not be immediate, but are nonetheless anticipated with hopeful reliance.”

The Board replied by recording their “appreciation of the good sense and good feeling which the working men on the Extension Committee had ever manifested in their dealings.”

From all the money subscribed there remained a small balance and at the final meeting of the Working Men’s Committee it was resolved that this sum, £25, should be used for the benefit of the medical charities of Birmingham generally. An Artizans’ General Medical Charities Fund was then organised with John Skirrow Wright as Chairman, Robert McRae as Secretary and a very influential committee. However, in spite of its excellent intentions, this fund was not successful and soon ceased to operate.

The extension cost £10,000 of which £4,000 was contributed by the working men of Birmingham. It was formally opened by Ambrose Biggs, the Mayor, on 7 November 1873.
HOSPITAL SATURDAY

Gamgee feared a loss of financial aid for the hospitals and appealed to the Mayor, Ambrose Biggs, "to convene a public meeting to consider the propriety of organising an annual Saturday collection throughout the industrial establishments of the town in support of its medical charities". Hundreds of signatures were obtained in support. Strangely, the largely-defunct Artizans’ General Medical Charities Fund at first strongly objected but, after careful reconsideration, they amalgamated with the Hospital Saturday movement.

The first meeting of the Hospital Saturday Fund was held on 6 January 1873. John Skirrow Wright was in the chair, Sampson Gamgee became Honorary Secretary and Robert McRae the paid assistant. Ambrose Biggs, as Mayor, accepted the office of President. Of the Committee that was assembled at that first meeting, two members, Councillor William Cook (later to become Sir William Cook) and Lawley Parker (Gamgee’s brother-in-law) were destined to be for many years not only a part of the Hospital Saturday Fund but also extremely active in the public life of Birmingham.

At that first meeting, Gamgee suggested that, in addition to street collections, the workpeople of Birmingham be invited to work overtime on one Saturday afternoon in the year, especially to donate their earnings to the Hospital Saturday Fund for distribution to the voluntary hospitals. Meetings were held in all the large factories and the campaign was received with great enthusiasm.

Saturday 15 March 1873 became the first Hospital Saturday. The collection amounted to £4,215 2s 5d. Expenses totalled £470 but a prominent Birmingham citizen, G F Muntz, gave a cheque for £500 which more than covered the expenses, doing so “as a mark of esteem for the noble effort and independent spirit shown by the working men”. This meant that the whole of the £4,215 could be distributed to the medical charities of Birmingham. In an age when wages ranged from 15s to 20s per week, this result was truly remarkable and surpassed all expectations. The principal donations were made as follows:

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<tr>
<th>Hospital</th>
<th>£</th>
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<tbody>
<tr>
<td>General Hospital</td>
<td>1,811</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Queen’s Hospital</td>
<td>1,199</td>
<td>18</td>
<td>3</td>
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<tr>
<td>General Dispensary</td>
<td>466</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Children’s Hospital</td>
<td>390</td>
<td>11</td>
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<td>Eye Hospital</td>
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<td>Dental Hospital</td>
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The Committee was delighted with the success of the appeal. The invaluable services of Gamgee, the originator of the movement, were rewarded by presenting him with a gold watch, a sum of 400 guineas from the principal residents of Birmingham and an illuminated address, plus a diamond bracelet for his wife in recognition of the great assistance she had given her husband.

Accept this building, gracious Lord, No temple though it be; We raise it for our suffering kin, And so, good Lord, for Thee.

Accept our little gift, and give To all who here may dwell, The will and power to do their work, Or bear their sorrows, well.

From Thee all skill and science flow; All pity, care, and love; All calm and courage, faith and hope; Oh, pour them from above.

And part them, Lord, to each and all, As each and all shall need, To rise, like incense, back to Thee, In noble thought and deed.

And hasten, Lord, that perfect day, When pain and death shall cease; And Thy just rule shall fill the earth With health, and light, and peace.

When ever blue the sky shall gleam, And ever green the sod; And man’s rude work deface no more The Paradise of God. Amen

The hymn composed by Reverend Canon Kingsley for the occasion of the foundation stone laying at The Queen’s Hospital extension, to music composed by Mr G J Rankilor.
The Queen’s Hospital,
BIRMINGHAM.

OPENING
OF THE
NEW OUT-PATIENT BUILDINGS,
BY THE MAYOR,
AMBROSE BIGGS, ESQ.,
FRIDAY, NOV. 7TH, 1873.

PROGRAMME:
PRESENTATION OF ADDRESSES
TO THE MAYOR,
From the Chairman and Committee of the Hospital,
and also
From the Working Men Representatives of the Extension Committee.
HYMN.—“Accept this building, Gracious Lord.”
PRAYER.
THE MAYOR WILL NOW DECLARE THE NEW BUILDINGS OPEN.
ANTHEM.—“Let our theme of praise.”—Mendelssohn.
VOTES OF THANKS.
NATIONAL ANTHEM.

THE “JOURNAL” PRINTING OFFICES, NEW STREET, BIRMINGHAM.
GAMGEE’S LEGACY

Gamgee had worked enormously hard on this brainchild and out of Hospital Saturday grew various other contributory schemes and hospital savings associations, the pattern being copied all over the Midlands and beyond. It was said that his idea had given the greatest impetus to the co-operation of the working classes in support of our medical institutions.

It was a matter of great regret when in September 1873, having worked so untiringly and successfully for the Hospital Saturday Fund, Gamgee found it necessary to resign his position as Honorary Secretary. His services were acknowledged by the presentation of a public testimonial.

In 1882, when aged 53, Gamgee became severely ill with nephritis and he could no longer remain on the active list at the Queen’s Hospital. This was a great blow but worst of all was the fact that he had no savings and his liabilities were considerable. He had earned well but had often been over-generous and provided every luxury for his wife. In retirement, he continued to consult, write, lecture and take part in many professional activities, as best he was able.

Four years later, in August 1886, while enjoying a holiday with his two sons at his favourite resort, Dartmouth, he fell in the street and fractured his femur. He was taken home to Birmingham where two surgeons were sent for; they gave him ether, thoroughly examined him, and packed him up with splints and sandbags. However, he did not recover. His old kidney trouble was to prove too much of a handicap and after a few days of acute illness he died on 18 September at the age of 57.

His funeral was held at Handsworth Old Church in Birmingham and thousands of men, women and children lined the streets to bid him a last farewell. He was greatly loved and many fine tributes were paid to his professional work, his skill in surgery, his teaching and his devotion to his patients. Gamgee left no money but his widow and children were well cared for by Lawley Parker, his brother-in-law.

Gamgee had been President of the Birmingham Medical Institute and to this day an annual lecture, sponsored by BHSF, is held at the Institute in his memory.

He is also remembered in connection with Gamgee tissue, a surgical dressing of absorbent cotton wool and gauze, which he patented and which is still in use.

Further, Gamgee’s name will be familiar to those who know the works of J R R Tolkien. Tolkien was not born until six years after Gamgee’s death but he moved to Birmingham as a child and was educated and lived much of his life in the City. He would have been aware of Gamgee and gave one of the principal characters in “The Lord of the Rings” the name Sam Gamgee.

THE SMEDLEY YEARS

To succeed Gamgee, William T Smedley, a Chartered Accountant, was appointed Honorary Secretary on 15 January 1874. At first he continued along the lines already laid down, but as time went on his vision and flair helped to shape and expand the influence of BHSF.
The second annual collection was held on 14 March 1874. The Treasurer, Joseph Beattie, with a staff of clerks, received the contributions at the Birmingham Joint Stock Bank, Temple Row West (with whose successor, Lloyds TSB, BHSF still banks). The collection totalled £4,132 and after expenses, the amount actually divided amongst the hospitals was £3,800.

After that, the amount collected annually steadily decreased until 1879. Experience proved that the collection was dependent upon the state of the local economy and when trade conditions were poor, the working of overtime was out of the question. Smedley pressed for a change in the procedure and the Committee consented to the systematic canvassing of all firms to replace the annual collection with contributions of 1d per week all year round. It was felt this would be less of a burden on the contributor and at the same time produce a greater result than an effort made on any one day. The change was a success and collections increased year by year. In 1891 £10,867 was collected.

Each hospital received a donation in proportion to the amount of its annual expenditure. In 1883 the hospitals agreed to the appointment of a Hospital Saturday representative to their governing bodies and these people were able to report on the extent of the care and economy exercised in the financial management of each hospital.

In 1884 a street collection was organised on Hospital Saturday and this raised £67 15s 6d, setting the pattern for a number of years ahead in order to swell the funds available.

Smedley had visions far beyond the mere collection and distribution of money, though.

Over 18 years, £107,304 had been collected and disbursed as originally intended, which seemed to establish the Fund simply as a collecting agency for the hospitals. Smedley’s vision was to continue this good work but to extend the sphere of usefulness by opening a convalescent home, setting up a nursing service and establishing a surgical aid department. At first the Committee did not take to these ideas with enthusiasm, but eventually saw the wisdom of proceeding in this way. The local hospitals were originally apprehensive that their income might be diminished but were assured by the Fund that they could rely upon at least £10,000 per annum, and maybe more, because collections would increase year by year as subscribers were attracted by the convalescence service.

The Fund could not own property without being incorporated. Hence, on 29 December 1891 the Fund was registered under the Companies Act as a company "not for profit" to be known as "The Birmingham Hospital Saturday Fund". The Memorandum and Articles of Association were published and every contributing group was given the right to appoint a delegate member to the Board of Delegates which met several times a year in addition to the annual general meeting. The management of the business was in the hands of an Executive Committee, 40 strong, with various sub-committees. Important matters were reported by the Executive Committee to the Board of Delegates, maintaining a feeling of close contact with the contributors.

Smedley provided the motive power that got the organisation under way and in the early stages much of the direction was his also. His was a mission of heroic proportions and his involvement for 30 years laid the firmest of foundations for the future.
Sadly his move to London made it necessary for him to resign in 1904. The Committee profoundly regretted the loss of one who had been both architect and mainspring of BHSF. He was elected a Vice President, a post he retained until his death in 1934 at the age of 83. It is remarkable that no civic or national honours were awarded to recognise his outstanding contribution, but at BHSF his name is remembered with pride.

Later Honorary Secretaries, Messrs W S Aston and H C Aston were William Smedley’s nephews. They were articed to him professionally, and undoubtedly schooled by him in the field of voluntary endeavour and public service. This family link therefore continued for BHSF’s first 72 years.

Interestingly, Smedley wrote in August 1931 when aged almost 80, that some of his developments were in the face of quite staunch opposition. For instance, he claimed that for several years there was severe and unfair criticism conducted principally through the Birmingham Gazette opposing strongly the weekly collection which he introduced and which was the foundation of BHSF’s funding. He also referred to another battle over the establishment of the first convalescent home and the registration of BHSF as a company not for profit. A member of the Executive Committee, Leonard Brierley opposed the convalescent home idea and Mr G J Johnson, the Honorary Solicitor, opposed the not for profit idea. These issues, combined with the apprehension of the local hospitals about funding, could have scuppered the whole idea but Smedley seized the opportunity of the breakdown in health of the Chairman, Alderman Cook (who had been ordered abroad, to Egypt for the winter) and he carried through these milestone developments.
TYN-Y-COED

The convalescence service was launched with the acquisition of Tyn-y-Coed, about two miles from Llandudno. This was a solid house built of local stone in a 33 acre estate including a small farm, which BHSF still owns, with six cows – and soon afterwards a calf – plus poultry and a horse.

The intention was to borrow the purchase money on the best possible terms when a most generous offer came from Miss Henrietta and Miss Sarah Stokes of Edgbaston, Birmingham, to pay the full amount of £7,500 in memory of their brother, the late Mr Alfred Stokes, a wealthy and highly-respected merchant of Birmingham. Tyn-y-Coed was therefore named the Alfred Stokes Memorial Home.

Stokes had never taken an active part in politics or public affairs but throughout his life he used his wealth for the benefit of less fortunate citizens in causes too numerous to mention. For instance, he would donate a guinea (£1.05) to over 1,000 charities annually. In addition he was a big supporter of local hospitals and many other good causes. Stokes was a bachelor, living unpretentiously with his sisters until his death in 1890.

The first AGM of the new Board of Delegates, held in the Council Chamber on 14 February 1892 and presided over by the Mayor of Birmingham, gratefully accepted the gift from the Misses Stokes and commissioned an illuminated album for presentation to them. There was a facility for the Board to elect as life members any persons who had rendered special service to BHSF, and this power was first exercised in so appointing Henrietta and Sarah Stokes.

Tyn-y-Coed was converted and equipped to accommodate 41 male patients and the necessary staff. There were many generous gifts including a magnificent donation of £1,500 from the Misses Stokes so that Tyn-y-Coed could be opened free of debt. The ladies were present at the official opening by the Mayor of BHSF 1873-2003

The official opening of Tyn-y-Coed, 21 May 1892
Birmingham, Alderman Lawley Parker, on 21 May 1892.

Tyn-y-Coed was an instant success. Patients and their employers often expressed appreciation of this great boon to the City. Sick workers recovered and returned to work much sooner after a stay at Tyn-y-Coed and many of the men made new friendships and developed a deep sense of comradeship.

The first matron, Miss F E Melson, who remained at Tyn-y-Coed for 32 years, accepted the post at a salary of £40 per annum plus free board and lodging, and her deputy received £25 per annum. There was no mention in the records of a 40 hour working week and holidays with pay! The matron had supreme responsibility over the whole establishment. A bailiff was employed to work the farm, and a gardener took charge of the gardens and vineries, supplying much of the produce used at the house. The cost of maintaining a patient worked out at 1s per day, and for the whole week including all overheads, the average cost was 16s 6d. Daily reports of all that transpired had to be sent to the office in Birmingham and the Executive Committee had monthly statements of costs to ensure that every care was taken with the finances.

Tyn-y-Coed was available to men who lived or were employed within a radius of five miles of Birmingham Town Hall. Preference was naturally given to applicants who regularly subscribed to the Fund. Patients paid 10s (50p) towards the return rail fare. They were met at Llandudno and taken to Tyn-y-Coed by horse drawn omnibus for their stay which normally lasted two weeks. The men were responsible for their own social arrangements. There were many happy fishing trips, leisurely drives with carriage and horses, cricket, bowls, gentle walks and musical evenings. One of the patients would be appointed "Captain" and he would arrange all these activities and entertainments. He would have assistants, two of whom bore the extraordinary title of "Slipper" – the slipper would ride outside the horse bus and, before going downhill, his duty was...
to insert under one of the wheels a kind of iron shoe or slipper which acted as a brake by stopping the wheel revolving. This contraption had to be retrieved and stowed away at the bottom of the hill.

In December 1893 Henrietta and Sarah Stokes generously gave £2,000 for the purchase of 12 neighbouring acres of land which were previously only rented and when in 1899 it was decided to enlarge Tyn-y-Coed to accommodate 64 patients, they donated a further £5,100 to cover the cost. In total these generous ladies gave £17,010 to make it all possible. Even after their lifetime there remained a legacy in the form of an investment of £2,500, the income from which was to assist with repairs.

In following years Tyn-y-Coed was twice extended to a final capacity of 125 patients. In 1927, after an extension, the building was reopened by the Right Honourable Neville Chamberlain, MP, who was at that time Minister of Health. During almost 78 years of service, 130,000 patients were cared for at Tyn-y-Coed.

So much depended upon the success of Tyn-y-Coed that Smedley missed no opportunity to personally supervise and direct this service to the highest standards and to make sure that every potential contributor in Birmingham knew of the advantages available for such a modest premium. Smedley visited the home fortnightly and thus personally met every patient. A "home club" was formed for ex-patients and monthly meetings were held where men could renew friendships and spend social time together. The interest fostered in this way did much to widen the influence of BHSF and build up its reputation of service. However, such was the success of the home club that it became impossible to find adequate accommodation for the monthly meetings which were abandoned in favour of an annual social meeting at the Town Hall where Smedley would give an enthusiastic address and an update of progress made by BHSF. Smedley also edited a monthly magazine which promoted the work of BHSF by reporting current activities and encouraging support for further plans of which his agile brain never seemed to be short. This magazine, "Forward", was very aptly named and did much to advance the work of BHSF during the nine years of its publication up to 1901, the early issues being heavily subsidised by Smedley himself.
CONVALESCENCE FOR WOMEN TOO …..

The Fund’s income for 1892 increased by over £1,000 and Smedley raised the question of a home for women. However, there were many obstacles to overcome before a plan was adopted by the Executive Committee in 1893. This led to the renting of Marle Hall standing in 34 acres of land, with an option to purchase within three years. The Hall near Llandudno Junction had been ravaged by fire and only partially restored. 22 beds were available in the habitable portion which was opened on 5 May 1894. This was seen as a better alternative than converting Tyn-y-Coed to accommodate both men and women. However, accommodation was so restricted and demand increased so rapidly that in June 1897 a nearby house – Yr Erw – was accepted rent free for two years to accommodate 27 more patients. Even this proved insufficient and it was eventually decided to purchase Marle Hall, restore it and fully equip it. This was completed by 1903, when 80 patients could be accommodated.

"MARLE HALL, LLANDUDNO THE BIRMINGHAM HOSPITAL SATURDAY FUND'S CONVALESCENT HOME FOR WOMEN"

On behalf of the subscribers to the Fund throughout the City of Birmingham, this opportunity is taken by the Executive Committee of permanently recording their high appreciation of the splendid services rendered to the Movement by William T Smedley during the past twenty-eight years as Honorary Secretary. The Committee feel that it is impossible to over-estimate the value of the enthusiasm and self-sacrifice displayed by Mr Smedley in the development of the Movement, and in the originating of the Fund’s Convalescent Homes at Llanrhos, towards the establishment of which he has been so generous a contributor." 9 May 1903

The Plaque unveiled on the reopening of Marle Hall in 1903

The attractive woodlands in the grounds became a problem to tend and eventually an arrangement was made with the...
Forestry Commission to lease them the woodlands, thus ensuring expert attention and beautiful surroundings.

Much later, due to increased demand, St Ann’s Orchard at Malvern Link was acquired in July 1916, mainly through the generosity of Ansell’s Brewery who presented BHSF with the freehold of the property and Mr Edward Ansell who gave £6,000 towards the cost of alterations. The home accommodated 24 women and two years later was extended to accept 50.

Still later, more accommodation was needed for women and in 1928 BHSF opened a small home, St Tudno, on the sea front at Llandudno. This was used mainly for elderly or infirm women of limited mobility.
In 1896 William Smedley developed the idea of a convalescent service for children, who would become the contributors of the future! The average weekly wage of a family man at the time was little more than £1. Families tended to be large and there were many under-nourished and sickly children. Smedley felt that BHSF should extend a helping hand to them and while the Executive Committee approved the idea in principle, it was not regarded as urgent. However, Smedley felt very strongly and therefore obtained the consent of the Committee to experiment with a house near Marle Hall, Bryn Marle, which was rented in 1896, furnished and equipped as a convalescent home for 25 children. He did this entirely at his own expense and for 12 months he bore the full cost. In view of the success achieved, the Committee were happy to take over the responsibility of Bryn Marle in 1897 on a seven-year lease.

Over the following years there was a lot of discussion about Bryn Marle which many considered too far from Birmingham for the children to travel, thereby causing anxiety to parents. The Committee found alternative accommodation at Great Barr, north of Birmingham, renting "The Red House" on a 21 year lease. This was a successful move and when the lease expired in 1923 it was agreed that the Fund should have its own children’s convalescent home. It was decided to purchase The Uplands at Blackwell, near the Lickey Hills, still a local beauty spot. Blackwell was within easy reach of Birmingham and The Uplands was well equipped for 25 child patients. There was a field in which they could romp and play, swings and other amusements, a large play-hut for wet or cold days and beautiful grounds. The usual length of stay was a month, and with care, good food and rest, the children quickly responded and usually vastly improved in health.

Much later, in 1938, the facilities for child patients were re-examined. It was decided that one of the houses for women, St Ann’s Orchard, would be temporarily allocated for girls, leaving The Uplands available for boys. However, there were drawbacks at St Ann’s Orchard due to the lack of a proper playground. The small lawn became so badly worn that it had to be asphalted over. Enquiries were made
when a field opposite St Ann’s Orchard was offered for sale but it transpired that the field could only be purchased with the house it adjoined, Fairfield. It was agreed that this property would be far superior to St Ann’s Orchard and would accommodate 50 or more children. However, financial commitments remaining on Kewstoke which had been opened in 1933 meant the Committee were reluctant to incur further debts. On the other hand they did not want to lose this opportunity and efforts were made to interest public-spirited individuals. One such man responded wholeheartedly – Mr J Hugh Sumner – who amply realised the splendid work carried out by BHSF and was most concerned about the health and welfare of children where, as he put it, “the foundations of the future are laid”. Hugh Sumner most generously presented £10,000 for the purchase, conversion and equipping of Fairfield, which was re-named the Hugh Sumner Convalescent Home for Children. Mr Sumner said he would consider himself amply repaid if, over the course of the years, large numbers of youngsters improved in health as a result of their convalescence at the home, and this was certainly the case.

At this point St Ann’s Orchard reverted again to a home for women patients.

The Hugh Sumner Convalescent Home, Malvern

The Uplands, Blackwell
**KEWSTOKE**

Kewstoke is unique in being the only convalescent home actually built by BHSF. The continuing increase in demand for convalescence, particularly from women applicants, brought about the decision to build Kewstoke as a convalescent home for women. After many years of putting this objective into the background, mainly to increase aid to hospitals, in June 1930 the Committee was authorised to proceed with the purchase of a site at Sand Bay adjoining Kewstoke Woods near Weston super Mare. In September 1931 the foundation stone was laid by Sir Charles Hyde.

In spite of building delays and difficulties Sir Charles performed the opening ceremony on 1 July 1933. This was BHSF’s Diamond Jubilee year and it was fitting that in this special year such a special project should become a reality. The total cost was £60,000.

Kewstoke accommodated 111 women patients and although it took several years and many special efforts to finally clear the debt, it remained a show place and is to this day still serving the convalescence needs of BHSF.

**CONTINUED FUNDRAISING**

The convalescence service established itself as what was to become the centrepiece of BHSF’s activities. Nonetheless the prime objective remained the support of the voluntary hospitals, which gave rise to other important activities, all of which seemed to grow naturally in that fertile period of voluntary endeavour as the 19th century gave way to the 20th.

The objective for the 1892 collection was £12,500 so that £10,000 could be distributed amongst the medical charities, £1,000 for the convalescent home, £1,000 to start a home nursing service and an estimated £500 for the expenses of the collection. It did not quite reach that total and so the home nursing service did not emerge. The allocation to the medical charities and the convalescent home took place and the balance of £573 3s 3d was retained to be dealt with at a later date – this figure became very significant 69 years later as will become apparent.

In 1892 posters were displayed for the first time and were prominent in public transport. Also for the first time the ladies who organised the street collection held a Committee meeting, the Mayoress being President and Mrs Smedley, the Honorary Secretary. Five of these ladies were appointed to represent their Committee on the Board of Delegates. The 1892 street collection yielded £503 and as in many years to follow, this annual effort by the ladies was greatly appreciated. By 1901, however, many hospitals were organising
Two picture posters to encourage contributions

their own individual street collections. This caused confusion and BHSF discontinued its street collection from that year.

BHSF was well established in so many workplaces with its penny-a-week contributors, but a large section of the medical profession did not approve. There was a fear that contributors would demand treatment "as a right" even though they might be well able to pay for it. Also that the charitable principles of the voluntary hospitals would be undermined. There was even the comment that contributors would object to the use of the word "charity" in connection with themselves. Nonetheless, the doctors were compelled to acknowledge the financial aid given by BHSF to the voluntary hospitals without which their work would not have proceeded. However, there were investigations by a committee of enquiry but there was little evidence to show that the voluntary hospitals were used by people who could be described otherwise than poor.

The working men of Birmingham gave their contributions as a free gift towards the maintenance of the hospitals and most of them neither expected nor received any benefits in return. The workers generally provided for their own needs by the purchase of tickets, which were bought direct from the hospitals and dispensary by the Hospital Saturday Committees in the various workplaces and issued to contributors as required. In the first 19 years £11,379 was contributed to the Birmingham General Dispensary alone, and nearly half the patients there were treated on Hospital Saturday tickets. From 1873 the whole of the increased expenditure by the voluntary hospitals had been provided in this way.
SURGICAL AIDS DEPARTMENT

In 1893, £150 was used to commence a surgical aids department for the provision for contributors of surgical appliances, medical aids, artificial limbs and so on. Applications were made through Delegates and considered by the Applications Sub-Committee. By special arrangement with suppliers, the necessary aids could be obtained at little more than cost price. In the case of needy applicants, payment from as little as 6d per week for these articles would be accepted over a period of time. This service continued until the 1940s.

HOME NURSING

The home nursing service began on 1 January 1893. BHSF agreed to pay to the District Nursing Association the amount of £62 10s 0d per quarter and on the recommendation of the Delegate, the Association would arrange for a trained nurse to visit the home of any contributor within certain areas of the City. This was a 12 month trial and any increase in cost to the Association as a result of visits to contributors would be met by BHSF. Maternity cases were excluded. However, the Executive Committee was disappointed in the lack of success of this arrangement and by the end of the trial period only 66 applications had been dealt with. It did eventually become more widely used, but was never a great success. Even so, BHSF continued to make an annual donation to the District Nursing Association.

AMBULANCES

In these early days, ambulances were few and were horse-drawn. In 1895 BHSF presented four specially-designed cycle ambulances made by Alldays and Onions Limited of Birmingham. These consisted of a detachable canvas stretcher set between two bicycles which were joined by weldless steel tubes and the resulting quadricycle measured about four feet across and eight feet in length. They were considered speedy, light and comfortable and were particularly useful at the scene of an accident because the injured person could be laid upon the detachable stretcher with a minimum of movement and, once at the hospital, the stretcher could be lifted onto a hospital bed without unduly disturbing the patient.

These appliances were regarded as a boon, and kept at the principal police stations, with factories being notified where they could be found in the event of accidents.

In 1932 an ambulance service under the auspices of the Birmingham Hospitals Contributory Association was voluntarily operated by members of the St John Ambulance Association. Contributors could use an ambulance, day or night, for the nominal charge of 2s 6d (12½p). BHSF thought this development was so progressive that they presented an ambulance, bringing the St John fleet to seven, and also contributed £500 towards the first year’s working. This donation was repeated annually, and was increased to £5,000 per annum in 1939 when two further ambulances were also given.
In May 1936, 300 volunteers were enlisted by BHSF’s night volunteer motor service for the hospitals. The object of the service was to provide speedy transit to hospitals for relatives of dangerously ill patients and for blood donors between 11 pm and 6 am. The service operated within a radius of 25 miles from the centre of Birmingham. The slogan used to recruit volunteers was "A car, a telephone and a desire to serve". Within the first few months, 184 calls were made and at the end of the following year there were 388 volunteers and 502 calls had been answered from 29 hospitals. Relatives and patients alike were deeply grateful for the facility, and the hospitals concerned expressed their unreserved appreciation for this humane and invaluable work, which operated until inevitable restrictions following the start of the Second World War made it impossible to continue.
CONSULTATIVE MEDICAL AND SURGICAL INSTITUTION

Early in 1900 the Board of Delegates agreed to co-operate in the setting up of a Consultative Medical and Surgical Institution and a first instalment of £400 was paid towards the cost of furnishing consulting rooms and for working capital during the experimental stages. This Institution was not exclusive to BHSF’s contributors, but was available to all who could afford to pay the fee of half a guinea (52½ p) for private consultation. Many prominent medical men were openly hostile and bitter controversy raged. However, the Institution quietly and steadily progressed throughout its first year as people took advantage of the specialised skill and attention made available to them. Then, although the need for such an Institution had been demonstrated, the objections of many doctors prevailed and its activities were forced to cease.

FUNDING DEVELOPMENTS

As BHSF’s services became more popular, costs increased but never once was the £10,000 allocation to the medical charities for the local hospitals missed. From 1904 special arts and industries exhibitions were held at Bingley Hall, Birmingham. These and other efforts were to aid the Marle Hall Building Fund and in 1907 the outstanding debt on that home was cleared. No regular collection money was ever used to purchase buildings which were always acquired through extra endeavours, generous gifts or an “extra penny a week”.

In 1907 the collection amounted to over £20,000 and a silver cup was presented to the Chairman, Sir William Cook, in commemoration.

ROMSLEY HILL SANATORIUM

In 1908 the death occurred of Sir William Cook, a founder member of the Hospital Saturday Movement and for 28 years Chairman of BHSF. It was agreed that his wonderful service should be commemorated by providing a sanatorium for the treatment of those suffering from consumption (tuberculosis). A special appeal was launched and workers were invited to contribute 2d per week for 26 weeks towards this goal. The site was to be on the southern slope of Romsley Hill, in 25 acres of partially-wooded land and was presented by a donor who remained anonymous.
The foundation stone was laid in 1911 by the Lord Mayor, Alderman Bowater, and the sanatorium was opened in 1913 to accommodate 50 patients who would have up to 10 weeks of treatment. However, in the meantime, the Insurance Act had come into force making the treatment of consumptive cases the responsibility of the local authority. It was therefore arranged to include the sanatorium in the City of Birmingham scheme, but still under BHSF management. For 12 years the sanatorium was successfully operated in this way, with bed accommodation being increased over the period to 140.

Ultimately, however, it was thought best to transfer the sanatorium to the City Health Committee who also accepted responsibility for clearing the £25,659 debt still remaining on the building. It was also arranged that all BHSF patients suffering from consumption should be treated at Romsley Hill. Up to that time, 1926, 7,346 patients had benefited under the period of BHSF’s management.

In 1912 the first National Insurance Act came into force and this resulted in so much confusion that many firms stopped their BHSF contributions. However, when it was pointed out that the benefits offered by BHSF were quite separate and distinct from those provided under the Insurance Act, most of the firms concerned resumed their membership.

With the start of the Great War in 1914, many thousands of contributors left the City for war service. However, confidence in BHSF was so widespread that most of the new war-workers became contributors and collections actually increased enabling a gift to the medical charities in 1916 of £12,000 instead of the customary £10,000.
However, the Great War took its toll and the resources of the hospitals were strained to the utmost. The BHSF Committee realised that with the ending of war work, many of the new contributors would be permanently lost. In November 1918, therefore, there was unanimous approval of an increase in the contribution rate to 2d per week. In 1919, even though the full effect of the increased contribution had not then been felt and it was followed by a period of bad trade conditions, £20,000 was given to the medical charities. Despite the fact that there had been no improvement in the state of trade, in 1921 the grant to the medical charities was increased to £27,500, so urgent was their need.

HIGHFIELD HOSPITAL, DROITWICH

Another of BHSF’s activities was the arrangement of brine baths for contributors. Droitwich in Worcestershire had become the centre for rheumatoid ailment treatment following an outbreak of cholera throughout the country in 1830. A person from Droitwich with cholera was ordered to take a hot bath immediately and in order to save time he was bathed in hot brine, as there was no hot water in the hospital at the time. The patient recovered and the treatment was given to other sufferers with great success. The healing power of brine became known and doctors flocked to the town to investigate and experiment with the brine, which led to amazing results especially in the treatment of rheumatism.

Demand for treatment increased year by year and in 1917 BHSF acquired Highfield Hospital for the treatment of male patients. In 1918 a new wing was opened for women and a further extension in 1927 allowed 47 men and 31 women to receive treatment. Great benefit and relief from suffering more than justified the acquisition of Highfield where the equipment was always kept up to date and included electrical, radiant heat and gymnasium treatment. There was no need for patients to be able to swim as the brine was so dense that a patient just floated close to the surface.

The hospital was handed over to the Ministry of Health in 1948 and treatments continued until 1982 when the brine baths were closed due to lack of use. Nonetheless Highfield Hospital continues as a specialist centre for rheumatoid care.
THE INTER-WAR YEARS

It was recognised that there would be much advantage to be gained if the voluntary hospitals co-operated in their policy and procedures and BHSF instigated the formation of a Hospitals Council. A conference was held at which the Lord Mayor presided and in 1919 the Council was established with representatives from the hospitals, Birmingham University and the City Council and later members of the Hospital Officers’ Association. BHSF Chairman, Alderman Sir David Brooks, was appointed Chairman and the BHSF Honorary Secretary, Mr W S Aston, became Honorary Secretary to the Council.

Following the Great War attention was given to the seriously overcrowded voluntary hospitals. Normally, patients who were admitted to Dudley Road and Selly Oak Hospitals were assessed according to their financial means and required to pay a maintenance charge. BHSF came to the assistance of its contributors and in 1924, arranged that all BHSF cases would be covered by the payment of £500 per year by BHSF. This payment was doubled in 1926 and later changed to a payment per patient, irrespective of the length of stay. Over a period of 12 years, the cost of in-patient treatment for BHSF contributors rose from £500 to nearly £30,000.

The need for enlarged and improved hospital facilities was most urgent. In 1925 both the General Hospital and the Queen’s Hospital contemplated extensions but the BHSF Committee proposed that instead of building further within the smoke, grime and noise of the City Centre, attention should be focused on open land in the suburbs. The idea received so much support that a special committee was appointed and this resulted in a scheme to build a Hospitals Centre incorporating a general hospital, special hospital and a medical school in Selly Oak and this is now the Queen Elizabeth Hospital. The 150 acre site was generously donated by Cadbury Brothers.

The increased cost of running the voluntary hospitals put pressure on established procedures. Some hospitals demanded registration fees and maintenance charges and “extra tickets” because the value of basic tickets fell below the cost of treatment being given. At first these affected non-contributors but gradually the procedure affected BHSF contributors too. As a result, in the workplaces these registration fees, extra tickets, maintenance charges and so on were being paid out of the collections made for BHSF for distribution amongst all the hospitals. In some factories more than half the funds were being used in this way.

In December 1924 the Delegates proposed the abolition of the ticket system, believing that the hospitals would soon make good any loss of income suffered at the outset and also that this would save much working time by patients who often had to travel far, sometimes with difficulty, in their search for the necessary hospital tickets.

While the implications of this proposal were being evaluated, it also seemed to BHSF that some means needed to be established so that money collected for BHSF should not be drawn upon for other purposes, and a conference was called by the Hospitals Council. One of the resulting suggestions was that the various agencies collecting on behalf of the hospitals should be amalgamated along the lines of the contributory schemes which were then being formed in some other towns. BHSF made it clear, however, that it was not prepared to consider being absorbed into any new
movement nor amalgamate with other collecting agencies such as the various hospital leagues, hospital guilds and so on. Nonetheless, BHSF was prepared to cooperate in establishing new procedures which would assist hospitals generally provided that it could retain its separate identity. The Hospitals Council tried to formulate a scheme, but there were great complications and conflicting interests and it took several years before an agreed arrangement was produced. The main points of this contributory scheme were that the BHSF practices which had been so successful in factories and industrial establishments should be extended to offices, shops, domestic servants, district leagues and local committees.

The BHSF Delegates met early in 1927 and as it was found that BHSF’s interests had been fully protected and it could lend assistance by the extension of its own proven methods, it was in the common interests to do so. A further meeting was held later in that year when all points raised were cleared up satisfactorily and the proposed constitution was approved with BHSF acting as the industrial section of the Contributory Scheme. It also provided for the abolition of hospital tickets and in return the hospitals were to be paid as much as possible towards the cost of treating contributory patients. Further, BHSF would continue to have representation on the governing bodies of the hospitals, the standard contribution of 2d per week should be payable by all contributors without exception, and employers should be invited to contribute 25% of the annual collection raised by their workpeople for the Contributory Scheme.

Here was an entirely new scheme and a very encouraging start was made with most of the leading firms in the City joining in the first year. Individual hospitals agreed to cease making any appeals to workers direct. The collection for 1927, the last year prior to joining the Contributory Scheme, amounted to £66,797. In 1928, the first year of the new scheme, it was £140,943.

The depression which hit this country and many others caused financial difficulties for the voluntary hospitals and in 1931 there was a danger of wards having to be closed. The appeal for the Hospitals Centre and the new convalescent home at Kewstoke were necessarily deferred. There was an overriding need to increase the contribution rate from 2d to 3d per week but because of the trade depression, many doubts were expressed about the likely success of such an appeal. However, BHSF believed that if contributors could respond then they most certainly would. A carefully reasoned appeal – "the case for the extra penny" – set out in detail:

- the overwhelming need of the voluntary hospitals for more money to meet current expenditure;
- the promised support to the new Hospitals Centre;
- the much-needed support for the new convalescent home at Kewstoke which had previously been deferred in favour of the Hospitals Centre.

It was agreed that from 1932 until 1936 the extra penny should go to the voluntary hospitals but at the discretion of the Committee of the Contributory Scheme, some could be paid as a donation to the Hospital Centre and from 1936 10% of this extra money was to be paid to BHSF for convalescent home purposes.

The income for 1932 showed a substantial increase but not the full 50% that could be expected following the raising of the contribution rate. The shortfall was due entirely to the depression in trade and short time working in many factories. However, in 1933 the full 50% increase was shown and both the hospitals and the
City recognised and expressed admiration for the devotion shown by BHSF and the bold and resolute way in which the workers had so successfully responded to the appeal.

THE BRITISH HOSPITALS CONTRIBUTORY SCHEMES ASSOCIATION

The Government had set up the Voluntary Hospitals Committee in 1921 and they took certain financial and other steps to aid the voluntary hospitals. Nonetheless, the hospitals continued to look to organisations like BHSF for their solid support. In 1930 the management committee of the Birmingham Hospitals Contributory Scheme, containing 10 BHSF representatives, took the initiative to call a conference to inaugurate a national body at which the problems of individual schemes could be addressed. Some 49 delegates, representing 19 schemes attended and a National Association was established. A Committee was formed with the Association holding its first annual conference at Rugby in 1931. This Association is the predecessor of the British Health Care Association which is the trade body representing the interests of a number of not-for-profit health cash plan providers including BHSF.

THE SECOND WORLD WAR

In 1939 as the clouds of war gathered, the BHSF convalescent homes were equipped and prepared for emergencies. All except St Tudno were inspected by Ministry of Health officials and listed as suitable for emergency hospitals. A proportion of beds was reserved by the Ministry for the use of the military and civilian population and BHSF was reimbursed for these reservations and for any special work undertaken.

Marle Hall was the first of the homes to be utilised in the war effort when 30 children from a Manchester sanatorium were cared for until they could return to their own city. Later, sick soldiers from training camps in the area were nursed back to health. When in 1944 Marle Hall reached the 50th anniversary of its opening as a convalescent home for women, it was being occupied by men owing to the requisitioning of Tyn-y-Coed.

The war time role of Tyn-y-Coed was of necessity cloaked in silence, because for some time it housed hundreds of workers engaged upon the construction of the famous Mulberry Harbours which contributed so much to the successful invasion of occupied Europe on D Day and thereafter. Some units were made and launched at Morfa on the Conway Estuary about two miles from Tyn-y-Coed and work proceeded around the clock. The men worked under guard in shifts and were conveyed to and fro in buses. The matron, Miss C L Kenwrick, supervised the running of Tyn-y-Coed to provide a 24 hour buffet service and all else that was needed for the men’s welfare and well being. The Minister’s recognition by letter at the close of this period came as a welcome reward for the endeavours of BHSF and the staff at Tyn-y-Coed.

The Hugh Sumner Home at Malvern became an auxiliary unit for Birmingham Children’s Hospital. On the other side of the road, St Ann’s Orchard Home
accommodated the nurses. This arrangement greatly assisted the Children’s Hospital and after a while an isolation block for 20 beds was erected. Many of the patients, when fit enough, were taken to The Uplands Home at Blackwell to complete their recovery. These services continued until the end of 1943 by which time 2,550 youngsters had received attention. The Hugh Sumner Home then accommodated women patients who could no longer be sent to Marle Hall as it was required again for war use, this time for the care of wounded members of the forces.

Highfield Hospital at Droitwich received 46 military wounded in 1940, many of them from Dunkirk. However, this did not interfere with the treatment of the rheumatic cases who were boarded out but continued to have access to the brine baths. Later, Highfield took under its wing patients from the Birmingham Ear and Throat Hospital which was then able to continue its work and perform operations away from the dangers of bombing.

In 1942 another small convalescent home, High Pastures at Deganwy in North Wales, was purchased with accommodation for 24 patients.

Kewstoke was commandeered by the Ministry of Health for conversion into a first-grade emergency hospital and the building was soon coated in camouflage paint. The control of the hospital remained in the hands of BHSF and very quickly and efficiently, additional beds were put up to provide for 230 patients. An operating theatre and x-ray unit were installed and extra medical and nursing staff were appointed. Some of the nurses were only 18 or 19 years old and away from home for the first time. Early in the war, 40 expectant mothers evacuated from London were catered for and an independent medical staff and midwives were appointed for this additional work. A boarding house in Weston was reserved to accommodate the mothers until it became necessary to admit them to the hospital. On 30 October 1941, the Rt Hon Ernest Brown, then the Minister of Health, visited Kewstoke and expressed his gratitude to BHSF for placing such wonderful facilities at the disposal of the country.

In June 1942 Kewstoke was slightly damaged in an enemy attack when over 200 incendiary bombs landed on the flat roof and one entered the hospital through a wall. Patients had only just been removed from that ward and taken down to the cellar corridor. Even wounded soldiers helped to move other patients. Wet debris had to be swept from the fire areas and bed linen and pillows which were burning were thrown from the windows. It was due to the courage of the house surgeon, the matron, and the nursing staff that the damage was not much greater. They were still able to attend to air raid casualties from the locality, many coming from the 8th Army.
Division which was stationed at the Atlantic Hotel on the seafront. Grateful tribute was paid to the endeavours of the matron, Miss B Hickey, SRN, and her staff.

Some unhappy times which Kewstoke staff experienced include nursing wounded and shell-shocked soldiers arriving back from Dunkirk and the later D Day landings. One of the saddest incidents was the death of a colleague, a lovely young girl from a farm in Devon, who caught TB from a patient.

There were also Americans on the staff – two orderlies, a physician and a surgeon – and they were all very generous with their Lucky Strike cigarettes! For all her strictness, Miss Hickey was respected and compassionate. However, the nurses certainly did not look forward to the preparations for the quarterly visits from BHSF officials and they had to scrub and clean every nook and cranny, with the matron swinging the lights to see if they made any dust rise!

The black-out was always strictly enforced at Kewstoke with the corridors lit by hurricane lamps giving just a low light. One of the staff recorded being on duty and seeing a hospital ship, blazing with light and with a large red cross on the side, steaming up the channel towards Bristol in the summer of 1943 with everything around in total darkness. Others recalled the views from the roof at night, especially the glow when the steel furnaces across the bay in Wales were opened as these could not be blacked out.

There was a great sense of camaraderie amongst the Kewstoke nurses and many of them married patients. The nurses held reunions for many years after the war, at first in their own homes and then from 1989 at Kewstoke itself. On the 25th reunion, a commemorative cherry tree was planted in the Kewstoke grounds.

It is not practicable to relate all of the valuable work carried out at Kewstoke during these years. Statistics do not fully reflect the never-ending working hours of the staff without whose endeavours little could have been accomplished. However, the scale of the war-time activity merits being recorded:

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
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<td>Military patients</td>
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<td>Civilian patients</td>
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<tr>
<td>Operations performed</td>
<td>3,469</td>
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<td>Out-patients</td>
<td>4,224</td>
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<td>Maternity cases</td>
<td>76</td>
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</tbody>
</table>

It is little wonder that at the end of the war the Government was reluctant to restore Kewstoke to BHSF and a very delicate situation arose requiring many months of careful handling and the intervention of Birmingham MPs before Kewstoke was de-requisitioned in April 1946. After complete renovation it re-opened its doors to women convalescence patients in August 1947.
During these war years, convalescence accommodation was very restricted and there were long waiting lists. The Committee did all it could to make alternative arrangements. In appreciation of BHSF’s war efforts, the Ministry of Health accommodated many convalescence patients in their auxiliary hospitals in order to relieve the situation.

At the helm of BHSF through this period was Henry Crisp. He had served as Organiser from 1928 until his appointment as Assistant Secretary in 1937 and Joint Secretary in 1942. He became Secretary in 1946 until his retirement in 1964.

**BIRMINGHAM ACCIDENT HOSPITAL**

In 1941 the Queen’s Hospital changed its name and function to become the Birmingham Accident Hospital with a very ambitious scheme to specialise in the treatment of accident victims and their subsequent recovery. Very often the victims of accidents were afterwards unable to follow their normal occupations so a rehabilitation centre was incorporated to re-equip them to earn a living. This work greatly appealed to BHSF which made a donation of £1,000 towards equipping the rehabilitation centre.

Birmingham Accident Hospital eventually closed in 1993 with its functions being transferred to Selly Oak Hospital. The
The commemorative foundation stone was removed and was reinstalled at the BHSF offices where it was unveiled by the Lord Mayor, David Roy and BHSF Chairman, Sir David Perris on 13 September 1995. Behind it was placed a time capsule containing a number of items of current and historic interest, including newspapers of the day and also those reporting the laying of the foundation stone in 1871 and the official opening of the Queen’s Hospital extension in 1873.

**THE NATIONAL HEALTH SERVICE**

It took a long time to get back to normal after the war. There were staff shortages at convalescent homes and this limited the number of admissions for a time. Food rationing continued and administration costs had increased astronomically. Over all this hung the uncertainty about the future because the National Health Service was due to take over responsibility for the running of hospitals. The Minister of Health felt that convalescent homes should be classed as hospitals. The BHSF view was that the homes had been provided by the generosity of Birmingham people and by much hard work and they ought to remain separate.

To clarify the position, a conference was called in 1946 of the 15 Birmingham MPs but only four were able to attend along with six BHSF delegates including the Vice-Chairman, Albert Simmons, and the Secretary, Henry Crisp. Mr Simmons presented the BHSF case and emphasised that the convalescent homes could continue to be maintained by voluntary effort. He also made reference to the sterling work performed through the convalescent homes during the war. After a further meeting later that year, it was agreed that the BHSF convalescent homes were not transferable under the terms of the National Health Act and BHSF was free to continue its own convalescence service. However, Highfield Hospital at Droitwich was taken over by the NHS.

In July 1948 the Birmingham Hospitals Contributory Scheme ceased operations and presented a £10,000 contribution to BHSF to meet capital expenditure. Its remaining funds were used to inaugurate the Birmingham Amenities and Welfare Trust to assist hospital patients, the sick and the aged in the City. BHSF was represented on the Trust which continued until the end of 2001 when its affairs were merged with the W E Dunn Trust.

From 1873 to July 1948, £7m had been collected and given to the voluntary hospitals which were now taken over by the Ministry of Health. The Ambulance Service, so liberally supported by BHSF, passed to the Local Health Authorities and the provision of surgical aids was also taken over by the National Health Service.

**THE POST-NHS CONVALESCENCE SERVICE**

The NHS relieved BHSF of its original function, the raising of funds for local hospitals. However, the National Health Act made local authorities responsible for providing convalescence which was not available under the NHS. The BHSF convalescence service was provided at a contribution rate of 1d per week and there were eight homes in July 1948. The Birmingham Health Committee sought the support of BHSF in satisfying its own convalescence obligations by means of an arrangement to accept non contributors who met medical requirements at an agreed charge rate.

Many employers readily agreed to continue their support for the BHSF convalescence activities. By December 1949 the employees of 3,619 firms were covered, with 420,130 contributors and a further 4,027 individual contributors who registered direct. Many employers added 25% to the employees’ contributions and the total collected for the year amounted to £111,866.
Additional accommodation was needed but the cost of building would have been prohibitive and there would have been a considerable delay in obtaining a building licence. It was therefore decided to purchase Montrosa, a private hotel in Weston, a town which medical opinion favoured as being particularly suitable for the relief of chest complaints. Also, being close to Kewstoke, fresh garden produce could be supplied from there and existing business contacts could usefully serve both premises. Montrosa opened as a convalescent home for 40 male patients in 1951 bringing the total to nine freehold properties which could accommodate 510 patients.

This was the heyday of the convalescence service, which was then accommodating over 7,000 people per year. However, it soon became apparent that there would be a decline in convalescence demand. Advances in medicine brought about speedier recuperation. Pre-natal care and follow-up treatment, plus better foods were having a marked effect on the incidence of children’s ailments. Also social advances which were unconnected with the field of medicine and health brought about improved working conditions, reduced hours, more mechanisation of heavy work and increased holidays with pay. All these helped the general improvement and well-being of the nation and a reduced demand for convalescence services.

The first casualty of the decline was St Ann’s Orchard. There were fewer patients by 1955, but the wages bill and maintenance costs spiralled upwards. St Ann’s Orchard became a financial burden which BHSF could not afford to carry and, with regret, it closed in 1955. Staff and equipment were dispersed and the property was sold in 1957 to the Regional Hospital Board.

By the early 1960s the downward trend was confirmed, and there were many fewer applications. Another factor was higher wages, but on the other hand there were also many who admitted that they could not afford even free convalescence because of their financial commitments especially having been absent from work through illness. Some people became "choosy" and did not want the large, airy dormitories, which to them appeared institutional, and they wanted to be near the sea. BHSF did everything possible to meet these changing demands. Wherever it could be managed, the large rooms were divided into smaller cubicles to take one, two or three beds. Wash basins were installed in bedrooms. At Llandudno, where Tyn-y-Coed, High Pastures and Marle Hall were some distance from the sea, weekly coach trips were arranged to take patients to Llandudno and Conway and no effort was spared to modernise the homes and improve the facilities but disappointingly the decline in the number of applications continued.

In 1964 BHSF became re-affiliated to the British Hospitals Contributory Schemes Association and it learned from other schemes that the steady decline in convalescence demand was nationwide. Other schemes were reporting the closure of their homes.

BHSF appealed to Delegates to make convalescence work better known, but it was to no avail. The Hugh Sumner Home was disposed of, and as one would expect, Mr Sumner was most kind in agreeing, with regret, that the home which he had so
generously established and where over 10,000 children had gained untold benefit, had become surplus to requirements. It was sold in 1965 but with the Executive Council pledging to perpetuate the name of John Hugh Sumner in some future development. The Uplands Home became redundant and was sold in 1966 ending the convalescence service for children which had begun with Bryn Marle in 1896. The few children who applied for convalescence were accommodated in privately-run homes until even those closed down.

The Llandudno homes which, apart from St Tudno, were some distance from the sea became less appealing. On the other hand Kewstoke and Montrosa had greater appeal, perhaps because they were closer to the sea and probably too because Weston was easier to reach from Birmingham.

In August 1966, after 72 years, Marle Hall became a white elephant and was only being fully used for a few weeks in the summer. Following its closure, it remained unsold until it was finally disposed of in 1969. Tyn-y-Coed was another sad story. It was rarely more than half full even at peak periods. Apart from all other considerations, Tyn-y-Coed had great sentimental value and BHSF were loath to face the implications of the downward trend. It was closed for a time while the patients’ lounge was completely redesigned and refurnished on modern lines and carpeted. A new matron was appointed but, within a few weeks of re-opening, there was no-one wanting to go there. An unexpected enquiry was received from a commercial concern who were interested in acquiring the property for their staff and laboratory accommodation and after much heart-searching by the Executive Council, Tyn-y-Coed was sold in 1970. Throughout all its happy and useful 77 years, Tyn-y-Coed had accommodated 130,000 patients. Much of the equipment and stock and some of the nursing and domestic staff transferred to Weston. The neighbouring Tyn-y-Coed Farm was let on a tenancy agreement and the houses provided by BHSF for former employees were sold.

A search for a suitable site on the south coast on which to build a new convalescent home was unsuccessful and eventually BHSF purchased an uncompleted building, originally intended as an hotel, at Weston. This had already been named Sandpiper and it was decided to retain the title. Many alterations were necessary to meet the BHSF requirements and this caused delay and additional expense. Sandpiper was opened on 11 May 1968 by the Mayor of Weston, Councillor C D Curtis, who at the same time unveiled a plaque commemorating the generosity of Mr J Hugh Sumner to whom the library was dedicated. Sandpiper had accommodation for 35 patients, mostly in twin-bedded rooms with en-suite facilities.

Shortly afterwards Severn Croft, a neighbouring property also facing the promenade, was purchased rather than extend Sandpiper as had been proposed at one stage. This enabled three small homes – St Tudno and High Pastures in North Wales and Montrosa in the Knightstone area of Weston – to be closed in the autumn of 1971 with the furnishings and equipment transferring to the new premises. St Tudno was bought by a couple from Solihull who still run it as a small but fine hotel. The staff of Montrosa and the nursing staff from High Pastures were transferred to Sandpiper and Severn Croft. Severn Croft was extensively improved and was opened by the Lord Mayor of Birmingham, Alderman F T D
Hall, on 10 June 1972, dedicated to Miss Henrietta and Miss Sarah Stokes, the sisters of Alfred Stokes, in whose memory Tyn-y-Coed had been provided. It was thought fitting that this last home should perpetuate the names of those who had so willingly founded the first home.

Convalescence was now being provided at three properties in Weston – Kewstoke, Severn Croft and Sandpiper. Nonetheless, the downward trend in demand continued resulting in longer periods of winter closure and many months of only partial occupancy. With regret, the decision was taken in 1999 to close Severn Croft and Sandpiper in order to use Kewstoke more fully. In 2001 the site which embraced Severn Croft, Sandpiper and some flats which stood between them was sold to Royal British Legion who also acquired three neighbouring properties with the intention of building a new convalescent home for their members, to replace an existing facility in Weston, which no longer met their standards, and to develop a large number of sheltered-housing units.

THE MOVE INTO HEALTH CASH PLANS

By 1960 it became obvious that with continually - rising costs, the very low rate of contribution, which had not changed since 1948, would need to be reviewed. Indeed, without the constant support of

the employers who added a percentage to the contributions, the convalescence service could not have been maintained at the 1d per week rate, despite the income on the investment reserves. It was reluctantly decided that the contribution rate needed to be increased, and at such a low denomination, anything less than doubling the contribution to 2d per week was impracticable. At the 1963 Annual General Meeting, two proposals were put before Delegates and approved:

- 2d per week would provide access to convalescence, with free travel by luxury coach and a cash grant of £2 to each adult patient. The Council also agreed to provide as much single-room accommodation as possible and to welcome patients recovering from some ailments which had previously precluded admission.

- 6d per week would in addition provide cash grants towards the cost of spectacles, dentures, specialist fees, home help, nursing home and hospital in-patient treatment, and a maternity grant. Hospital in-patient payments would include dependants on a reduced scale. Where an employer could not or would not arrange the 6d deduction rate, but wished to continue deducting for the convalescence service only, contributors would be able to pay the extra 4d per week direct to BHSF.

The extended benefit scheme proved so successful that over the four succeeding years it was possible to improve and extend the benefits without any increase in the contribution rate. However, the time eventually arrived when further enhancement was not possible at the same rate. This coincided with the necessity to plan for the introduction of decimal currency.

Following an opinion poll in 1968, a greatly improved scheme for 1s per week – a sum which would readily convert to 5 new pence per week – was agreed. Also, there
was a promise to retain the convalescence service at 2d per week which on decimalisation in 1971 would become 1p. The proposals were approved at the 1969 AGM and the new rates came into effect in January 1970.

The extended benefits scheme was based upon the sound principle of mutual aid and many employers and employees recognised the advantages. It is interesting to compare the cash benefits which were available in 1972 for 5p per week:

- Hospital and nursing home in-patient:
  - Contributor: £1.20 per day, maximum of £109.20
  - Dependant: £0.70 per day, maximum of £63.70
- Maternity benefit: £5 per birth
- Home help grant: Up to £15 per year
- Specialist fees: Up to £5 per year plus £5 per year for each dependant
- Spectacles or repairs: £4 once in three years
- Dental benefit: £5 once in three years
- Convalescence benefit

The pattern for the future was laid down in this way, and shortly afterwards the Memorandum and Articles of Association were altered to remove the geographical restrictions which had been in place. Originally, benefits could only be claimed by contributors who resided or worked within five miles of Birmingham Town Hall but as the City spread, this radius had been extended to 25 miles. As employers moved, amalgamated and developed their businesses in other parts, the geographical restriction was removed altogether enabling BHSF to operate in all parts of the UK.

BHSF MEDICAL CHARITY AND WELFARE TRUST

With the passing of the Charities Act in 1960, BHSF applied for registration with the Charity Commission and with the Local Authorities in those places where the various properties were situated. It was established that the Fund was quasi-charitable by reason of its early activities in aid of the voluntary hospitals but it did not qualify for registration. As negotiations continued, and discussions took place with other similar organisations, it became apparent that registration as a charity could involve complete alteration of BHSF’s structure and control by the Charity Commission. BHSF did not want to relinquish control of its own affairs and it conducted further investigations to establish its position under the terms of the Charities Act. Counsel’s opinion was that BHSF was not a charity but that the sum of £573 3s 3d from the 1892 collection – and referred to on page 21 – could be regarded as a balance of charitable monies. The Charity Commission finally agreed that BHSF had no charitable status and the Executive Council decided that the sum of £573 3s 3d should form the nucleus of a new charity, the BHSF Medical Charity and Welfare Trust, to which further donations would be made by BHSF over the years.

The Executive Council of BHSF would appoint Trustees and the objectives would include financial aid to further medical research, convalescence provision and helping needy cases amongst contributors.

After lengthy discussions, it was proposed that the operations of the convalescent homes should be transferred to the Trust. These proposals, aims and objects were agreed at an extraordinary general meeting of Delegates on 10 October 1972. The Trust operated from 1 January 1973 since when total grants and donations have exceeded £2m. The largest single grant made by the Trustees was in 1980 when £100,000 was made available to the Institute of Occupational Health at Birmingham University, recognising the strong link between BHSF’s origins and good health in the workplace, and as a result the first Chair in Occupational Medicine was established at the Institute.
MODERN TIMES

BHSF had occupied 8/9 Ludgate Hill in Birmingham as its offices since 1951, to which it had moved from 43 Newhall Street, its offices since the first world war. Ludgate Hill had for many years been a public house called the Grand Turk and later a nurses’ home belonging to the Ear and Throat Hospital. This was a three storey building with a solid oak counter as many people paid their cash into the offices in this way. There was also an interview room for convalescence candidates, much like a doctor’s waiting room. By the late 1960s the need for new offices was recognised and pressure was being put on BHSF to vacate as the property was required for redevelopment. Various abortive searches took place until the present site on the Ladywood/Edgbaston border was agreed.

The foundation stone was laid on 27 June 1975 by the Chairman, Alderman John H Lewis and the builders were Maddox and Walford. The building was opened on 9 April 1976 by Joseph Leonard Gamgee, the grandson of our founder in whose honour the building was named Gamgee House. There were originally two storeys but in 1980 a third was added and this was let to tenants for many years. However, business expansion required the gradual absorption of the additional space by BHSF which was completed with a full refurbishment of the whole building in 2001-2002.

Following the retirement of Henry Crisp as Secretary in 1964, Edgar Sherlock was appointed General Secretary, having already served 13 years as Treasurer. In his time, considerable rationalisation and development of the business took place. When BHSF celebrated its centenary in 1973, Edgar Sherlock was the author of its history "The Golden Years". Eric Gurmin succeeded him as Chief Executive in 1977 and Peter Peers succeeded him in 1987, serving until his own retirement in 1999. Throughout these years BHSF evolved towards what we see today, with health cash plan business becoming the main platform of the operation as the convalescence service declined.

The growing demands of the business led to the installation of the first computer in 1978, an IBM System 3 and through succeeding years further generations of IBM computers have followed.
For most of its existence, BHSF, in the same way as similar organisations set up in other parts, served the people of its locality, principally through local employers. As many businesses became bigger and more diverse, they expected their providers of health cash plans and other insurances to be able to grow with them into their new territories. This, together with competitive pressures, steadily rising costs and the need for more professional management, had led large numbers of small Hospital Saturday Funds and similar organisations to merge. In the 1990s this consolidation process continued at a greater pace. There was also the entry into the health cash plan market of large commercial insurers whose profit motives put them in a class apart; this and their high running costs made it impossible for them to offer the same sort of value for money as traditional providers, but nonetheless their high profiles and the power of their brand names brought them success.

One small competitor organisation, the Stratford-upon-Avon Patients’ Aid Fund closed down on 30 June 1969 and 450 of its members accepted transfer to BHSF which also acquired the residual assets of that Fund. However, a much bigger merger occurred in 2001 when The Health Scheme, based in Hull, merged its business with BHSF and 85,000 of its customers transferred.

Peter Maskell became Chief Executive in 1999 and he oversaw the accelerated modernisation of BHSF. The Memorandum and Articles of Association were reworked in order to reduce the possibility of hostile takeover. New products and more advanced technology were introduced. The Health Scheme’s business was merged. A new management team was assembled. The Executive Council, which had served BHSF well since 1873 by its generations of volunteers, was replaced by a Board of Directors with a structure of corporate governance which was more in keeping with the demands of the 21st century.

Having served BHSF as an Honorary Officer for 25 years, 10 of them as Vice Chairman and 15 as Chairman, Sir David Perris retired in 2000 at the age of 71. The radical steps which were then being taken to modernise BHSF were begun under his chairmanship. Sir David provided the bridge between the old and the new. Having been a passionate believer in all that BHSF had been for so many years, he became a powerful supporter of the reshaping of the organisation, a baton which he handed to his successor, the present Chairman, Dr Paul Kanas. Sir David was then elected Vice President thereby retaining an important link with BHSF.

THE HEALTH SCHEME

In December 2001 the business of The Health Scheme, based in Hull, was merged with BHSF.

Sadly, the blitz on Hull during the Second World War destroyed most of the records of the business and it is therefore almost impossible to trace the origin of The Health Scheme. However, there is a mention of contributions made in 1861 called "donations from operatives" in a history of the Hull Royal Infirmary. It is also clear that there was a Hospital Sunday Fund which suggests either that Hull churches, like those in Birmingham, donated their collections on a particular Sunday each year to help fund local hospitals, or alternatively that subscriptions from workers were collected on Sundays.

It is known that the Hull Voluntary Hospitals Council was formed in 1929 by the Working Men’s Committee. The object of the Council was to raise funds in support of local hospitals. Later, the HVHC Contributory Scheme was formed to continue the work of the original scheme and also to provide free treatment for contributing members and dependants in participating hospitals. The contributions at that time were 1d, 2d and 3d, covering children, pensioners and families respectively. Amongst the benefits offered to those who paid the 3d rate were two weeks at a selected convalescent home, home help, free physiotherapy or £1 towards a full set of dentures.
In those days the staff consisted of an Organising Secretary and one assistant. The office which was in use in May 1941 was destroyed by enemy action and alternative accommodation was provided at the Royal Infirmary. The advent of the National Health Service in 1948 resulted in the Council being wound up and the assets were transferred to the new National Health Scheme. Included in the list of those assets was an outstanding claim on the Board of Trade for office furniture and fittings valued at £260 destroyed by enemy action.

Countrywide, many similar schemes closed down, since all medical services were now to be "free". However, in Hull the Council was reformed in an effort to cover those areas where the National Health Service did not operate. Even though they had no money in the bank, Council members were confident that their newly-formed scheme would prosper. They accumulated funds from contributors at the same rate as previously, and paid cash benefits to hospital in-patients, also giving assistance in various other health fields. The title was changed to include York and The East Riding.

Mr W G Nevin was Secretary of the Hull Voluntary Hospitals Council for a number of years. He became the first Honorary Treasurer of the British Hospitals Contributory Schemes Association (1948), standing down in 1956 when he was made an Honorary Member.

A benevolent fund was formed in 1949. From then until 1958 charitable grants seem to have been confined to cases of hardship and distress arising from illness. From 1958 the scope was widened to include grants to hospitals, medically-related organisations and other charities.

In May 1955, offices at 60 Beverley Road were purchased and these remained the Scheme’s home until 1990 when it moved to purpose-built premises in Freetown Way, Hull.

When decimal currency was introduced in 1971, contributions were increased to 3p per week to enable benefits to be doubled. In 1972, in anticipation of the changes in local Government boundaries, there was another name change to the Humberside Contributory Health Scheme.

The late 1980s saw a dramatic change in the management and fortunes of the Scheme. The impetus was provided by Keith Gorton, then Head of Marketing at Humberside College and for many years until the 2001 merger with BHSF, the Scheme’s Chairman. A new generation of directors, many with a common link to the Chamber of Trade, brought with them a wide variety of experience and expertise. Rapid growth in membership numbers brought increased income which enabled the scheme to offer better value and a wider range of benefits.

In 1992, the Scheme started to operate on a nationwide basis. This move demanded a more appropriate and less parochial name and the all-embracing title “The Health Scheme” was chosen. The Health Scheme Charitable Trust was established, funded by THS, with the objective of contributing to the health and welfare of the community in areas from which membership was drawn. In particular, it made donations to NHS Trusts and to medically-related projects in addition to providing assistance to members and their families who suffered hardship arising from illness.

The discussions which led to the merger in 2001 had continued over a long period, and The Health Scheme Directors were convinced that this step was in the best interests of their policyholders and that, having explored other avenues, BHSF represented the best partner. The merger of the 85,000 policyholders at THS with those at BHSF brought the number of policies in force to 240,000 and the number of people insured to 375,000.
THE FUTURE

In his annual report in 1970, Alderman John H Lewis as Chairman of BHSF said, quoting first from Benjamin Disraeli, "Change is inevitable. In a progressive country, change is constant. Changing times and social conditions make it necessary constantly to review both our position and the direction of our progress."

At the Annual General Meeting in 1999, BHSF President, the Lord Mayor of Birmingham, Councillor Ian Mc Ardle, said "An organisation like ours must respect its history, but not be constrained by it – there is a need to be progressive, to move on."

As any good business should, BHSF has changed over the years in response to altered circumstances around it, the different needs of its people and new challenges. For much of its history, it was driven by the tireless efforts of countless volunteers in a host of capacities. In more recent times the business has, of necessity, become more commercial. However, the underlying principles have remained unchanged. The business is not driven by profit, but exists only to serve the people with whom it deals and hence it provides the very best in value for money and customer service quality.

BHSF is very proud indeed of its heritage and the firm foundations which its historic activities have provided for today’s operations. As expansion has taken BHSF into all parts of the UK and, from 2003, into the Republic of Ireland, the decision was taken to redesign the logo in order to give prominence to "The Health Scheme" which says more about what the business does, but to retain the blue star and the words "from BHSF", thus linking the past and future. Also, much of the promotional literature and policies carry various versions of a torso image which symbolises good health, activity and achievement.

BHSF has invested heavily in its people, aware that the ability to progress is only as good as those in the team, and becoming an Investor in People in 2002 was recognition of this commitment and a reflection on everyone in the business.

BHSF will continue its policy of evolutionary development, as it always has. It may do very different things, and in very different ways, but its not-for-profit commitment to providing the means for protecting and enhancing good health will continue as the golden thread.
Appendices
Presidents

BHSF has been proud to have in the Office of President every succeeding Mayor and Lord Mayor of the City of Birmingham. While the Office of President has rarely involved more than a token involvement, BHSF has felt privileged that, in the busy life of the City’s principal citizen, time has been found for an interest in its affairs and this association has lent much dignity to its activities.

Mayors of Birmingham

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<td>1934 – 36</td>
<td>Samuel John Grey</td>
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<td>1936 – 37</td>
<td>Harold Roberts</td>
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<td>1937 – 38</td>
<td>Ernest Robert Canning</td>
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<tr>
<td>1938 – 39</td>
<td>James Crump</td>
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<td>1939 – 40</td>
<td>Theodore Beal Prichett MC</td>
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<th>Year</th>
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<tr>
<td>1940 – 41</td>
<td>Wilfrid Martineau</td>
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<td>1941 – 42</td>
<td>Norman Tiptaft</td>
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<td>1942 – 43</td>
<td>Walter Samuel Lewis</td>
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<td>1943 – 44</td>
<td>Lionel George Helmore Alldridge</td>
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<td>1944 – 45</td>
<td>William Theophilus Wiggins-Davis</td>
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<td>1945 – 46</td>
<td>Alan Stewart Giles</td>
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<td>1946 – 47</td>
<td>Albert Frederick Bradbeer</td>
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<td>1947 – 49</td>
<td>John Charles Burman</td>
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<td>1949 – 50</td>
<td>Hubert Humphreys</td>
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<td>1950 – 51</td>
<td>Alfred Paddon Smith</td>
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<td>1951 – 52</td>
<td>Ralph Cyril Yates</td>
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<td>1952 – 53</td>
<td>William Tegfryn Bowen</td>
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<td>1953 – 54</td>
<td>George Henry Wilson Griffith</td>
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<td>1954 – 55</td>
<td>Arthur Lummis Gibson</td>
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<td>1955 – 56</td>
<td>Ernest William Apps</td>
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<td>1956 – 57</td>
<td>John Joseph Grogan MBE</td>
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<tr>
<td>1957 – 58</td>
<td>Donald Johnstone</td>
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<td>1958 – 59</td>
<td>John Henry Lewis OBE</td>
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<tr>
<td>1959 – 60</td>
<td>Garnet Benjamin Boughton</td>
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<tr>
<td>1960 – 61</td>
<td>Eric Edward Mole OBE</td>
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<td>1961 – 62</td>
<td>Ernest Walter Horton</td>
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<tr>
<td>1962 – 63</td>
<td>Louis Glass</td>
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<tr>
<td>1963 – 64</td>
<td>Frank Leslie Price</td>
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<td>1964 – 65</td>
<td>George Corbyn Barrow</td>
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<td>1965 – 66</td>
<td>Harold Edward Tyler</td>
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<td>1966 – 67</td>
<td>James Stephen Meadows OBE</td>
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<tr>
<td>1967 – 68</td>
<td>Charles Valentine George Simpson</td>
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<tr>
<td>1968 – 69</td>
<td>Neville Bruce Alfred Bosworth</td>
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<td>1969 – 70</td>
<td>Stanley Bleyer</td>
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<tr>
<td>1970 – 71</td>
<td>Victor Ernest Turton</td>
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<td>1971 – 72</td>
<td>Frederick Thomas Duncan Hall</td>
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<tr>
<td>1972 – 73</td>
<td>Marjorie Alice Brown CBE</td>
</tr>
</tbody>
</table>
Chairmen

At no time has the position of BHSF Chairman been a sinecure, and so it is remarkable that there have been only nine holders of the Office in 130 years.

1873 – 1880  John Skirrow Wright
1880 – 1907  Alderman Sir William Cook
1907 – 1918  Alderman Sir Hallewell Rogers
1919 – 1927  Alderman Sir David Brooks GBE
1928 – 1939  Alderman Alfred H James CBE
1940 – 1945  A Simmons (Vice-Chairman, Acting Chairman)
1941 – 1960  Councillor Vernon W Grosvenor CStJ HonMA LLB FSAA
1961 – 1985  Alderman John H Lewis OBE
1985 – 2000  Sir David Perris MBE HonLLD
2000 – 2003  Dr Paul Kanas BM BS MRCP FFOM

Principal Officers

1873  Joseph Sampson Gamgee  Honorary Secretary
1874 – 1894  William T Smedley FCA  Honorary Secretary
1894 – 1903  William T Smedley FCA  Joint Honorary Secretaries
    W S Aston FCA
1903 – 1928  W S Aston FCA  Joint Honorary Secretaries
1928 – 1938  W S Aston FCA  Honorary Secretary
    H C Aston ACA
1938 – 1941  H C Aston FCA  Joint Secretaries
1942 – 1945  H C Aston FCA  Secretary
    H Crisp AFM
1946 – 1964  H Crisp AFM  General Secretary
1964 – 1977  E R Sherlock ACMA  Chief Executive
1977 – 1987  E Gurmin FBIM  Chief Executive
1999 – 2003  Peter J Maskell FCII Chartered Insurer  Chief Executive

1975 – 76  Albert Leslie Samuel Jackson  1990 – 91  Bernard Philip Zissman
1978 – 79  Edward Frederick Hanson  1993 – 94  Paul Tilsley MBE
1981 – 82  Kenneth Benjamin Barton  1996 – 97  Marion Arnott-Job
1982 – 83  Peter Hollingworth  1997 – 98  Sybil Spence
1984 – 85  Reginald John Hales  1999 – 00  Ian Mc Ardle
1986 – 87  Alan Denis Martineau  2001 – 02  Jim Whorwood
1987 – 88  Frederick James Gratidge  2002 – 03  Mahmood Hussain
Honorary Life Members

Honorary life membership of BHSF has never been lightly bestowed. It is an expression of appreciation of exceptional service over an extended period and at any time there are only a few such recipients. The current life members are:

- Albert Harrison
- Stephen Hall
- Sir David Perris

Other stalwart volunteers

Over almost all of its 130 year history, BHSF has relied on a large number of volunteers who gave freely of their time to serve their fellows as members of the Executive Council or its sub-committees. The personal records of these supporters, especially in early days, are no longer available to us, and where records do exist, it would be difficult to quote some names without being able to quote all. Nonetheless, it is recognised that BHSF would not have achieved all that it has without their unstinting efforts. It is recognised too that some of the volunteers have been professional people who have given their services, particularly as honorary medical officers, and their involvement too has been greatly appreciated.

In almost every monthly issue of the old journal "Forward" and in every annual report published by BHSE, special thanks have been accorded to all the Delegates for their interest and assistance. Such expressions are indeed sincerely meant because the Delegates have direct contact with the many thousands of BHSF contributors and policyholders. Also, BHSF has always been grateful for the backing of employers who have supported BHSF over the years, and for many of those years, often made financial contributions at first for voluntary hospitals and later the convalescence service.

Directors and Officers 2002/2003

President - The Right Worshipful the Lord Mayor of Birmingham
Vice President - Sir David A Perris MBE HonLLD

Directors

- Dr Paul Kanas BM BS MRCP FFOM – Chairman
- Peter J Maskell FCII Chartered Insurer – Chief Executive
- Philip V Ashbourne – Operations Director
- Michael P Chapman BSc MCIPD – HR and Quality Management Director
- Brian Hall FlnstSMM – Sales and Marketing Director
- Julie M Bielby MSc DipM
- Stephen G Hall FIPPM
- Eric S Hickman
- Andrew Macaulay
- Dr Andrew Milner LLD DMS DipM FIMgt MCIM
- Michael Malone
- Christina Parker
- David J Read FFA FICM FIAB
- James Salmons MCIPD
- John C Spence MCIM ACIPD

Honorary Medical Advisers - Professor P G Bevan CBE ChM FRCS
Professor B L Pentecost OBE MB BS(Hons)
MRCP MD FRCP
Acknowledgements

As part of the researches for the preparation of this history of BHSF I have been considerably assisted by being able to delve into other publications for information and from which quotations or extracts have been taken. I am also grateful to certain people and organisations for the granting of various permissions. In particular:

2 "Birmingham – The Great Working City" by kind consent of its author, Dr Carl Chinn.
3 "A History of Birmingham" by kind consent of its author, Dr Chris Upton.
4 "The Triennial Music Festival in 1846" and “Typical 19th century courtyard housing”, reproduced by permission of Birmingham Library Services.
5 Two photographs taken from "Around Droitwich in Old Photographs" by kind permission of Sutton Publishing Limited.
7 "Kewstoke Convalescence Centre in Wartime" published by BHSF Medical Charity and Welfare Trust, 1997.
8 The photograph of the Chief Executive by permission of Trinity Mirror Group.

I am also most appreciative of the valuable time and advice given by our Vice President, Sir David Perris and our Chairman, Dr Paul Kanas in reading and commenting on the manuscript of this history. PJM

ABOUT THE AUTHOR

In 1999 Peter Maskell was appointed Chief Executive. Peter had spent over 30 years at the head office of Britannic Assurance in Birmingham, rising to be a General Manager. Professionally he was, and still is, the youngest person ever to qualify as a Fellow of the Chartered Insurance Institute and a Chartered Insurer and he had devoted considerable effort over many years to the development of higher educational standards and the quest for professionalism both locally with the Birmingham Insurance Institute and internationally with the Chartered Insurance Institute, serving both organisations at a high level. Prior to his appointment, Peter had known BHSF for many years both by reputation and as a policyholder.