

Waltham Forest  
Memories Six

One  
Door  
Closes

Another  
Opens

A Personal Experience of Polio

# ONE DOOR CLOSES ANOTHER OPENS

A Personal Experience of Polio

BY  
ERNEST [TOM] ATKINS

Waltham Forest Memories 6

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## Preface

This book contains the life story of Ernest ['Tom'] Atkins who was born in Walthamstow, North-East London in 1921. What makes his life different to most other people of this era was that he contracted polio at the age of three. From being a healthy working-class child he became, in the terminology of the time, 'a cripple'. His whole life changed, not just because of his substantial physical disability, but also in the way that he was treated by society. It is too simplistic to say that he became a second-class citizen. In many respects attempts were made to treat his disability albeit in a horrendous and a totally ineffective way. There was no abuse of the kind experienced by many disabled children of this period. Most of the individuals who looked after him did so in a caring way. The truly awful aspect of Tom's treatment both as a patient and as a human being was the almost total loss of control over his own life.

As soon as he became disabled responsibility was vested in the medical, nursing and other staff who were to care for him until early adulthood. Parental contact was severely limited to just one hour a fortnight. His brothers and sisters were not even allowed to speak to him - just a wave from beyond the fence outside the hospital grounds. He was educated as a cripple, a physically defective person. He was not allowed even the limited job prospects of his non-disabled peers of the recession-hit 1930s. Decisions were made for him as to what training and what job he should have. His experiences are in microcosm a reflection of attitudes to disabled people from the 1920s onwards. Attitudes which are expressed by the following:-

*'The cripple has always presented a problem awaiting solution, and his story is unequalled in its tragic sequence of obloquy and neglect.'* [Sir Robert Jones, Orthopaedic Surgeon]

Society has always had an ambivalent attitude to disabled children, both in compassion and revulsion. There have been desires to care for people by locking them away from society but at the same time maintaining an indifference to their plight. This book concentrates on a period when medical science was beginning to offer often drastic remedies to cure or bring relief to certain conditions. Yet the old attitudes often persisted that severely disabled children should be sent away, and looked after in institutions. Whether they were living in hospitals, institutions or even remaining at home, they became objects of pity and charity. The following extract about a Walthamstow boy is from the Shaftesbury Society Magazine of 1920:-

*'Ernest C. is a pathetic figure. He is a frail little chap who has suffered all his*

*life from spinal disease, having a misshapen back and thin weak legs, which refuse to carry him about. Most of his time is spent propped up with cushions, or lying ill in bed. He has a good friend in the Crutch and Kindness member who regularly sends money to be spent in buying milk for Ernest's use, as he is too delicate to take much ordinary food.'*

Of course we are judging from a suitable distance of time and in fact there were changes taking place. As Sidney Burnell, Chief Education Officer for Walthamstow at the time and Honorary Secretary of the hospital Tom was treated in, stated:-

*'We are sure that our progress is on right lines and that whatsoever of time or money is devoted to this cause will be repaid a hundred fold in the alleviation of human suffering and misery.'*

The opportunities for disabled children growing into adulthood, although developing, were very limited. Disabled people were expected to be content with their lot. Most attention was given as the objects of charity rather than people with potential to play their full part in society. It was the advent of the Second World War that for a time opened up further employment opportunities. Disabled people were needed to replace those who were called up for war service. Yet their pay was often lower. Many employers saw it as a favour to take a disabled person on. As will be seen by Tom's story, a natural intelligence was suppressed by low expectations.

The fact that Tom overcame all this and got involved, be it in a tenants association, or with plans to raise nearly a million pounds to build a sailing ship for disabled sailors, is a testimony to his true worth. He believed it was important to get involved in the disability movement, but he also felt strongly that disabled people should be able to play their part as equal partners in wider organisations. It is hoped now that patronising official attitudes to people with disabilities are disappearing and it is thanks to people like Tom Atkins that they are.

## **A Note on Compilation & Acknowledgements**

I first met Tom Atkins in 1978 when I was working in the London Borough of Waltham Forest Housing Department. I was asked to visit a man, living in a disabled persons bungalow in Walthamstow, who had requested a porch from his front door to the car shelter alongside. He was then using crutches and found the surface too slippery in snowy or icy conditions. He had sent in photographs of the problem and I decided all that was needed to assist his request was a report to accompany them. I passed on the report with my support to elsewhere in the

bureaucracy and went on to the next piece of work.

Some years later in a different job as a community worker I was asked by colleagues in the Social Services Department to see what could be done to help the residents of this row of bungalows for disabled people. There seemed to be many and consistent complaints about a number of issues. I called a series of meetings in a local school to which a number of residents turned up. Among them was Tom. He almost immediately recognised me as the person who helped to get his porch built. It took me a great deal longer to remember my visit of six or seven years previously.

I sporadically kept in touch. I had helped to start a Pensioners Forum to which Tom came along. He became Chair of this organisation which meant I used to visit him at home a lot. He had told me snippets about his childhood especially about the incarceration in hospital. I then decided to tape some of his reminiscences mainly to have a record of such an experience. As we sat down the stories unfolded and I ended up with about seven hours of tape mostly about his childhood. I realised there was the germ of a book in these tapes. However the Oral History Workshop was struggling to get a book published on a school strike ['We Want Winns']. When that book was nearly completed, Nick Hayes and I agreed to start transforming the tapes into a book. Further tapes were made clarifying earlier memories and uncovering new ones.

Tom died just before we had got to first draft stage. There was quite a bit about his later life which we had not managed to record and we have had to rely on other people to put this together. He kept reminding us that he was dying. We took little regard of this, as in spite of his failing health, his mind was full of projects and ideas he wanted to fulfil. The sad aspect in publishing this book is that he will not see the finished article. He died on 2nd November 1992 of a massive heart attack. He had arrived home ten minutes earlier having driven from a meeting of the Tideway Disabled Sailing Club in Greenwich. He died, as it were, very much in harness, still busy, with so much left to do.

Robert Wilkinson

This is the first Workshop publication that concentrates on one person. The process is still the same however. A series of tapes were made detailing Tom Atkins' life. Transcripts were made and regular meetings were held with him to fill in details and to begin the editorial process. Although Tom died before the completion of the book, there was always going to be an emphasis on his earlier life especially childhood, but details of his later years and achievements are mainly put together through the memories of his friends. We believe he would

have approved of the final product.

We are grateful to Peter Lemon and June Harrison of the Royal National Orthopaedic Hospital Stanmore for their help and co-operation there, also to the London Borough of Waltham Forest Social Services Department in specially opening up Brookfield/Spackman House and allowing staff time for research. Background research was carried out at the Greater London Record Office on the Santa Claus Home and the British Library Newspaper Collection, Colindale. The World Health Organisation supplied data on the present incidence of polio. The Wellcome Foundation for the History of Medicine helped in finding original source material on the treatment of polio. Essex County Record Office supplied information from the County Medical Officer of Health Reports for the period. Jessica Hodson of the Shaftesbury Society helped in supplying information about 'Cripple Parlours'. Vi Gostling, Don Linton and Thelma Wolfe helped with their own memories of the period. Tom's sister, Ivy Woodhouse gave additional information. John Adams was invaluable in recommending articles and books about the history of orthopaedic medicine. The records of the Brookfield Orthopaedic Hospital, the Medical Officer of Health Reports for the period, as well as other relevant local documents are in Vestry House Museum, Walthamstow. We are grateful to all the above, especially to staff of Vestry House Museum for the ongoing support in the activities of the Workshop. Above all we are indebted to Tom's wife Ethel who did so much, especially in his last two years as he was getting weaker, to care and help Tom to undertake all that he did. Her fry ups late of an evening session were also not to be missed. She also was invaluable in bringing Tom's story up to date in his later life. Finally and very importantly we are grateful to the Disability Equality Committee of the London Borough of Waltham Forest whose funding of the project has meant the difference between the tapes sitting in an archive and attracting wider knowledge of this very important but hidden subject of the 'treatment' of disabled people through the memories of one man.

Members of the Workshop involved in this project were:- interviewing, transcribing and editing: Nick Hayes and Robert Wilkinson, proof reading: Leslie Armstrong and Michael Custance, dealing with computer gremlins: Michael Custance

The title of this book is taken from an expression Tom used on a number of occasions. It sums up how he felt about his own life.

## A Note on Layout

Tom's transcribed words are set out in Times New Roman 12 point type.

*Linking passages between are set out in Times New Roman 12 point Italic type.*

*Complimentary text, quotes from minutes, other peoples' quotations, etc are set out in Times New Roman 12 point Italic type, put into boxes filled with tone thus.*

Where there are parentheses like (this) it shows that the text inside is spoken by the person concerned.

Where there are parentheses like [this] it shows that the text inside has been added to make the sentence grammatically correct or to give further explanation.

**A version of this book is available in audio cassette format price £ 2.95 from the Workshop at Vestry House Museum, Vestry Road, Walthamstow, London E17 9NH or can be ordered through any Waltham Forest library.**

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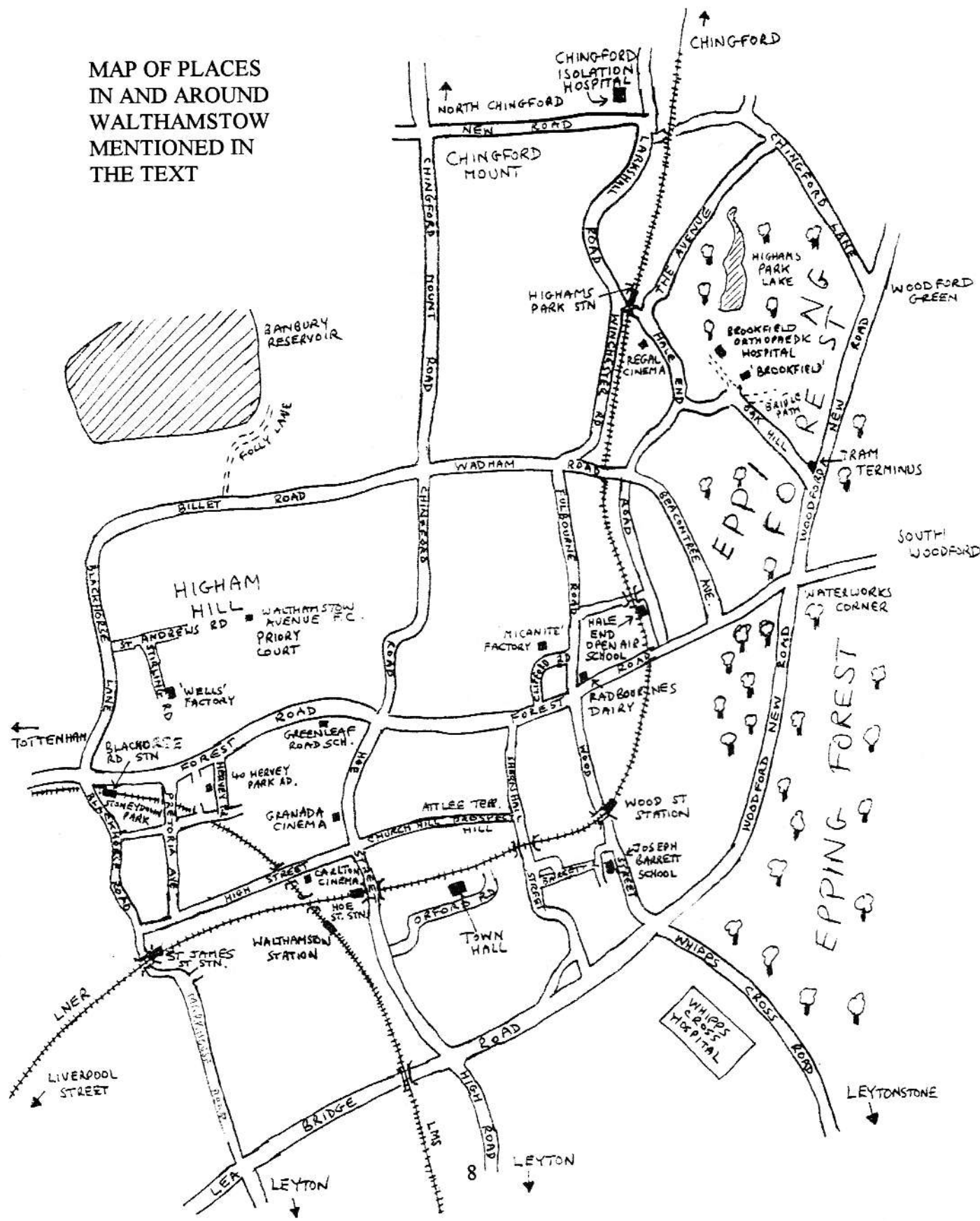
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MAP OF PLACES  
IN AND AROUND  
WALTHAMSTOW  
MENTIONED IN  
THE TEXT



## One BEGINNINGS

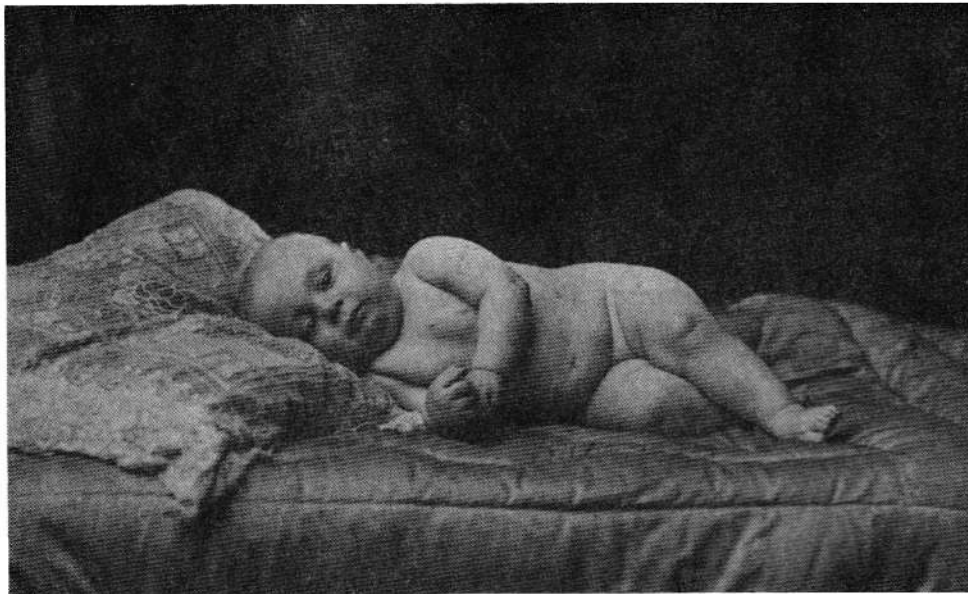
*Tom was born on 17th November 1921, the third of five children, two older brothers and two younger sisters. The family lived in a small rented terraced house in reasonable circumstances, Tom's father, Arthur, was a printer with His Majesty's Stationary Office. This was a steady and relatively well paid job in the recession-hit 1920's.*

I presume I was born at 40 Hervey Park Road, Walthamstow. It's one of those things that's a bit peculiar really. When I come to think of it there's very few people who come to say, "Where was I born?" Some people have a great interest in this. I can't. Perhaps it was because being apart from the family for a number of years the question never occurred to me to ask where I was born. So I just accepted I was born beautiful and left it like that.

I think my mother came from the Hoxton/Clerkenwell area of London. She came with her mother and two maiden aunts. My father, I'm not exactly clear about this, he came from - Dalston, that way. Certainly they weren't born in Walthamstow. They were married in Walthamstow. My father lived in Hazelwood Road. My mother lived at Hervey Park Road. After her marriage, we continued to live there as a family up until I moved with my mother somewhere in 1962. She did work [but] I'm not terribly clear about what she did. I believe she must have worked at Houghton and Butchers in Fulbourne Road. I seem to remember the word Spratts. I don't know who they are or what they are. I could remember one of the jocular phrases, "Where are you working?" "Spratts." So presumably this was the standing joke of the lads and lasses of that particular period. If you know where Spratts is, possibly she worked at Spratts.

*Spratt Bros. opened a factory in 1908 in Fulbourne Road making cameras. The firm was later known as Houghton-Butcher and the make of camera as 'Ensign'.*

Somewhere or other she was educated privately in Blackhorse Road because certainly her mother who must have been in difficult straits, she earned her livelihood, as I understand it walking across to somewhere over at Hackney to collect washing to bring back to 40 Hervey Park Road and to wash it and iron it. I should imagine she received some assistance from her two sisters, the maiden aunts. She would walk with that back to Hackney to return it which, if one knows anything about the times, it should have been only for a few measly shillings I



*Tom aged eight  
months, early  
1922  
[Ethel Atkins]*

expect. Later on, as she established herself, she worked for a chappie who in much later life I was to remember very kindly, a chap named Day who was a publican. I believe he was the proprietor of one of the pubs ['The Tower'] along Hoe Street there. She did housekeeping for him.

To get back to my mother, as I say, she was educated privately at an establishment in Blackhorse Road. The interesting thing was she had piano lessons at school, and played the piano quite well. In fact she had an excellent voice, a good soprano voice. To offset her fees I believe that one of her duties was to play for the school. I remember her talking about that. Where the school was and the standard was I really don't know.

The earliest recollection I can remember was the landlord who came round every Saturday night, a chappie called, he was known to us as, Mr Wright. A very dark, self contained little man who had a dark overcoat and a bowler hat. He would come into our abode about 5ish, 6ish, usually I think we were having tea, and he would be offered a cup of tea. My father would produce the rent and offer him his tobacco pouch to roll himself a cigarette. He must have been a very parsimonious man because he would virtually take a strand of tobacco and roll it in the paper. The business would be done. 7/6 [37p] was my earliest recollection of rent. As landlords go he wasn't a bad chap at all. He was knowledgeable about the immediate family. I remember he would ask solicitously about anybody who wasn't there, or who he knew was unwell.

[Another] memory which I recall very vividly [is] going to the local park when I



*40 Hervey Park Road in March 1994. The fact that eight people might share a home this size was unremarkable in the 1920s. Many such houses were often shared by two families. [Robert Wilkinson]*

was two, a pretty little park known as Stoneydown, which is quite nearby. They had a number of these wooden seats which used to be prevalent in those times. Not with the rather thicker planks but the thinner planks which strutted the metal frame. I must have been climbing about as children are wont to do and I remember getting splinters in my legs, which seems to indicate the wood had been there rather a long time. I remember being taken home for this horrendous operation of removing these splinters from the backs of my legs with the aid of a needle and iodine or something like that. I can remember a bowl of water. Quite an operation! I would imagine I was bawling my head off and not being terribly co-operative. I was quite an energetic child possibly a little too energetic for others. That's probably the earliest memory that I can recall.

## Two POLIO

I was about three to three and a half, I picked up polio. When I first fell ill it wasn't diagnosed as polio. I lay at home for about six months before finally, I suppose, whoever was treating me, I'd exercised the extent of their particular knowledge of my malady whatever it was. I went initially to a place called the West End Hospital for Nervous Diseases. I was in there for a period. That's very very hazy. The only recollection I have of that is going into Regents Park [it was adjacent to the Park], very vaguely being pushed by the nurses.

So I've been told one of the other children in there was a coloured lad. At that time of my life I was very very fair. So they had a dark skinned child with, no doubt, black frizzy hair and a very fair skinned child with very fair hair. And I believe we were used as suitable persons for holding collecting boxes. We were stuck outside. There used to be a thing for the Hospital Day or something like that. And I think we were used for the purpose of begging for the Hospital. I would imagine my memory of being pushed into the park was probably with these begging boxes. So much for the National Health Service! There was nothing else but a charitable institution or an infirmary.

*Obviously Tom was too young to remember why he was admitted to this particular hospital, it being some miles away. It is also interesting to note that it was a hospital for nervous diseases. Being a voluntary hospital in the days before the National Health Service there was a constant need to fundraise, hence the episode in Regent's Park.*

*For a description of polio and how it affects the body see Appendix C*

So from there they must have decided they couldn't do anything for me, or it may have been a waiting period while they sorted out, I don't know. But I went into a place on Highgate Hill. It was known by the doubtful description as the Santa Claus Home. Again the only memory I have of that is the visiting days which loom very large in peoples' eyes when they are incarcerated for any length of time in institutions - more particularly so in the memory of children. The only thing I can remember about that, it's a bit bizarre, it must have been winter. In my memory it's very dark. One of those foggy London days, I don't doubt. The thing that sticks out, whether there was an epidemic or some sort going around or perhaps it was the normal practice of that time of hygiene and disinfectant, of all these foreign breaths coming into the building. I can recall someone coming

into the building with a pail in which there was something steaming, I believe it was hot cinders of some sort. Whether it was giving off some added disinfectant aroma I don't know, and it was being walked around that particular room.

*The Santa Claus Home was founded in 1891 by the Misses Charles, at 34 South Grove, Highgate. Started for the benefit of children with hip and spinal problems, the parent body, the Santa Claus Society was formed in 1885 with general nineteenth century charitable objects, expanding quickly into giving dolls, toys and gifts to people in hospital at Christmas, running convalescence and to supporting the Home from 1891.*

*On her death in 1927, her obituaries reported Miss Henrietta Charles' inspiration for opening the Home came from working in inner London. She worked with very poor families in the City Road and Bunhill Fields areas, where she was distressed by disabled children lying at home in inadequate conditions. Instead of lying in bed, some children had to lie across two chairs or had wounds which needed - but did not get - regular dressing. She determined to offer proper aftercare to such children.*

*They moved to Tweed House, Chalmers Park in June 1900, where there were twenty cots 'already occupied', but by 1920 they were in debt and although the immediate area had always supported them fully in the past, they were compelled to launch a general appeal through the Daily Telegraph and Punch.*

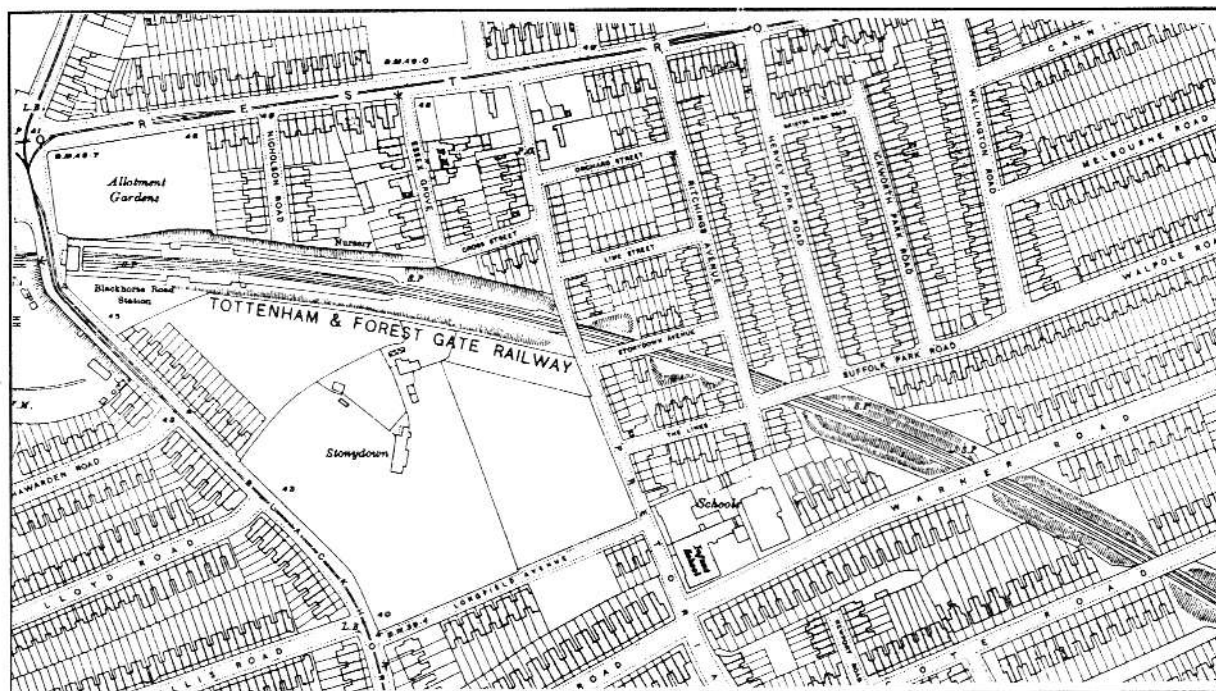
*At the 1923 Annual General Meeting Sir Neville Wilkinson pressed their case. The Hornsey Journal reported that, 'there was no work' he said, 'that made a greater demand for sympathy than that of helping crippled children, but they must remember that while they gave their sympathy, they must put their hands in their pockets as well'.*

*By 1924 the Misses Charles reported, 'the year has been one of quiet work, with none of the anxious times of infectious illness experienced in 1922'. They 'took little children from hospitals or crowded homes and restored them to health' Out of 20 beds they had 19.7 average daily occupancy, and treated 55 cases. By 1925 they had treated 57 cases - 12 with spinal or hip problems and 45 with other ones. In 1927 they reported 'marvellous results' with some children whose cases would have been thought hopeless. The shortest stay was 36 days, the longest eight years; only four children had stayed more than 1000 days.*

*The Home survived into the National Health Service in 1948 and came under the control of the Archway Group Hospital Management Committee. It became a children's convalescent home, and was closed around 1954. The site is now occupied by flats.*

I was very ill. That much was for certain. I can't remember any details of how I felt. Children, and in any case people, have the habit of putting unpleasant things from their minds. Certainly my parents would visit. Whatever they felt later on, it's a young cuddlesome child. I didn't have any feelings of ill treatment.

There was a period of coming home and being conscious of having a grandmother. She was living in our household when I took polio and when I was born. I'm now aware that I've got a grandmother. My memories of coming home, I must have been taken to the cinema (I think it was the Carlton in the High Street) I'd probably come back when dusk was falling (it might have been later) with all the flares from the naphtha lamps [which] would be illuminating the stalls and creating this gorgeous fairyland atmosphere that this filthy place, the High Street, really was, but very warm and also very inviting.

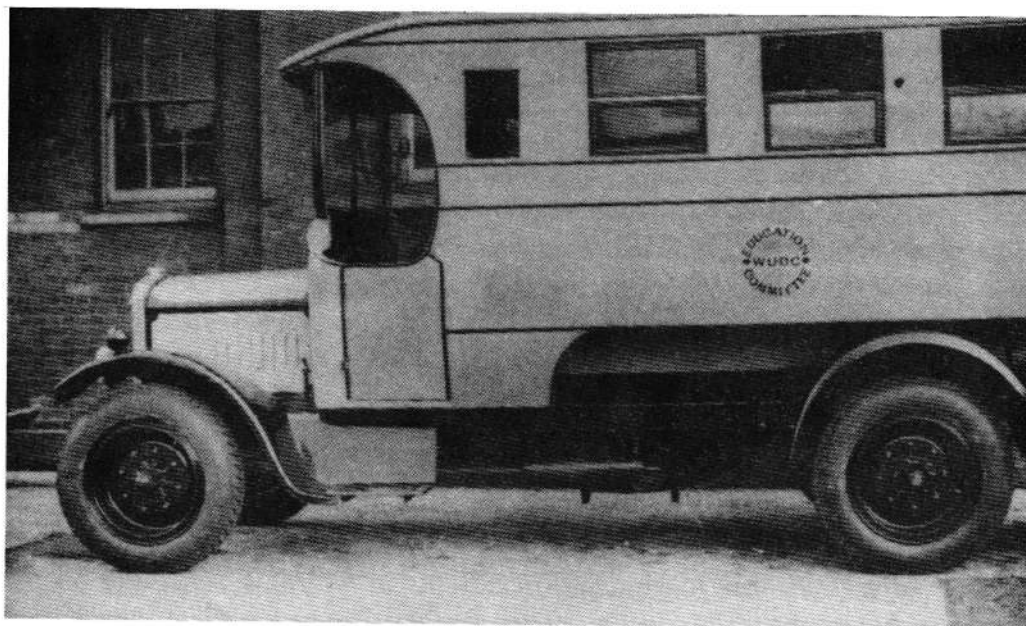


*Map of the part of Walthamstow where Tom was born. The houses are in general very small, built in a grid of streets named after the Hervey family, Earls of Bristol [hence the name of a famous sherry!] whose family seat is at Ickworth in*

## Three BROOKFIELD

In the New Year [1927] I go into Brookfield. I can even remember going in there. It's strange that's when my memory starts to operate there. I went in a vehicle which I was to get to know quite well over the years, in this old box ambulance. It was really a curio. The seating was just bench seats as far as I can remember covered in leather in those days. Two long seats either side of the vehicle. Windows which were hinged to let down. They locked down to stop them rattling, on catches, brass catches inside. It didn't stop them rattling anyway, but that was its intent.

I remember going off. This may have been a trick of the imagination but I believe it was a foggy day. It always seemed to me to be foggy. We went to Highams Park, which was three or four miles away from where we were living. Of course it would seem a bit murky and dark because we were going into what was then the vestiges of the Forest, into Oak Hill.



*Walthamstow UDC Education Committee ambulance in 1926 complete with rattling catches.  
[Vestry House Museum]*

*Brookfield Orthopaedic Hospital was about two miles from Walthamstow in Hale End, Woodford Green [at the time within the Urban District boundaries]. It was opened in 1924, the same year that Tom contracted polio. A report by the Essex County Medical Officer in 1925 explains that:- 'A commencement has been made in this County to provide orthopaedic treatment for infants and children not attending school.' The first child sent by Essex entered the hospital in November 1924.*

*See Appendix B for a brief history of this hospital. There is a location map on page 101.*

I would go through the usual reception period there. All children were bathed, all children had their heads examined for nits - I must have been free. The standard procedure for this was to comb out the hair if you were diagnosed as having nits. I was to watch this ghastly performance on other unfortunates coming into the institution. Obviously a very necessary safeguard. But the hair would be religiously combed with a tooth comb, a lysol bath to the hair. The head would then be bound up in a tight covering, which I think was known as a jaconet. Obviously it was a waterproof material. It would be sealed up to attack the little blighters that were assailing the scalp and the hair. It was kept on for a period of time. But of course it did mark you out among the fraternity as nitty. "He's nitty, probably not very gritty but nitty." That would be the routine and put to bed.

*In the hospital's first year a letter was received from the Invalid Children's Care Association concerning a complaint from the mother of Nellie Findlayson. She 'stated that Nellie had entered this Hospital as a patient, with a perfectly clean head; that the head had become verminous through neglect and that she [the mother] had removed the child one Sunday in October [1924] on this account.*

*'Matron was then asked for her observations in this matter. She stated that Nellie had come into Hospital with many nits in her hair; that every effort had been made to get rid of them; but without success as the mother would not allow the child's hair to be sufficiently cut. Nellie's condition had been noted on her admission form when she arrived.'*

*A letter of consent was to be asked of parents in future. A reflection on the shame of having head lice in the 1920s. In fact they prefer clean hair to lay their eggs in!*

You wouldn't be examined by a doctor straightaway. You would possibly be admitted for a few days before the arrival of the surgeon who emanated rather

like a rabbit out of a hole in some respects. He was a very prestigious rabbit. He would prescribe whatever was going to happen to you, and then things began to unfold. What was in store for me was not an operation which was the case for most people going into an orthopaedic hospital. It was another quite different experience. In order to correct the distorted growth the effects of polio was to have on the body (particularly on the spine which was weakened), what they had in store for me one day was to take me down to a place called the treatment room.

I don't know whether my words are sufficient to describe this, I will try and tell you what happened. All my clothes were removed. I had what can only be described as a piece of linen, it was strengthened of course, which I passed my head through [and] was strapped under my chin. The point of this will be seen in a moment. This was in some way attached to a bar. On that bar I had to put my hands up. The whole lot was in turn attached to a pulley which was attached to a rope on the ceiling - no I'm not going to be hanged. I was gently lifted. The weight was taken on this particular apparatus so that the weight of my body would hang down. The effect would be to strengthen or correct any disfiguration of any growth that took place.

The thing was only pulled up so far leaving your toes just touching the floor. The object of this particular treatment was to swathe my body in plaster, both legs, the trunk and the right arm. Subsequently I was going to have to let go of the left arm when they had got sufficiently through the proceedings. When that was dried I was then let down and put to bed. I had to stay like that for eighteen months to two years.

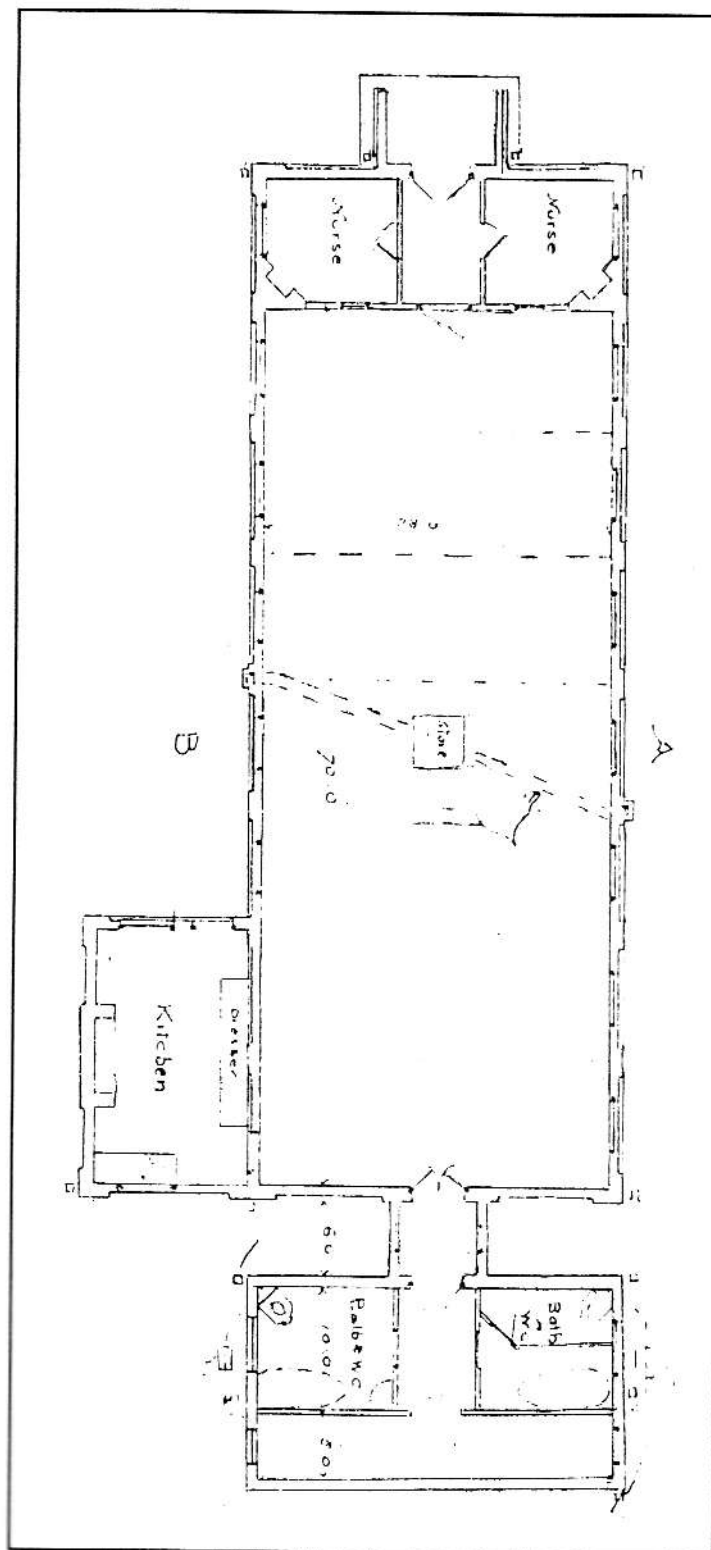
When one looks back now, one considers how they could be so maladroit to have done this. [Whether] this was the technique of this particular time, or perhaps they were experimenting, one will never know. But I laid like that for a considerable time in bed, very, very uncomfortable. I can't remember I was ever left handed but I had to become left handed. Everything I did had to be done with my left hand, not with my right which was stretched up behind my head. All my functions had to be taken care of for me, bodily functions, even if I had an itch. I can remember the itching. Anyone who has been in plaster can tell you the bane of being in plaster that you very often want to scratch but you couldn't scratch. This went on through a period of winters and summers. In the summer we were put out in these baskets. In the winter you just stayed in bed. One of the problems of being put out like this was putting you out in the sunshine. I still don't like being out in sunshine as such. I like the sun as much as the next person but from the shade.

You were given a white linen hat for the head, possibly a modesty covering and stuck out in the sun. If you can imagine the sun beating down in high summer at about 80. The plaster soaking all this heat up and the sheer discomfort of the experience. I can remember being stung by a wasp or a bee one day with this right hand that was stuck up in the air that I couldn't do anything about, and watching this thing come down on my hand. All I could do was twiddle my fingers. I suppose that angered the creature and [it] said, "Well I've got a sitting duck here, I'll have this one", and screaming my head off more in fright than pain.

I'm often amused when I was known to have rather a short temper in those days. I think I developed this reputation. There's nothing like bringing out the worst in a child by telling it what it is. So I used to live up to this. There's little wonder that one was like this after being exposed to all this treatment on those hot sunny days. So I never got terribly excited about the arrival of summer. Very much later, as the hospital had certain additions to it, this used to take place on a concrete square which was even worse I think. The heat used to come off this concrete square even fiercer than it would have done from grass.

Ultimately of course I was to come out of the plaster. That particular phase in the treatment was to get me to the point for them to make for me what used to be known as 'jackets' but known today as braces. [This] was a metal frame which again had a similar purpose of enclosing my trunk with my right hand in the air, but now my legs were free of the plaster so I could sit up. That was progress of sorts. This meant life began to take on all sorts of possibilities. There was still a world out there waiting to be explored and discovered, even a rather small world of the confines of Brookfield Hospital.

After an interval of time I had another jacket or brace for which it was no longer considered necessary for the arm to be in this fixed position in the air. So we were making progress. But in the meantime I had become more or less locked into the left hand syndrome and had developed all sorts of wiles for coping with my particular environment. One of the treatments when I was cut out of this plaster which was cut in half, it was now to serve me as a splint to go into at night. So when I went to bed I had to get into this half. It didn't have the top but straps were fixed to it and I was strapped into it. There was no way that I was going to spend a night tied in this. I developed another childhood habit which was sleeping at the bottom of the bed. This developed as I couldn't put the splint outside the bed to draw obvious attention to me. So the thing to do was to slide below it, into the straps and slide below. I always slept curled up at the bottom of the bed.



*The Hospital had been built in 1916 to house troops injured in the trenches in France. A number of additions had been built, but it was still a typical small cottage hospital of its era.*

If you want a description of the ward. Just one long ward which was not divided in half, but certainly divided I'd say two thirds to a third by a wooden partition either side of the adjacent walls which were joined by a highly polished brass rod and curtains. They were only pulled across at night time. The division I don't think had to do with sexes. In fact I can't remember there was any pattern to the division. We had boys and girls in the same ward.

*Plan of the 'Hale End Red Cross Hospital for Wounded Soldiers Brookfield Essex' dated Nov 1st 1915. Modifications were made to the original design by the time the hospital was built. For instance a first floor was added over the entrance presumably as accommodation for the Red Cross Nursing staff.*



*Interior of the Hospital when it was run by the Red Cross c1917. The layout would not have been that different. The maids' quarters were up the stairs. The black object in the centre of the picture is a stove with flues which went under the floor. [Fred Revell]*

*'The Board are informed that no arrangements have yet been made for the separation of the sexes in the ward although they understand when they issued their letter of the 22nd July 1924 formally certifying the School that the Managers were proposing to provide a moveable screen or screens so as to effectively divide the ward in proportion to the numbers of boys and girls respectively who might be occupying it from time to time. I am to point out that the present arrangements are contrary to the requirements of Article 10(c) of the Board's Building Rules for Special Schools [Appendix C of the Consolidated Regulations relating to Special Services - Grant Regulations No. 19]. The Board has been in communication with the Minister of Health on this matter and he fully concurs in their view that unless proper separation of the sexes is arranged no boys over 9 years of age should be received into the Hospital. They will be glad to be informed what steps the Managers propose to take in this matter' [Letter from Board of Education Medical Branch 8/4/1925]*

And the building, it's rather interesting. We were adjacent to the forest. There's a touch of Gothic in this I suppose. It was a very high building, the roof went up

rather like Noah's Ark [and] was supported by these iron rafters. They had a series of very long windows on either side which were pulled down. Of course on summer nights if you've ever been in hospital, one of the eeriest times was when dusk was falling, particularly in the summer. Dusk takes a long time arriving before it gets to night. On summer nights you couldn't sleep because it was still light. It would gradually get dark. We used to have the monotony of that enlivened from time to time by itinerant owls who would get in through these large windows, fly up and down the ward, get on a perch on the rafters and spend a few hours there before they found their way out again. It was rather an eerie experience having them fly up and down.

You came through the main door into the largest section of the divided ward. You passed through the area which I described as having two curtains and two wooden panels either side. Further down on the right hand side was the sitting room where the nurses, when not on duty, would sometimes sit and would certainly take their meals there. Then coming out back through that door going down, this is on the right hand side, there was another door which led into the kitchens. Then facing one were two further doors. One led to the ablutions, where bedpans and what have you were attended to and all the messy chores went on. You passed on along a passage which then would take you to the treatment room. The treatment room was the place where the performance I went through when I was first admitted and put into plaster.

It consisted of a couple of couches where limbs would be massaged, exercises would be performed by sitting on the plinth or standing on the floor. There were also exercise bars - climbing apparatus. That used to be a great source of diversion when we could sneak in there on our own when people were not around and climb up and down. Then there were a final set of doors which led on to a balcony. The balcony was only a viewing point. In the winter months when we couldn't get outside, we were allowed to wander about in these particular areas that I'm describing. So it's a play area. There were never any lights on, and we never put lights on because we would be turfed out anyway. We had fun in the shadowy areas that children like so much. They would work out their fantasies in these sort of situations. The balcony was just the usual railings around. This looked down into the yard below which was guarded by the dog Cox. You got a good view of the allotments which were just over the fence from where we were.

Coming back to the other ward through the ablutions, just to our right was a second door. This second door was an intriguing place. In this area were things like flowers which were for the ward. This was [also] the area of the bath. There

was only one bath. It was also an area I knew pretty well. If one was found out committing a misdemeanour, or became largely unpopular with the staff, or so unsociable you had to be removed, you were taken down and put into the bathroom. Very often you would be taken there at dusk, the worst time to be taken down there as the light plays all sorts of tricks. Spiders were to be seen meandering around or just watching this naughty boy. We would be quite bold on dark nights and go into this area which one would go in for penitence and to repent of one's sins and misdemeanours. And so they had an attraction for us.

So that's largely the layout of the hospital. Except to say you are going right back to the other end now, back to the large ward. You've come in through the door. Above the door, supported on the wall (I do believe they were wooden and not metal) was this huge flight of stairs. This took one up to the apex of the building which in fact were the maids' quarters. Somewhere about seven to eight o'clock at night they would troop through the ward murmuring, "goodnight" to those that were awake, get to these stairs and climb up. What was up there, what they had in the way of comfort and convenience, I have no idea.



*The Orthopaedic Scheme depends for a great deal of its success on Brookfield Hospital which is provided by voluntary efforts. It is a Hospital School recognised by both the Board of Education and the Ministry of Health. Thirty beds are provided, and an excellent sun ward, glazed with 'Vita' glass, was provided during 1931 by the generosity of T. S. Armstrong Esq, J.P'. [Medical Officer of Health for Walthamstow Report 1931] Photo: Ethel Atkins*

There was a later addition which was put on to the north wall of the building. It was built while I was there. Quite fascinating to see builders in such close proximity. [This] was known as the Sunshine Room. Presumably some charitable foundation or another had put the money up. I can't think how it had got built otherwise. The object was to make a very airy room. The whole of the walls were windows and there was a rather miniaturized dome of St Paul's, a rotunda, on the roof, again for the purpose of letting in light. This had two doors with a path plus a passage let into the field with some laurel bushes and a concrete square or apron was laid down. Whereas formerly beds had trundled down the



fields or on to lawns, they were able to trundle people straight out through the wards and on to these beds which were put up. They were a metal frame with four wooden blocks which had a canvas base on which you laid or disported yourself. That was where some of my tortures used to take place in the sunshine. To be in the sun was to be considered the real apogee to health.

There wasn't anything better (as people know to their cost today).

*Shaftesbury  
magazine 1928/9*

## Four THE STAFF

The maintenance, the care of the domestic arrangements of the society in which we lived, was the responsibility of the maid staff. Presumably they'd all taken their directives from the Matron on high. The nurses would not be directly involved in this at all except with things that go on in most organisations, there would be a panic from time to time because somebody was calling and wards had to be tidied up. Or perhaps Sister or Matron (remember we are talking of Matron, this wasn't someone very, very remote) she was around to be spoken with during the course of the day. There were often situations where we'd got toys and comics all over the place. And nurses would probably come down and jump around and get us to jump around to get things in order.

The maids, I can only visualise them, I cannot be certain how many maids they had. It was a strange system and obviously reflective of middle class attitudes because they were known as maids. There were three of them, or possibly two. I mentioned the middle class attitudes because they had two uniforms, one a sort of striped affair. I have to tell you the ward was heated by a box, a rather long elongated box which had a fireplace at either end. There were two of those situated at vantage points in the middle of the ward. Their job of a morning was first of all to empty the fire out of dead ash and make fires up for the day. All these chores used to take place in this particular garb that I have described. Then there would be the sweeping of the ward, the regular ritual. The maids would come round armed with a tin plate which was filled to overflowing with tea leaves. These tea leaves would be thrown under the beds either side of the ward. They systematically came down and swept. Presumably the tea leaves being to collect up the dust which was more likely to accumulate under beds. When you compare them with how hospitals are kept today, you could have gone two days without cleaning them I should think by today's standards. But they were scrupulous about this. This took place every day without fail, an unfailing ritual.

The cleaning was completed by Cripps [the Caretaker] who had this huge heavy, closely bristled brush on a metal oblong type of frame on a very long pole. He would then come armed with tins of Romask with a stick which he would plop all about the floor. The final sheen, the final polish, was down to Cripps. This great big brush which was on this great long pole, which he used to push out and pull back in lovely rhythmic movements. He was a very tall man, a quite athletic

performance when he got into the rhythm of this. It reminds me of when people play games today and all the professional commentators talk of the games. Well that was the rhythm of work, very much like a game. The floors were not only aesthetically satisfying to the matron or sister who would be a martinet in this particular department, but they would represent some sort of hazard to the unfortunates who got around on crutches or what not. Any slight droplet of water on the floor and you were doing an uncontrolled Torvill and Dean. The maids would also combine with the nursing staff to serve meals. This would go up to lunch time. By the afternoon a transformation had taken place. Now they were in a different dress, the afternoon dress, and they would look like something from Lyons, the Nippie uniform, dark smocks with nicely starched aprons and pretty little white hats on their heads. It was a typical set up you would expect in days of yore in the middle class household. So that was the maintenance staff.

I think there were probably five nurses, presumably there would be a senior one who would be on duty at night. One wasn't terribly aware except that, "Who's on tonight?" It would be Jean, Joyce or what have you. "Good, Joyce is on today." I remember on one occasion, I can't remember the young lady's name, I think it was a first sexual awakening. We are talking about a situation where it was not considered quite the done thing for ladies to be seen in make up. This particular young lady was very well disposed towards me as she was, I think, towards all and sundry, a very popular lass. On occasions when they changed into mufti they would slip straight out. On this occasion for some reason or other it was quite a light dusky evening. She walked through the ward, probably surprised I was still awake, walked over to say, "Goodnight", and to say something friendly. One was aware how beautiful she looked. Looking back one realised that she had obviously put her make up on, and glad rags for the evening, and was going out socialising. Yes I think I was quite amazed at the transformation in this young lady.

They were not encouraged to socialise. When their duties were done they were not expected to be on the wards. Although they were overtly friendly and very agreeable, it would not be the done thing to be found on the wards after you had done whatever you were doing. This incident I described of this youngster passing through the ward, she would only be briefly passing and she would not stay very long to be accused probably of keeping a patient awake at night.

There was a bungalow quite near shouting distance from the wards, they lived in there. That obviously was out of bounds. I don't recall having gone into there. I don't know what they had in the way of facilities. Obviously at that age one



wouldn't be making those enquiries. They would disappear into the nurses home. We would see them come through from time to time. Perhaps if they didn't go out they would come down and take a meal in the little room, their sitting room. What went on in that little building was taboo I suppose you would say.

*The nurses' bungalow in 1991, prior to demolition.  
[Robert Wilkinson]*

*When the hospital first opened the nurses lived in the gardener's cottage, across Brookfield Path. Mr Armstrong, the owner of the whole site, wanted to sell or rent it [excepting the hospital grounds] along with Brookfield House. This would have left the nurses without accommodation. The Committee decided to build a 'temporary' nurses bungalow adjacent to the hospital at a cost of £725. This opened in November 1927 and was demolished in 1993.*

I suspect they were all single. One of them, Nurse Clark, probably a staff nurse, I remember she was on night duty. If it was discovered that I was awake at night time she would come over to ask me if I wanted to sit with her for a while. She would pick me up and carry me into this sitting room where the night nurse used to ensconce herself for the night. To that respect on a couple of occasions there used to be a policeman there, the local bobby. He no doubt popped in for a cuppa. I was to discover later on, I left hospital and went to the cinema one day, the Granada. Having got into my seat, a light flashed on me. A uniformed gentleman leaned over me and said, "You don't recognise me do you?" I looked up and the face was familiar. He explained he was the bobby that I used to see in

Tom with Nurse Clark in the hospital garden. Whilst he was now out of the plaster, his right arm was still restrained behind his neck for a further period.  
[Ethel Atkins]



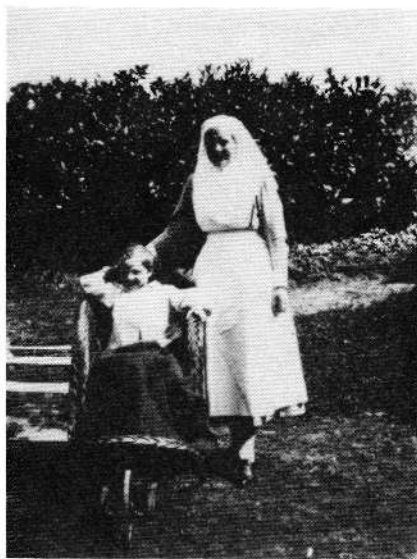
the nurses room of a night. He said that he was now married to Nurse Clark. I never saw him again. If he had graduated to an attendant at the Granada I would imagine that perhaps there is a story to be told. But then this was the 1930s and of course work was not always readily available. I would have thought a policeman would have found something else, but that's only speculation.

*Nurse Clark, was appointed staff nurse in June 1931. Along with two other nurses she resigned later the following year over an unspecified internal dispute. At a special meeting of the Executive Committee the Ward Sister was asked to resign. Nurse Clark then asked for her job back which was refused.*

I don't think there would be any probationary nurses. To all intents and purposes they would be trained. Probably two of them would have to be staff nurses, since one of them had to be on a night. Then there was a sister and a matron. That was the entirety of the staff. Sister (who was to become Matron) Retout was Irish. One of the warm hearted matronly type of Irish personalities. She was an extremely kind person. Always sympathetic in a manner nevertheless strict in what we did or did not do on the wards in the sense that comics were an abhorrence to her. To see a number of comics lying about the bed caused her ire to rise. But basically she was a kindly soul who was there in the background. Obviously a woman who must have had some deep experience of life because she was involved in nursing during the war in France. My father used to visit on visiting days. Particularly around Armistice Day they were displaying their honours as it were. They used to have long conversations about places of common experience they had visited during their time in the Army. Like most Irish she was a good Catholic. Presumably she must have attended a Mass [although] I never observed her on her way to Mass.

She had an office of course. I don't know how much or how little she was involved in office routine. I'm not saying that she didn't ever make beds or roll up her sleeves and pitch into some of the chores of the ward. I can't recall her

doing that but that's maybe a fault in my memory. I think it was more of a managerial role of the nursing staff rather than somebody that would pitch in. I think she would come into more of her own the days when operations took place and situations of that nature. It was an orthopaedic hospital so there wasn't a terrible amount of wounds to be dressed. There were wounds to be dressed, of course there were, but this was undertaken by the nursing staff under the supervision of the Sister on the ward. She seems a very cloudy sort a figure. I wouldn't have thought that was the case. It was what happened behind the scenes a child would not be aware of that was important in her professional life in the hospital. She did live in, she would have lived in the bungalow away from the hospital.



*Tom with Sister  
[later Matron]  
Retout [Ethel  
Atkins]*

*Matron Retout started at the Hospital in 1927 as the Ward Sister. The previous Matron had resigned in March 1931 and she was promoted at a salary of £140 per annum.*

There were two further members of staff on the nursing side who visited daily, the masseuses. We would call them physiotherapists today. In those days two ladies [were employed] ostensibly to give us exercises, massage [and] electrical impulse directed into muscles to stimulate their movement. I had quite a lot of that as far as I can see to no particular purpose. It wasn't painful. There were two machines, Heath Robinson machines. There was a more sophisticated machine that you probably see in one of those Hammer films. One of its frightening aspects was the noise of a motor that was started up. Then there were knobs that were to be pulled out and pushed in. Presumably this was a more powerful machine. The stimuli that you got from this was quite painful. I don't know on what basis they decided to give you which, but I know the House of Hammer apparatus was not used quite so frequently as the Heath Robinson one.

Also one was taught to walk, encouraged to walk. Coming out of plaster, there was obviously a lot of work to be done on me to get me into callipers and then a brace, on to a walking machine, and then from a walking machine into crutches. All of this is a patient, long drawn-out operation. I didn't mind my sessions on the couch. They were a mine of information on the world outside. I've always

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was my particular favourite in appearance. The second one was a rather warm buff colour.

We used to talk and it transpired that her parents had a farm which I was later to discover was somewhere out at Theydon Bois. She would say to me, "Possibly when you've walked two or three steps, I will have a word with Matron and I'll take you down to the farm for the afternoon." She was as good as her word. On two or three occasions not only did she come to take me down to her farm, but she knew that my favourite car was the maroon Buick. She came in that one especially because she knew that I liked that. I would be taken to this rambling old farmhouse down at Theydon Bois somewhere. I can see it, having honey for tea and all these goodies which were not familiar at Brookfield. And being taken on some kind of luggage cart around the farm. That was very kind of her and it's a memory that I cherish, those sort of experiences. I've since got to know Theydon Bois and

felt the most successful way of dealing with life is to ask questions. Either people don't know or they can't tell you. Presumably the questions I had to ask didn't cause them too many qualms. We used to have very long question and answer sessions on the masseuse's couch. In fact they were very kind. One of my memories of delight (again we're talking about middle class people, upper middle class people, no doubt, who entered this particular field), one of them was very kind toward me. It was noticeable, as far as I was concerned, that we were very car conscious in those days. Not in the sense that people are today, there weren't quite so many around. She would turn up for her day's work at the hospital in rather magnificent looking Buicks. This is plural because they had two of them, a rather very nice maroon one, which

tried to trace this farmhouse. It's only a sketchy memory to try and see if there was a building standing which anyway resembled what I remembered when driving up to it, but I would imagine it's long since gone. I can remember another one, Miss Scott, and being entertained to tea at what I imagine was her flat. The idea was to give me a little bit of a treat, but she had an invalid mother. So I suppose this was a treat to have a new face to come to see her invalid mother who was confined to bed. We took tea in her bedroom. I don't think she lived in such comfortable circumstances. But she did have a Baby Austin which was the apple of one's eye. One laughs at this today. Looking back they were seen as quite something. People who possessed these things they were special people. In the afternoon, when I subsequently left hospital and went to school, they would attend the school and carry out similar duties at Barrett Road School to which I went later on.

Of course there is the question of how did one occupy oneself when I was in the plaster. Obviously reading played a tremendous part in the experience. We had a person whose job it was, I don't know what educational qualification she may have achieved, but she was known as the teacher on the ward. A pretty impossible task with something like thirty or so kids whose ages probably were from three up to sixteen. The task of Miss Sharp was to drum something into these poor brats, an impossible task particularly when she had to divide her time between operating in the vicinity of the ward with those people who were confined to the ward, and those other group of children who were known as 'up'. A rather nice phrase that, 'up'. That meant they would be down at the far end of a couple of fields, or certainly a couple of very large lawns, tennis courts, ensconced in what was known as the school. In fact I believe the whole area had been a cricket field and this was at some time or another a sports pavilion.

During my stay there I knew three teachers. Miss Sharp was the first when I arrived there. She was Sharp by name, sharp by nature. Not terribly popular. Then another lady came whose name I forget, who was succeeded by a rather vivacious young woman, a Welsh lady by the name of Jenkins. I'm certain she was unmarried. I can recall a couple of visiting gentlemen pay more than the usual attention being in the company of Miss Jenkins. One of them was a local vicar, a young blade. I say a young blade he obviously hadn't got a parish. Unless they were down from university or something they didn't usually go around in blazers. This chap seemed to be invariably in a blazer. He used to come down and play the piano to us, which was very good because perhaps he would be responsible for my deepening awareness of music. He would play some of the popular classical pieces. One of his favourites was 'The Wedding of the Painted Doll', a piece of light music of the time. He visited and showed quite a bit of

interest in Miss Jenkins.

I suppose she would be described as one of the 'bright young things' of the 30's. She was always very much adorned with a little bit of lipstick and powder etc, and very smartly dressed. And of course smoked quite a lot, 'Craven A' as I remember. I bet they weren't as strong as the things we smoked though up in the confines of the schoolroom (probably a habit we picked up from her), when of course she was not around. She was to catch us ultimately. We used to roll these exercise books, leaves of paper from exercise books. They used to be quite pungent under the influence of drawing on them once they were lit up. Funnily enough when you hear experiences of people having their first smoke they're usually described as being terribly sick, headaches and what not. I don't think that was our experience at all. We didn't do this on a regular basis. It was just something you did as part and parcel of copying your betters. We were all caught one day in the so called schoolroom having a drag.

*Miss Sharp resigned from January 1931 to take up an appointment in Cardiff. However she changed her mind and requested her job back. This was refused by the Executive Committee who proceeded to find a new teacher 'with only one or two years service'. Miss M. M. Jenkins was appointed teacher in March 1931 at an annual salary of £198.*

The cook, I can remember her, poor woman. She was a huge body. I often wonder how she got up this flight of stairs. Because I would imagine she had some malady or other which caused her to be this size. But a very kindly body, carrying so much excess of weight. Life must have been terribly uncomfortable for her in a kitchen. She lived in as well. I should imagine the maids were her assistants. They disappeared into the area of the kitchen. I should imagine there were jobs to be done. One thing was certain we never got much encouragement to go into the kitchen. I've been to tea in the nurses sitting room which was quite an honour. That used to happen from time to time.

*'Hair cutting. Mr Cripps to cut children's hair and two hair clippers 1pr scissors 2 combs be purchased at a sum not exceeding £1 be passed' [Brookfield Executive Committee, 28th October 1927]*

Cripps was caretaker, oddjobman, anything. Where there was any arduous work involved he would be the chappie to call on. If there was to be outside contractors to come in to do outside work, presumably it would be left in his hands to oversee to the satisfaction of I don't know whom, whether it was the Matron or the Hospital Secretary. He lived in Billet Road, Walthamstow, quite near Walthamstow Avenue Football Ground. When I subsequently came out of hospital I was introduced to Walthamstow Avenue F.C. by my father who was a regular attender at their games. Cripps was always to be found at the ground.

He was definitely there [at Brookfield] on visiting days. On what basis his attendance took place? Since visiting took place at about once a fortnight, or something like that, he probably had one Saturday on, one Saturday off. I honestly don't think I was sympathetic enough to other peoples' recreations to be aware of how much time he had to spend there. Presumably he had a family as well who wanted to see something of him. Certainly he was there some Sundays and that would be fortnightly when visiting would take place. From a pair of overalls which he would wear in the week, he would now go into his best bib and tucker complete with peaked cap. Buttons, as it were, shining.

*Mr C.T. Cripps was appointed Porter/Handyman in November 1924. He worked a 47 hour week for a wage of £3 per week [excluding meals]. This included Sundays from 3-4pm when he was designated 'Porter'. This was reduced to the first and third Sundays in 1926 as parental contact was generally felt to be unsettling to the children. He was promoted to 'General Engineer' in May 1932 and was presumably still working there when the Hospital closed.*

There was no resident doctor. We had Visiting Surgeon Dr Whitchurch Howell who would emanate once a fortnight. This was one of the occasions when great play would be made on keeping things tidy and right for the visit of Whitchurch Howell. The procedure was he might have two or three operations to do according to the severity of the operation during his visit. After he'd performed his operations, we did not see him before that time, he would then do his round of the ward. He would then come and visit each patient in turn. There would be a consultation at the bottom of your bed. You always sat at the bottom of your bed, or you were in bed, one of the two.

*Mr B. Whitchurch Howell FRCS was the Honorary Orthopaedic Surgeon for Brookfield. He also acted in a paid capacity for a number of local authorities in the Metropolitan Essex area. He had a private practice in Harley Street, where presumably he made a good living, and also could refer patients from local clinic sessions. From the Minute Books of the Hospital there appear a number of differences of opinion between Mr Whitchurch Howell and the Executive Committee. This includes issues such as who had the responsibility to appoint staff, as well as the Committee from time to time feeling he was not doing enough to fill beds in the Hospital. He was latterly employed by Walthamstow Education Committee until 1948 when the NHS took over. He retired in 1953 'after 30 years devoted service to the crippled children of Walthamstow.' [Walthamstow MOH Report 1953]*

*As a postscript, there was a direct effect on Tom of the years of close proximity to all these members of staff.*

This place [Brookfield] is a very interesting slice of social history. Now I'm a working class lad from Walthamstow. I was brought up in a working class family, when I was at home that was. I've got a voice which is not the product of 40, Hervey Park Road, the family home. It is a product of being brought up among middle-class young women. Obviously when I got older, being a frustrated thespian, I was very keen on using my voice. People say why do you talk like you do? You don't talk like your brothers or your sisters. I have to remember my nurture was elsewhere.



(1) "This child must go to hospital at once!"



(2) The little cripple leaving hospital meets a worker of the Shaftesbury Society.



(3) A visit to John Kirk House results in the welcome loan of a bath chair and crutches.



(4) First steps—Joyce learns to walk again.



(5) A Visitor calls at Joyce's home.



(6) And a letter, accompanied by a gift, arrives from an unknown friend overseas.



(7) Joyce is introduced to the 'Cripples' Parlour.



(8) Joyce soon enjoys a delightful holiday by the Sea.



(9) The odd foot problem is solved by the Bare-foot Department, and Joyce gets her new clothes.



(10) The Society provides Joyce with a Peg Leg. She learns to read and love her little.

#### INCIDENTS IN THE LIFE HISTORY OF A CRIPPLE CHILD.

*A 'strip cartoon' from the Shaftesbury Magazine clearly showing a very paternalistic attitude to disability and the desire to separate cripples from their able-bodied peers. 'Joyce' is likely to have suffered from tuberculosis.*

## **Five LIFE, DEATH & RELIGION**

The night before [operation days] the long stay patients, and I was one, would prepare and polish all the instruments, this great array of surgical instruments that were required for the business of chopping and cutting a body about. We were so familiar with them we were not oppressed by the sight of these. We were quite happy to do things like this. I suppose it gave us a sense of responsibility. They would all be made ready for sterilising. Then there would be these sterilising drums, they would be prepared and so on. Then the ominous day arrived. Some of the patients would feel a little apprehensive. It could well be that they were in after the result of Whitchurch Howell's visitation upon them, a new intake or something like that, for some of his special treatment that was by fate reserved for them. The one thing Whitchurch Howell didn't do, unless he had seen you very, very many times, was to talk to you. You were talked above. That was the order of things. You might have heard the word 'operation', 'leg', 'arm', 'back' or what have you. I must say in the time I was there I never had one of these operations as they were called. The other thing was this aroma of chloroform and ether. Remember this was a relatively small building and the operations were only taking place the other side of the wall.

I remember one note of drama struck one day. It's an absolute rarity in the whole of my years spent there. Accompanying Whitchurch Howell was an anaesthetist. There they were comparisoned in their gowns and their boots, these bootees which came up their legs and covered their shoes. The door burst open and a voice crying out, "I've killed him, I've killed him!" The same number of people went into the operating theatre were ultimately to come out. He couldn't have killed him, but he probably had made some blunder, the patient hadn't responded to some stimulant for bringing him round or what have you. Or perhaps he'd been out on the tiles before and was very prone not to trust his own judgement on that day. But that once happened. Otherwise it was an oppressive sort of atmosphere until Whitchurch Howell had done his rounds and gone.

There was another thing which I associated with operation days was 'pipes'. You may very well ask what pipes were. We always seemed to have stew. Stew, in terms of Brookfield invariably as a fill-in, had macaroni. So macaroni and the sweet followed which was some obnoxious dish, this was tapioca. It had been a distressing day in that we were somewhat restricted both in our play activities

and somewhat restricted in our appetites. A conglomeration of chloroform after pipes and tapioca, it was too much. That gone, everything was quickly restored to order again.

We never shut our eyes at night without prayers which were taken by the person, be it a sister, matron even, or one of the nurses. There was a table at the end of the room. They would kneel down and after the Lord's Prayer would be a hymn which went something like: "God save us. Keep us clear from all our fears. May angels guide us whilst we sleep till morning light appears." That was the ritual. As for the more formal religious practices there weren't any. What did happen various itinerant vicars would turn up from time to time and give vent to their offices. But we did have one regular visitor on a Sunday morning without fail. That was a chap called Mr Armstrong.

*Thomas Sutcliffe Armstrong was the owner of the land the Hospital was built upon, and had the building erected at his own expense in 1916. He lived further up the hill at 'Brookfield' and was the Treasurer of the Executive Committee. From time to time he attempted to sell the Hospital and surrounding land to the Trustees. In 1926 he offered to rent his house and gardener's cottage to the Hospital for £150 per annum in order that it could expand without extra building works. There was constant haggling over various proposals to sell the whole and/or part of the site - all came to nothing. Finally in 1930 he leased the site for the nominal sum of one shilling per annum.*

He would turn up regularly of a Sunday morning. A short, rotund, bearded

*An outing to the seaside organised by a local Cripples Parlour. Tom is on the extreme left.  
[Ethel Atkins]*



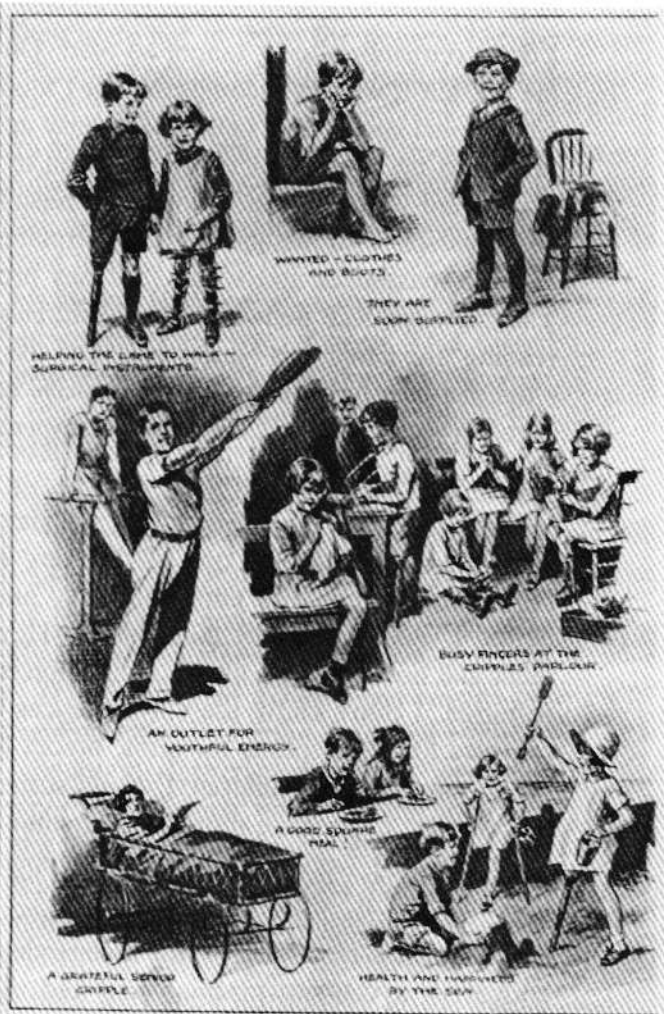
gentleman, I can see him now with rather small specs, rounded specs. A very engaging manner with a kind word for everybody. He would come into the ward, I have a feeling he smoked cigars, I never saw him but that was the impression that he gave, a bit avuncular. He would come armed with a bag and this bag contained toffees. Every child on the ward was offered a toffee from his bag. And they were the tiniest toffees I have ever seen. Extraordinary things. Whether they were manufactured for or by him I don't know. But they were most unique in their size, and wrapped in their piece of paper.

He would then seat himself at the piano, without much ado then proceed to thump out all the various hymns which people sang in those times in churches, 'One Foundation' to 'Onward Christian Soldiers', 'There is a Green Hill Faraway'. You name them he played them. Or rather he thumped them I should say. That was the only regular sort of service we had. Obviously this had the Protestant background. On the other hand Catholic children were admitted on the ward from time to time. One has to remember that the practice of Catholicism was a bit obscure to most people. From time to time these rather sinister looking priests used to come on to the ward. Only sinister because they insisted on wearing these very, very dark hats and very, very white starched collars turned back to front. They always had their little bag, presumably because they were going to offer absolution or what have you to the Catholics that were patients.

In this context there was only one death [which] occurred during the time I was there. I believe the boy died of tetanus or lockjaw as it was known then. He cut himself on a penknife between his thumb and his first finger. Very late at night and it was quite unusual (well I've never known it to happen before), there was real activity in the theatre. Possibly about 8 o'clock at night. Obviously for young people a bit disturbing. The lad was admitted to the theatre. He certainly did not go to the theatre before these dark sinister looking gentlemen came. I was in the next bed so was very much aware of what was happening. I don't know what the name was of that they put round their necks, the purple? Anyway I could see that was on and candles burning. So whether at that stage he was being offered the Last Rites? The lad just went into the operating theatre and was never seen again. It's strange that one doesn't know a great deal about him. He hadn't been there long enough to really get to know him. I can't recall his name.

*Before the advent of medical intervention it was often left to religious organisations to provide care for disabled people. For instance the Shaftesbury Society ran nearly 90 'Cripple Parlours' mainly in the South-East of England in the 1920s. Local churches used to host these events, which were a mixture of*

board games and religion. Whilst based in the community there was still the intent to keep disabled children apart from their peers. In some boys and girls were kept apart. There is mention in the Brookfield minutes about children in the Hospital attending a Christmas party organised by a local Cripple Parlour in the year it opened. Locally there were Cripple Parlours for a number of years at the Welcome Mission, Cathall Road, Leytonstone and the Church Hill Road Mission, Walthamstow.



*Various impressions of disability from the Shaftesbury Magazine of the 1920s.*

## Six

# IMPROVEMENTS & WIDENING HORIZONS

Later on when I was there we had the arrival of the radio, a landmark certainly. Some benefactor must have provided the means for an installation of the wireless as it was called in those days. There was a socket placed over every bed and a set of earphones provided. I don't know where the controls were from., there was certainly a wooden apparatus. We used to have the earphones kept in a large cardboard box, and we all had our names written on.

I don't remember being taught to read. Obviously somebody must have started me off, but it was an accomplishment I found very easy. Most other things in my educational career didn't come very easy at all. I read everything that I could lay my hands on. Somehow or other I used to be able to get hold of a copy of the Daily Mail which I read. If you're in hospital for a length of time you build up relationships with members of the permanent staff there. You know the nurses and the masseuses and so on. So they provided me with a look at the paper. They always had delivered the Children's Newspaper. I remember regularly reading the Children's Newspaper, and the horrific stories coming out of Russia - the persecution of nuns - it was always nuns who always seemed to be persecuted in Russia. I don't know what happened to the rest of them but that's what stands in my memory.

When I got out of plaster, during the day, one would go down to the school room. One had become one of the 'ups' as it were. This meant that the next hurdle to overcome is euphemistically and optimistically described as getting better. I was going to be independent. How much of that was due to the treatment and how much to my determination it would take an independent observer to judge. I don't know the consequences of not putting into supports such as callipers for legs, splints for arms, braces for backs. I don't know the effects of not putting them on children. I would suspect from later life that it would be one of cosmetic experience more than anything. If I look back these people of past history [who] were crippled, handicapped, disabled, they survived, somehow they survived it.

I was getting more and more independent as I gradually got into what was known as a walking machine and had to learn certain robot-like movements which passed for walking. This meant walking for me would always be with the aid of crutches and callipers. Largely because the lack of muscular support

around my mid regions which would not stop me folding up like a jack-knife if my crutches were removed from me when I stood up. There was all that to go through. And there was massage and electrical treatment. Massage, I suppose, has its point. The strange part about it was that massage continued until one left school almost. But all of a sudden it cut off. So if it was efficacious up until sixteen, it must have been so beyond sixteen. I suppose there was always a cash crisis. Probably that has something to do with it.

A little boy who probably was two years, if that, was a boy called Gilbey. I knew him because one of my chores (well not a chore, I was quite pleased to do it) was to feed him. It was one of those situations where he had limbs to be straightened out. I don't imagine it was rickets at that age but some sort of orthopaedic treatment was required. They were not in there for rickets, but for the effects of rickets. I can think of a chappie coming in called Frank Gilbert. I believe he lived in the travellers site at Folly Lane. I can remember Frank Gilbert coming in armed with a couple of sticks and walking with very bad bowed legs. He was operated on and very successfully, his legs were straightened. Strangely enough, when I subsequently left hospital, he had some acquaintance with people who lived on the opposite side of the road to us. I'd seen him call there a couple of times and he was walking without his sticks. His legs were to all intents and purposes straightened. I don't think they came in there over sixteen. That would have been the maximum age. Those that were advanced years, they only seemed to be at the hospital for a short period, three months, six months, something like that which seems outrageously long today, but that was a short period in those times. What they were attempting to do with the child depended on the malady they were suffering from.

That was going on when one was not being educated, if that was what it was. One was [also] exploring the world of Brookfield and its environs, and very interesting environs they were really. My home was a very working class home, typical of the 20s in which I was born. The childhood I experienced was to be, apart from it being subjected to the disabling effects of polio, in some respects almost a middle class experience of childhood. Experiences which were not vouchsafed by my contemporaries, experiences which were not incarcerated inside Brookfield Hospital. Because we had these acres to explore, to get around, wide acres. We had the companionship of a dog, a donkey [and] numerous chickens were always kept on the establishment. It's rather an interesting experience, the seasons beginning with the hatching of these rather fluffy creatures in their boxes, going through until they were introduced to the actual hen-house. Sometime or other they appeared upon our table.

We had several acres to get around and believe you me we did get around. There were various bath chairs which we purloined as our own. Those that had been there the longest had the most clout. There was a very strict pecking order, this was a matter of precedence by tradition. There were various favourite bath-chairs in the wards [in] which those of us who needed them used to get around. I don't quite remember how I used to traverse the far flung spots which were really inaccessible to wheelchairs. I imagine I used to crawl. Because we used to have dens. A den consisted of purloined pieces of wood, bits and pieces of carpet and the sort of things kids have seen as treasure. We made a little shelter under trees from which we used to play games in the long grass. Yes I must have done a fair bit of crawling. There's no way you are going to be left out of the fun.

As far as we were concerned there was nowhere off limits officially, with the exception of porter cum handyman, Cripps. I should think he was the only part of Brookfield which we didn't have an 'open sesame' to. Which is a great pity really because he had all sorts of treasures there which we would have loved for building our dens. The only time we could get hold of these was if he was misguided enough to leave them lying outside the perimeter. Those of them I describe as the runners would go down, swoop, run and take it up to the far end end of the area where we kept our bits of treasure for our dens. I wasn't one of them I was the look-out and the spotter, who would spy a suitable piece of material and say, "Look what's there. I'll keep cavey."

There was a donkey whose name was Molly, and whose job was, I presume, to keep the pastures cropped. If you could catch Molly then she was your companion for the day or as long as you could persuade her to stay with you. Like most of these creatures they have a mind of their own. We used to play our games and work out our fantasies by harnessing Molly with blankets and what have you, and take it in turns to get on her back. Yes I even took my turn although, when someone like me came along, this was if somebody got me on to her back with great assistance. Because I could never sit up straight, my back wouldn't enable me to do that. It was all right when she stood still. When she started to move there I was with my arms round her neck. Once I got on her back, if she was for one moment let go [of], she'd be off like a bolt out of the blue, and I'd hang on like grim death. I'd end up in her rather evil smelling stable at the other end of the field and had to stay put until somebody came along and turfed me out.

We had quite a lot of fun of a nature we would not have experienced had we been in the streets of Walthamstow. Molly used to come in very handy during the summer months for those who couldn't walk, because we used to be taken

on fishing expeditions to the nearby Highams Park Lake, and through a lamented loss of a part of Waltham Forest, the Bridle Path. It's quite a delightful spot there. What happened was she had a very posh cart or trap. Those that were unable to walk and wanted to go (the trap would hold as many as eight) would be put into this. Those who could walk would accompany her as not exactly outriders, but they would certainly walk faster than she would pull.

We were off armed with our nets, a tin probably of fish paste sandwiches and a jug of lemonade and attempt to catch tiddlers from the Lake. Of course this was when one realised one was not free. We were free within the perimeters of the hospital. We became conscious of other children who came from you know not where. Obviously by the nature of our circumstance, [they] would stare at us and probably pass on and go away. But we would stay as a collective. And you realised that they came from somewhere and that there was somewhere beyond. This tended to give a feeling of yearning to be beyond the immediate area of daily experience. So that was a nostalgic moment, I suppose, remembering home. I just remember the ambulance. It was time to go and one went. All of a sudden everything becomes a sequential experience it wasn't before. I can only imagine some therapeutic curtain or blind was pulled down [on] what had gone before.

*'That in view of Mr Armstrong's report it be left to him to make satisfactory arrangements for the disposal of the donkey'!! [House Committee Minutes 1st September 1931]*

I think one felt one was missing out. If we went to any public place, when we went fishing we were aware that there were other people around us and they were going elsewhere. We were all going back to one place and continue to go back. I can remember for instance going to the cinema. That was an adventure piling into the back of a van and being taken to the Regal, Highams Park. I can still remember the film I went to see. That's how many times I went to the cinema in those days. I saw a film called 'The Whip', and 'Journey's End'. But when the lights went up and there were other people. They were not all going together, they were going their various ways separately as you saw them come out. So yes, one did have these moments. I think they call it depression these days.

With children things never last long. There is always something else happening. There was another occasion when we were taken to Highams Park to the cinema. It was on the occasion of Walthamstow becoming a Borough. We came back to high tea which had been laid on this particular occasion. I'd enjoyed the film very much. I think it was 'The King of Jazz' we had seen. Whatever the film

was we'd come back for this tea. This would be something to be anticipated from the usual bread and jam. I can remember coming back and feeling pretty low on this particular occasion. The lows couldn't have been all that often as one could remember them. The other times when one felt not unnaturally very vulnerable as a child was when things were not going right. You had a little upset and you were not the flavour of the day.

*Charter Day, the incorporation of Walthamstow as a Borough, was in 1929:- 'The Secretary reported that suitable arrangements had been made at the Hospital for the celebration of Charter Day and it was agreed that an expenditure of 1/- [5p] per patient be authorised in connection therewith.' [Executive Committee 27th September 1929]*

*In 1932 the Regal Cinema, Highams Park offered to donate a sum of £200 per annum to the Hospital if they supported their application to open on a Sunday. A proportion of takings on these days had to be donated to charity.*

[The teachers] used to disappear for the Easter and summer holidays. These were when the very intricate games we used to play would begin. When children have a lot of time some games would go on for weeks. We used to have this continuing game on and on like some evolving story. During the summer months we used to go on outings. Pretty predictable stuff, but very exciting to us. There were two venues, one was Windsor and the other destination used to be Shoeburyness. I remember going for a couple of times to Clacton. We once went to Canvey Island. Who wants to go to Canvey Island? It was even more remote in those days than it is now, quite windswept, it was such a bad day. The then Mayor of Walthamstow, I don't know who he was, entertained us in his bungalow which he had there on Canvey Island. That took place regularly.

We used to look forward to these outings. It meant the local school bus would turn up. There was a little ritual about this. The bus would be loaded up with tins of fishpaste sandwiches and these tall tapered white enamelled jugs. You don't see them about now. They would be having a piece of gauze tied around the top to stop them splashing. They would be filled with lemonade which was made before we went. The bus was loaded up and everybody, I mean everybody, who was portable went on these outings. Even the dog went, Cox.

At that time I was in this plaster cast, the hand up in the air had to be laid on the floor of the school bus. We went off to Windsor. Obviously I couldn't have seen much of the journey on the floor of the bus. What used to happen at Windsor was one of the boat-houses near to the river was made available by some well intentioned boatman. It was near enough for us to be able to take shelter if the weather was turning inclement. Blankets were disported about the floor. Out



*An outing. Len Cotterall, the driver is shown along with Cox the dog.*

*[Ethel Atkins]*

came the fish paste sandwiches and the jugs of lemonade. [There was] this chap Len Cotterall [who drove] the bus. He was a kindly fellow. He always used to bring his gramophone along. So we had music by the river. The piece de resistance in the afternoon used to be a trip on one of these swish looking motor launches. Everybody that was portable was put on to this motor launch including myself. And it's rather ironic as we went down the river, the experience of going on the water was to reduce me to tears. We had to pass through the locks on the Thames. We went into one of the locks and

were going down to a lower level. The water began emptying out from a high bank where I had been able to see faces. All I could see after a couple of minutes was just feet. This reduced me to tears. I don't recall I was afraid. I said it was ironic because of my interest in sailing in very much later life.

We'd go to Shoeburyness to see the concert party. We would sing our heads off going down, and our heads off coming back; the old standing joke - no singing as you go through the towns. They are happy memories I seem to remember, that of the things we used to do. We used to rehearse songs that we were going to sing. This took a lot of our leisure moments, rehearsing songs.

We were all very close really. Natural leaders emerged of course. But there was no breaking up into factions. A very close feeling I think between the patients. Children get reputations. I don't think bullying took place abnormally. I think the older ones would take advantage of the fact that they were taller and stronger and would get their way by the application of a cuff or something like that. I had the reputation of being quick tempered. I think I probably was more in those



*Tim at Chalkwell, near Southend aged about thirteen years.*

*[Ethel Atkins]*

days. A lot of it was cultivated. Once you've got this reputation, "Don't upset him." We would have our quarrels which would sometimes degenerate into a bit of wrestling or cuffing and that. By and large I would say they were close knit, both boys and girls.

## Seven FAMILY

On a Sunday from three o' clock to four, that was the only time I saw my parents. There was one occasion I think they might turn up on a birthday and I remember if someone had got a cake, you might get a surreptitious five minutes with them. I can't remember that happened often. I say that because I do remember seeing them once when I was ill. I was in bed with some illness probably a cold. I do remember it co-inciding with my birthday and my parents coming, which was unusual. My mother, apart from a young family, she also had her mother who lived with us and who was virtually an invalid, more or less confined to bed with arthritis.

It was mostly my father who came on visiting days. One always looked forward to their visits, one felt rather sad when they went away. There was also a degree of acceptance in this. You had been away so long you didn't see yourself coming home. A subconscious understanding of the situation that you wanted to come home but you knew it wasn't going to happen tomorrow. So you didn't fret about it.

It was a very unhappy time in their lives. Another sadness, my elder brother Sid, he contracted polio very slightly in his right leg, I believe it was. There was all



*Tom's parents in  
a photograph  
dated 19th  
January 1935  
[Ethel Atkins]*

that anxiety going on. It would be after me. I don't know anything about it. He didn't come to me and say, "I've had polio." It was just that you realised from the ensuing conversation that he'd had this experience. When you saw the malformation of his leg, which you know [had] the usual symptoms of a limb which has felt the ravages of polio then it was obvious something not in so dramatic a form that you recognised in yourself or in other people that had this experience. He must have attended hospital, I wasn't aware in any way that he was in hospital for any long period of time.

The family as such, as far as the parents were concerned, it was a tragic family to that extent. Its resolution in life wasn't that tragic, far from it I would say. The circumstances were quite tragic for the parents. There was a great chunk of my family life that I haven't got. You weren't there. So you deal with what you are experiencing. Strangely enough the matter never came up with Sid. He just got on with his life the same as most of us do. You'd hardly call him athletic, but he took part in the usual sports; cricket, football and swimming. He was in the Home Guard during the War on the ack ack batteries. They might have accepted me in the Home Guard if I had volunteered my services. It didn't physically impair his life at all. There must have been some circumscribing effects on things he might have wanted to do. This may be me speculating, I think it had more effect on his personality because [although] Sid was a great charmer and a bright lad, quite a good artist, he was [also] very irascible. It didn't take much to put him out of countenance.

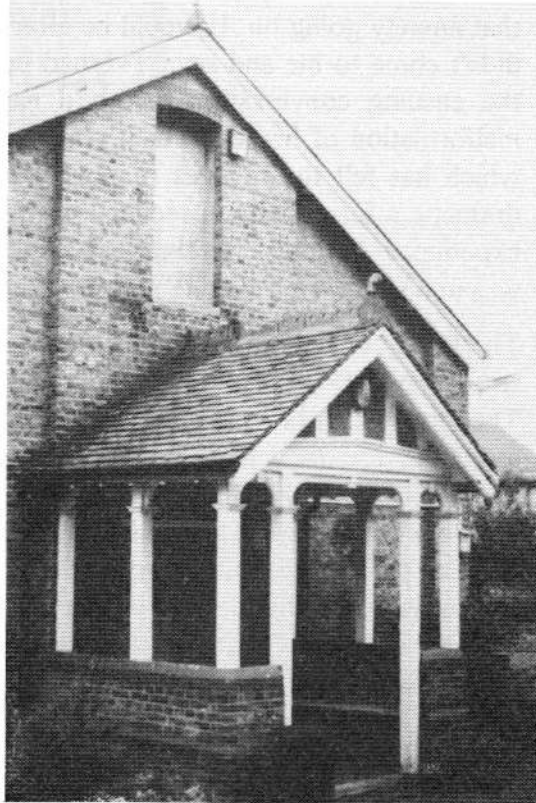
*There was also Hilda. She was born with Downs Syndrome. This is caused by a chromosomal abnormality. An earlier term used was 'mongolian idiocy', an attempt at a physical analogy with Mongolian peoples, which lasted at least to the 1960s*

She would be the 4th member of the family. I don't recall her being born at all. I suppose the nature of the poor girl's circumstances. You can't discuss that with another child I suppose. I just knew there was another sister. The same applies to my younger sister. I don't recall them saying, "You now have another sister." I don't think I realised that until I actually met her when I came out of hospital for the first time. That didn't present any problems for me. These things don't present problems for children do they? It's only adults that get hung up about these things. It wasn't as though her behaviour was any way impinging on the family. Just a happy-go-lucky child who had her moments, end of story.

Children's conversation is not a structured one. We get down to basics really. "What have you brought? Toys, fruit, sweets, eggs?" Eggs were always brought to hospital in those days. I can remember the eggs and the sweets but I can't the

fruit. There must have been fruit. I remember the eggs because names were written on eggs. When other people weren't going to have an egg I would hope they got shared around. Sweets were handed over automatically. No nonsense, no fuss, handed over to the staff nurse on duty. They were put into a communal tin and everybody got a sweet after dinner. Looking back now it pleased me that it happened.

Some people had biscuits. I have to make a dreadful confession. I had a chum who was doing a lot of sleeping next to me. I was abed and he'd had some rather tasty and delicious looking biscuits brought to him. They lay there for the whole morning, and I was looking at these wretched things. I remember scoffing them to my shame.



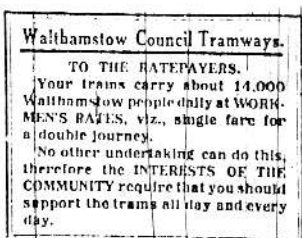
*The porch where Tom's brothers and sisters used to wait. This was only in bad weather. When it was fine they waited on the path outside the hospital. The maid's quarters were above.*  
[Robert Wilkinson]

That was the ritual with parents. Having got over that, then you would probably want to know what was happening at home, brothers and sisters. They could be outside. In which case there was a sort of ritual where you waited for the porch door to open. Your parent would go up and open it, and you would wave like mad at somebody who you were told was your brother.

They were not allowed into the ward. I had four brothers and sisters, I was the third child. I didn't meet my youngest sister until I came home. She would have been about four or five. That was the accepted order at that place. I don't know what went on elsewhere. By which time the [ward] sister had come round to speak to the parents and the parents to ask how one was progressing or not progressing. Then it was time to go home. The bell would be rung and people were gone.

They would have to take a tram to the top of Oak Hill. There was a terminus there. Then they would have to walk down from Oak Hill. It wasn't very far. On a wet day taking three other children I suppose it was a bit off-putting in the winter time. It's a built up area now. I don't ever recall there was any complaint

Walthamstow  
Guardian  
19th November  
1920



about the degree of walking. I can remember another chappie in there. His father used to come and see him. Because he was a milkman he would have a milk round to do on a Sunday morning. There wasn't time probably for him to go back with the cart. On the other hand he may have found it very convenient. He used to arrive with the horse and cart. Radbourne's it was, horse and cart, corner of Fulbourne Road.

I don't know whether they were suffering from staff shortages in those days. Whether they felt they were over or under staffed. This was the feeling one got, the ambience after visiting. That 'phew', thank goodness that's over and there's not too much hassle. They've gone. I don't know what the philosophy was behind it. Would parents have been able to have travelled any more often? It's OK if you're living local, but not every child lived local. Some came from.... certainly Southend I can remember one. I remember on the way to Clacton we stopped at this patient's home, which was [in] a row of cottages, for lemonade and cake and so on. They came from far and wide. I don't know if everyone was thinking in these terms, "If they can't all visit let's have no visitors." That certainly was a consideration. If it was any more regular there would be a certain number of patients there that would still probably not get any more visits.

When we look back now one shouldn't have been in hospital for that length of time. There wasn't any necessity for it. But having said that, were parents equipped for these situations? They weren't were they? For somebody who was going to be severely disabled there was no financial help. There would be some sort of charge. Now whether that was confined to instruments I do not know. There was a regular payment to the Children's Aid Society who I think looked after these matters. They decided what you could afford to pay and what they were prepared to pay. I lay in hospital and away from this, but realised afterwards that money was changing hands certainly in connection with my instruments. That would be paid at a local hospital somewhere. It might have been paid to the Children's Aid. They took it upon themselves to collect the debt as it were. Of course this was another difficulty. Surgeons and doctors as such are not the most realistic of people, particularly orthopaedic surgeons who will order a set of instruments, or callipers, brace, which probably in those days was about £20 to £30, a colossal sum of money. Next year they would want another lot because they were so badly made you were breaking them. You're talking about vigorous children. Whatever we were, we were quite healthy, energetic. Also the surgeon might have had a change of heart about the instrument he had prescribed for you and then wanted them changed.

It was an ongoing expense. They wouldn't stop and say, "Would the parent afford it? What he needs, that is what he'll have." Then bang, the bill drops on the mat of the unsuspecting parent. We never did get what we deserve in life. When one remembers these were the years of the Depression. It must have been very difficult for lots of people. Fortunately for my father he was not affected by the Depression as such being a printer. One way or another he could meet his commitment, I suspect with difficulty. It must have been a tremendous drain on the family finances. It had a ripple effect on the other children I would have thought. Yes it certainly causes one to stop and think, the ramification of severe illness inside the family unit.

*An example of the cost of having a disabled child is given in the Brookfield Hospital Minute Book. One girl's parents were charged 10/- [50p] a week by Essex Education Committee for her maintenance. They were also charged £1 by the Hospital towards the total cost of £6 15/- [£6.75] for a surgical appliance. Charities could help but, it was still a great financial burden for many families to bear. There was also the lack of dignity in approaching local or national charities. Appeals such as these regularly appeared in the Shaftesbury Magazine in the 1920s and 30s.*

## Four Cripple Lads Awaiting Help

W. W., a lad of fourteen, suffering from infantile paralysis. Four years ago one leg was amputated, now he has the promise of a bucket leg at a cost of £10 or forty Surgical Aid Society letters.

F. F. is a paralytic but bright lad of fifteen. His widowed mother has seven children to provide for and is too ill herself for work. Last year Fred was ordered a leg instrument costing £15 15s. Since then his other foot has been amputated, and it is essential that he should have an artificial limb at a cost of £13 10s., which the mother is quite unable to meet.

C. M., aged fifteen, has been helped by us nearly every year since 1910 with appliances or repairs. He has now been ordered a new splint and boot, £6 12s. 6d. The father is a dock labourer with very casual work just now.

J. C., a paralysed boy of eleven, needs instruments and boots costing no less than £21 10s. Half of this sum has been raised.



Offers of help for these and other such cases will be gratefully received.

*Crutch & Kindness League  
Certificate of the Shaftesbury  
Society. People paid to correspond  
with cripples and look after their  
welfare.*



## Eight

### SCARLET FEVER, A ROUTE HOME

I did go home but that was under very odd circumstances. Towards the end of my stay there I had the rather unique distinction of being the first person in the hospital to contract scarlet fever. As a consequence of this problem I was sent to what was known as the Fever Hospital at Chingford. I was there for I don't know how long. This was a very unhappy episode in the life of the Hospital. It brought me in contact with the Medical Officer of Health for Walthamstow in a very sharp way. I would imagine he must have been relatively new. It must have been a bit of a crisis for him. They had an epidemic which went on for a couple of years, certainly after I left Brookfield. One came into a rather sharp contact with him because he was everlastingly waltzing up and down giving one these wretched injections. Even we (as young as we were) were of the opinion that we were guinea pigs, because one of the medical projects he had to combat this epidemic was to discover who were the germ carriers. They used a technique known as the Schick Test. This was a very painful injection that was applied to the forearm. After two or three days the particular serum or what have you that they put into the arm had some positive or negative reaction. This apparently disclosed who was the wretched carrier of the germ. In actual fact it turned out I was a germ carrier among others. Not surprising if I had had the disease.

He used to wander up and down, and turn up at all hours. He used to turn up

S. Scarlet Fever: It was reported that Ernie Atkins had been removed to the Isolation Hospital, suffering with Scarlet Fever, on the 8th instant and that all necessary precautions had been taken. Dr. Powell also reported on the matter.

[at] what seemed the middle of the night to conduct one of his forays through the hospital. He had a book which no doubt gave very graphic illustrations of this poison, the consequences of this wretched poison he was putting into our arms. Dr Powell, his name implies he was a Welshman. He was very diffident, very distant. Not long retired from service, all that long, about fifteen years ago. We had an abhorrence of him. He was probably a very humane man, but his manner with us was not one to cause affection. Certainly it was one that gave us the cold shivers, apart from the fact this figure advancing upon you with a great long needle.

*There were two very similar tests with very similar names around this time. the Schick Test was for diphtheria and the Dick Test for scarlet fever. Both involved a painful injection in the arm with small amounts of the toxin. If after about eight hours a red blotch appeared the person was susceptible to the disease.*

As a result of this I suppose they got a little desperate and people were being admitted to the Isolation Hospital at Chingford going down with this Scarlet Fever. It's not a comfortable thing for a hospital authority to have to admit to having, not a comfortable thing for them to contain. So it was decided that they would clear the hospital. Everybody that could move from the hospital would be sent home. Perhaps even to other institutions, but generally home, for fumigation of the place. I think this was the practice. This place was to be fumigated to rid us of this wretched outbreak of scarlet fever.

*'6. Epidemic That the action of the Chairman, Medical Officer and Secretary in closing the Hospital for one week and sending the local children to their homes be confirmed. It was reported that the buildings and all contents had been fumigated and the Ward, Entrance Hall etc had been painted and renovated at a cost of £42 15 0 [£42.75].' [Brookfield Executive Committee 6th May 1932]*

There's always a blessing to be found somewhere. I duly was to be sent home. It's rather a joke really the way things were organised. Those people who had such care of one's body and soul for so long can say at a stroke, "OK you can go home now because we've got other things to do. You've got to go." The parents were left to find ways and means of getting you home. Getting a handicapped child home from Brookfield it doesn't seem a great undertaking today but in those days it was. There weren't such things as wheelchairs, they were not universally provided. That was the first thing if you were thinking of walking from Woodford Green to Walthamstow. There was the fact that the discharge would take place during the middle of the week. The mother, if they had young children at home, couldn't leave these very easily. So it would fall upon the

father to do the collecting. Which invariably meant he would have to lose time from work. Such were the arrangements in those days that people didn't lose time from work for such a triviality as going to collect their child from hospital, not without a great deal of heartsearching.

So the solution was arrived at that one of our neighbours had an old Matchless motorcycle and side-car. It was a very peculiar mode of transport, but quite an adventure. Not one that I minded in the least. He came up and collected me from the hospital and I went home in his motorcycle and side car. So yes I went home. I think I was home for a fortnight, then I was returned.

Quite naturally I look back on my life and the repercussions of that dichotomy were quite extensive. When I came out of hospital, once the initial emotional surge of both sides had been through, it meant that it wasn't an easy thing to pick up a relationship with a world. Let's face it, it was an alien world wasn't it? I'd been away for so long and had been among people with entirely different values from those that obtained at home and most certainly a quite startling change in environment.

*Tom was admitted to Chingford Isolation Hospital on the 8th October 1931 having been diagnosed as having Scarlet Fever. The epidemic went on until the following April when the Hospital was closed and Tom was sent home for a fortnight whilst the Hospital was fumigated. It was Miss Blaycock, the cook and Nurse Clark who were the carriers of the streptococci which caused the Scarlet Fever. Miss Blaycock lost her job and Nurse Clark agreed to have a tonsillectomy. She returned to work after three weeks paid leave. In an earlier Scarlet Fever outbreak in 1927 one of the masseuses, Miss Bright, died as a result of contracting the disease.*

*Scarlet Fever is a bacterial infection spread by droplets in the breath. It is highly contagious and requires isolation of the person concerned. The disease is so named by a red rash which spreads all over the body. It can be fatal but with the introduction of antibiotics, treatment virtually guarantees a swift recovery.*

When it was decided that I should come home, I think it gave my parents a bit of a shock first of all because they were not happy about the idea. They'd had a taste of me coming home. It wasn't because they didn't want me but there were certain problems at home. There was no back up system to which people could turn to. So they muttered, "Why are you sending him home? We are not happy about this." I seem to remember it was said, "We are waiting until I could walk unaided."

JOSEPH BARRETT P.D. CENTRE,  
ORTHOPAEDIC DEPT,  
BARRETT ROAD,  
WALTHAMSTOW, E17.

20 JUL 1932

Dear Mrs Atkins,

*It appears that you and your husband were both puzzled as to why Ernie should have been discharged from Brookfield at such short notice. We had been considering his probable discharge to attend this special school for some months past, and I should have thought he would have talked about it, for he was always asking when it was to be. I myself was anxious for him to remain in Brookfield till he was able to get himself along on his crutches with ease. This he can do comparatively well, considering how disabled he is. The only point of his staying in Brookfield was so that we could give him more attention to his walking. Then he was ordered the elbow crutches and he had to get used to them. He is far from safe for more than a little way on the new crutches, and now that his callipers are not strong enough for him I dare not let him use the elbow crutches till he has the new appliance, as much wait [sic] is thrown on the present callipers - He should be able to make good progress however, with treatment in this Clinic now he can get about alone & be trusted in the playground with the other boys - which a year ago was impossible. The boy was so anxious to come here that there seemed no point in waiting when there was a long waiting list for beds in Brookfield at the moment the subject came up again to Mr Whitchurch Howell.*

*He seems very happy here. Will try & arrange for him to come up to Brookfield upon my return from my holiday - Perhaps on Saturday August 13th. Someone could bring him up in the morning & let him stay the day & be called for after tea. Let me know after Aug. 8th at Brookfield if you cannot manage this & I will have him conveyed but he could not stay so long if he came on the ambulance. I hope his callipers will last the holidays I hope you will pad it where necessary with the stuff I gave him for the purpose.*

*In haste & hoping I have made myself clear*

Yrs truly  
A M Theobald  
Masseuse'

Since I was going to school I was not going to be a risk when let out into the playground. This was the joke about it. I was going to a school for the handicapped. I was not going to be a risk in the playground from going to school with other handicapped children. They were more prescient than I, and when I got to school I realised very soon what they meant. It probably would have done me the world of good to get out much earlier. When one got to school this was a different ball game altogether. There wasn't the same control as it were. There wasn't the same consideration given to your school colleagues. You could well have the young bloods quite capable of running at a rate of knots across the playground because all they had wrong with them was a heart condition. I can remember boys with heart conditions running themselves ragged at playtime chasing a ball about and could barely breathe when they got into the classroom for some considerable time.

I'd had a fortnight's sabbatical whilst they fumigated the wards due to an outbreak of Scarlet Fever. What I had savoured of my experience of going home had only strengthened my desire to go home. But it was there for whatever reason because one didn't know what home was. Apart from that fortnight, one's childhood memory couldn't have been a strong one. I can't remember that there was anything specific about home which I could say is what I missed. I suppose we are talking about filial feelings which are intangibles, and no-one is able to understand or even measure the strength of them. I was overjoyed to be going home. Full of anticipation, no doubt as children do, full of fantasy expectation.

I got a week's notice of discharge. But obviously behind the scenes negotiations had been going on with the medical authorities and my parents about the inevitable date and the timing of the actual happening. As far as I was concerned I was probably told, "You are going home next week." You just accept you are going home, but deep down inside of you there are all sorts of warm expectations and pleasure at that anticipated experience. I don't recall any great sadness.

I was later to find out there were changes taking place within the hospital itself. Changes perhaps had I lived through them, I might not have been so relatively content to be in that situation. Perhaps it would have been better to say that had I been discontented at all, I would have been a bit more discontented. There were no regrets at leaving. The old expectation had been realised with the fortnight at home. That was the crux of it. I'd been home and I suppose I had accepted that which was seen as not acceptable. Prior to that I'd probably not thought of going home, one had been there so long. It was just like saying you hope you could go to the forest tomorrow. It was always possible you could go to the forest tomorrow, but it was hardly practical for me to go to the forest.

The situation was that I had experienced going home. Now far from being a fantasy, it had actually crystallised into an experience. Returning to hospital, and after a short inter-regnum, going back it probably didn't have quite the same impact. There was an impact but it was found at home, not leaving hospital. I can't even remember the day I went home. It was the arrival I suppose I can remember. Whether this was my first return home or the second I would not be clear. They wouldn't have been much different either of them.

One's first reaction was the awareness of the change of environment. For the last six years or so of my life I'd lived in a place of airiness and light. Whatever one might say about the hospital ward it was airy and it was light. The paint was white. And then we go to an ordinary working class terraced house of the 30's, and was to remain so certainly until after the War when changes came about for such people when they decorated and appointed the home.

My experience of the home was, I wouldn't say it was claustrophobic, but certainly [there was] awareness of the smaller dimension in which you were living. Also there was a comfort in the lack of light. People tend to make for children, particularly in a nursery environment, they make them light and airy. I have a suspicious feeling they've got this wrong. The memory of being in the darkness of the womb has not entirely left them. They don't feel so vulnerable in a darker atmosphere. I've always felt that kids wanted somewhere dark to go from time to time. Returning home, comparatively speaking, was dark. We had a great black cooking stove in the kitchen-cum-living room. It was black, all the interior wall that would be black for obvious reasons. Surprisingly enough it was a ritual of quite a number of the working class to decorate their places on a yearly basis, usually at Easter time. It's generally forgotten that most people were locked out of their places of employment, so they had time on their hands, no money but time. Easter particularly was spent decorating. They were pretty dark and dingey places.

I had obviously much less rapprochement with my parents, particularly with my mother. It was my father who I saw visiting on a regular basis. My mother came but not as regularly as my father. So there was a great deal of adjustment to be done. Our situation was not quite typical, but in many ways typical of the time. Not only the family and the problems of the children, but we also had an invalid grandmother who lived permanently upstairs, who had taken to her bed four or five years earlier. It was about three years after I returned home she was still incarcerated in her room and confined to her bed until she was admitted to Union Road Hospital, [now Langthorne Hospital, Leytonstone] which is one of the last vestiges of the old Poor Law institutions. She was admitted there because the

## DEATH AND FUNERAL OF MISS E. RETOUT

### MATRON OF BROOKFIELD ORTHOPAEDIC HOSPITAL

The funeral of Miss Ellen Retout, the Matron of the Brookfield Orthopaedic Hospital, Walthamstow, took place on Tuesday, at St. Patrick's Cemetery, Leytonstone, after a service at St. Thomas of Canterbury Church, Woodford Green, where the Rev. Father Rudolph, O.F.M., officiated.

Miss Retout, who was aged 53, died on Good Friday, at the Connaught Hospital, after a short illness. She came to Brookfield in 1927 as sister, and two years later became Matron. There is perhaps no one at the hospital better able to testify to her unswerving devotion to her work than Mr. C. T. Cripps, the engineer, who pays tribute to her unflinching help and encouragement at all times. The staff and the children were equally devoted to her, and she was held in the highest esteem by the medical, surgical and administrative staff.

Miss Retout had several decorations, including the 1914 Star, the 1914 General Service Medal, the Victory Medal, and the Royal Red Cross medal, which she earned by her service throughout the War with the Egyptian Expeditionary Force, as a member of Queen Alexandra's Imperial Military Service (Reserve).

situation became intolerable for my mother.

I was asked to go back there [Brookfield] once. I stayed there for a week I think. It was ostensibly to give my mother a rest. Probably they thought it was a breaking in period. Whether that was agreed beforehand I don't know. When I think about myself, although I'm not a very objective person to ask, I'd probably say, "What on earth did she need a rest from?" I went back for a short stay. Other than that the association had completely gone. I did have a contact in respect of the masseuses who I saw every day at school. They both attended at Brookfield. They maintained a clinic at Barrett Road. I would see them until such times as they went on to somewhere else. As they changed so one lost that contact. Certainly one was there when I left school, a Miss Garrett. Whether she ended her working life with the clinic? As a school we had moved to Hale End Road about a year, eighteen months before I left. Whether she continued on there I don't know.

I was only dimly aware that the staff had changed at Brookfield. There was a new Matron, new parameters as far as she was concerned about the running of the place. A

new atmosphere, something indefinable. It may have been in me. Life is always going to seem a little bit different. If it had been a relatively satisfying experience before, any change unless it was startlingly for the better would have seemed not so good. I can't remember in detail but there were differences in regimes. I'm trying to see myself now. Possibly there was awareness that I wasn't going to be there long anyway.

I didn't have to keep in touch because two of the people that I was close to at Brookfield were in fact at Joseph Barrett School. They remained friends of mine. Well one I lost touch with shortly after I came here [Tom's home] the other person he died not terribly long ago. Up to his death I used to see him from time to

time. There were other people that I recognised at school I had seen at Brookfield. Remember some of them only came in for a couple of weeks or a month.

*Ironically just a week or so before Tom was discharged home, the Brookfield Executive Committee had decided that long stay cases [of whom there were three at the time] would in future get a fortnight's holiday presumably at home. However this decision was rescinded some two months later in September 1932. It was not until 1935 that patients who had been in hospital for over two years could be allowed a fortnight's holiday in the Summer Vacation.*



CRIPPLE PARLOURS—AT PLAY, AT WORK, ON HOLIDAY.

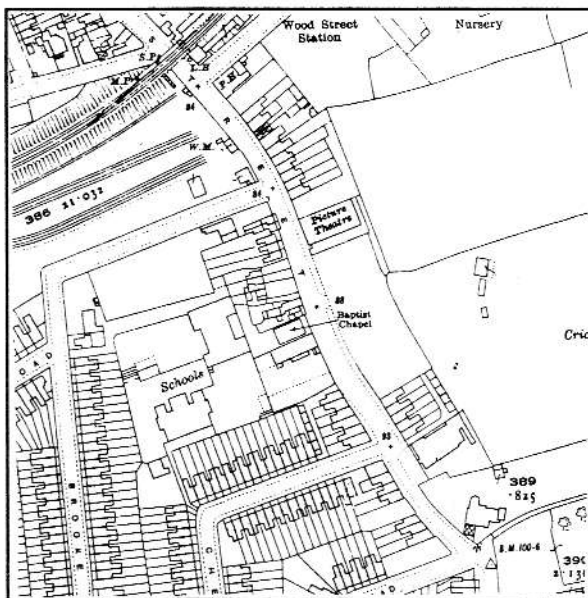
## Nine SCHOOL

*The 1870 Education Act, which set out the foundations of a universal education system, made no particular mention of children with disabilities. Piece-meal Acts of Parliament gradually forced School Boards [and Education Authorities as their successors] to plan for such provision. This started in 1893 with the Elementary Education [Blind and Deaf Children] Act which required blind children, aged five and deaf children, aged seven to attend school. In 1907 regulations were passed which required medical inspections in schools. These picked up more children who needed specialist provision. The Education Act of 1918 required Local Authorities to assess the educational needs of disabled children and make appropriate provision. The fact that there was a pecking order in priority for provision was spelt out in 1922 by an Assistant Secretary at the Board of Education as:- blind, deaf, crippled, open air and tubercular, high then low grade mentally defective. Higher spending would reflect the 'employability' of the children when they reached adulthood. That physical disability was relatively low in ranking, reflected attitudes of pre-First World War indifference to the medical plight of most such children.*

*Locally, Walthamstow School Board had opened a school for deaf children in 1900. Further schools were opened for 'mentally defective' [1903] and blind children [1918]. In 1924, the same year Brookfield took in its first patients, the Physically Defective Department opened at Joseph Barrett School, Brooke Road just off Wood Street. This was some six years after the legislation was passed, but Walthamstow was a progressive Education Authority as far as provision for disabled children was concerned. Sidney Burnell, as Chief Education Officer took a personal interest in an obvious way by becoming the Honorary Secretary of Brookfield Orthopaedic Hospital from its inception*

If there was a lapse [before going to school] it would only be about a week or a fortnight, but I don't think it was the case. I went more or less straight there. I can remember my first morning. The procedure there was you were allocated to one of the ambulances. There were two ambulances. The family was no doubt advised what time the ambulance would call, the time I would be expected to be ready to go to school. It duly turned up and off you went to school. I particularly remember that because there was a question of getting ready. I don't think I was ready when the ambulance arrived. When I say ready it was dressing. Dressing in

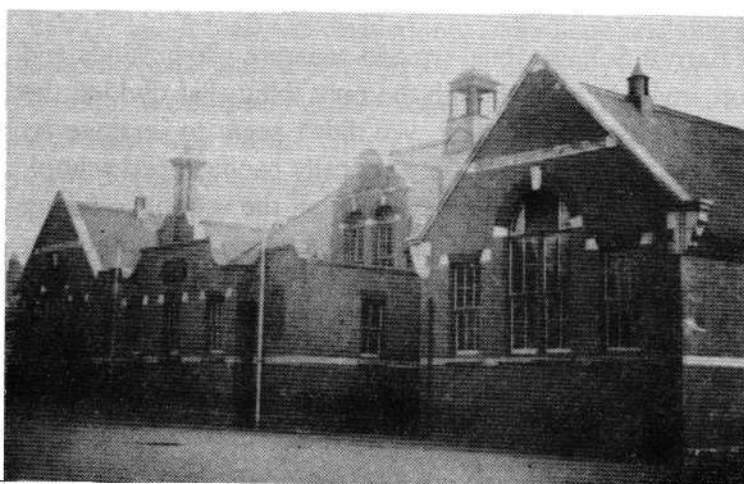
those days, I remember I had two leg irons to put on which were a little complicated - I've refined them through life. I wore a back splint which was a very complicated thing to fit up and put on. Then also putting these things on, there was a limitation in movement with a back splint on which was quite disabling as far as balance was concerned. So the getting dressed at that particular time was a bit of a problem. My mother would help me but I expect I was best left to do it on my own. I was used to putting things on and knew more about it than she did. There wouldn't have been any induction period to tell her how these things were done. It was all left for this knowledge to be transferred from the child to the parent.



*Joseph Barrett Schools around the First World War. Infant and Junior Schools were opened in 1905. The Physically Defective School shared the southern most building with the Infants Dept.*

I expect there was a little apprehension on my part in going to school and making certain that I got my brand new cap, everyone went to school with a cap. It was important that you went to school with a cap. You didn't wear it. Something to be thrown around in the playground and to be chastised for when you arrived home. "Where's your cap?" It was last seen probably hanging from one of the chimneys. Someone had managed to spin it up on to the roof at school.

Ambulances were arriving at school between half past nine and ten o'clock. There were two collections. You could be on an early or a late collection. This meant you had to be ready for school at eight o'clock in the morning, depending on how far or how many other people the ambulance had to pick up. I was fairly early in the round so that was the part I used to like, going round the streets in the ambulance. All sorts of high jinx would go on when we all foregathered of a morning. It was the old boneshaker that had taken me to hospital in the first instance. They had still got it. Subsequently they were to replace it with a more appropriate vehicle rather like a charabanc. There was nothing ambulance about



*The building the Physically Defective Dept. was based in. It was on the left side, the Infants had the rest. The interior partitions have since been removed and it is now the dining hall of the present Warwick Boys School. Photograph taken at about the time of the school opening, around 1905. [Vestry House Museum]*

it. The other ambulance was the one I used to go on outings during the summer months. You would arrive there perhaps nine thirty to ten or quarter past. If they got held up, as they sometimes did in the latter deliveries, they would not get there until half past ten. Obviously if you require time to take them to school, you require time to take them home. It was

three o'clock or certainly not later than half past three. When you think you had a two hour break it was a very short schooling day in a sense. I don't know whether they get a two hour lunch today.

*'A Head Teacher, 2 Assistants, one Art Mistress, a man to teach upholstery, two part-time masseuses, a Nurse, a Cook and two Ambulance Drivers comprise the staff attached to this school.'*

*'On roll Dec 31st [1928] 43 boys 31 girls'*

*'Each Ambulance makes two journeys morning and afternoon to convey the children to and from school, the first arriving at the school at about 8.45am and the last about 9.45am. They leave in the afternoon at 3 and 3.45pm. A Nurse accompanies the children in the Ambulance during each journey.'*

*'An excellent mid-day meal is served on the premises for which the parents pay 3d [1p]'*

*'The mid-day interval is from 12 to 1.30 during which the meals are served.'*  
*[Medical Officer of Health Report, Walthamstow Urban District Council 1928]*

*The Physically Defective Centre opened in part of the Infants Department of Joseph Barrett School off Wood Street, Walthamstow in February 1924, four months before Brookfield Hospital opened its doors. It took a number of years to get approval to open as the Board of Education, the predecessor to the Ministry of Education, would not sanction it on the grounds of 'economy'.*

We were part of Joseph Barrett School, [but] we had separate playgrounds and we never clapped eyes on anybody even though the only thing that divided the two schools was a curtain across the main hall. We didn't seem to impinge on each other at all. There was separate staff for the physically handicapped school. It was a school within a school. This was the case with all the schools catering for people with special needs. At Gainsford Road there was a section catering for the deaf and the dumb. At Wood Street it was the blind. They had sections in the school, so obviously they would be autonomous. The only exception was at Shernhall Street where the mentally handicapped attended. How I'm so knowledgeable about this of course we used to pick some of these scholars up on the rounds, and some of them would be delivered to the respective schools.

That school in Shernhall Street, for a while my sister went there. I don't think she went there for more than a couple of occasions. That was before I came home. Obviously they didn't take Down's Syndrome children at that particular school. If they did take them she didn't go there. I remember one lad who was a member of our particular set in Brookfield, a very agreeable lad called Joe Haynes. He never did get on at school. Looking back I don't think he was retarded at all. Possibly he was a child who had experienced some physically debilitating condition which meant that his pattern of life had been disrupted. He had probably not adjusted as well as some people had done. In fact it seemed most anomalous when he was transferred from Joseph Barrett to Shernhall Street. Knowing Joe as well as I knew anybody that you live with for a couple of weeks or months, he was a pretty average sort of bloke. He obviously had problems or learning difficulties as they say today. Seemed a strange place to send him but that was the system. I met him once very later on in life. He was now married and had a family. They say 'like gravitates to like'. What little I knew when he introduced me to his wife, again it wasn't someone who I would have said was retarded. The other thing, if the word had got out that he was retarded he wouldn't have been able to drive a car would he? He was driving a car, he wasn't retarded enough [not] to drive a car.

*In 1926 the comparative cost of education in Walthamstow schools was as follows:-*

<i>Ordinary School</i>	<i>£12 18 9</i>
<i>Mentally Defective</i>	<i>£31 4 3 1/4</i>
<i>Deaf &amp; Dumb</i>	<i>£37 16 0</i>
<i>Myope</i>	<i>£30 6 8 3/4</i>
<i>Physically Defective</i>	<i>£47 5 3</i>

In the boys school as I remember it there was one main building. There was a

central block that was divided into half. The thing that divided us from the other school was a long green curtain on a brass pole. We never did go beyond that curtain. We had half a playground set aside for us. All we had was contained in that half (with the exception of a portable type of building which was a kitchen cum dining room). We had our meals in that place which was apart from the school.

As for the school itself, we had half the hall. There were cloakrooms, the teachers' room. There was, going round the walls of this half, a senior classroom, a junior classroom and an infants classroom, with the addition of a further classroom which was devoted to the pursuit of woodwork as they say. That was kept completely separate and used for no other purpose which took place, I think, twice a week there.

They [the masseuses] came three times a week. There was a clinic held there once a month where Whitchurch Howell would be in attendance for the day. He would see patients who came from where ever and sit in our hall whilst they were waiting to be called into the presence. We had a headteacher, a teacher for the juniors and a teacher for the infants. Miss Wakefield taught the junior pupils, Miss Posterns the infants. Miss Thompson took the seniors and was the headmistress as well. Although she was headmistress she was expected to take a class. Then we used to have visiting Miss Andrada who took an art class once a week. Then Mr Deakin who visited to take the woodwork class. That was the extent of the teaching staff. There was a nurse in attendance. I don't know what her duties were except there were certain children who received medicines during the lunch hour.

Then there was a cook who produced goodies at lunch time. This was a special facility if children were in need of nourishment; they would come to the school for that particular purpose. They would come to that school if the diagnosis being undernourishment or in need of a supplementary diet. We often had them attend the school for two, three or four years as the case may be, the only food as such provided by the Local Authority. Certainly they provided food for children during the holidays. They attended somewhere in the High Street I believe. We all had to pay except I suppose there was special dispensation for those whose parents may not have been working. It was a princely sum of 4d a day. That was one of the first rituals when the register was called. You paid every day.

There wasn't level access because, I suppose as far as we were concerned, access to our part of the school was from what would be the west side of the building and there was a small flight of steps to climb. There was two or three wooden steps which I imagine must have been put in, I suppose, because it was only a

makeshift entrance. There was a corrugated porch to go into the building and, once you got up the steps to get inside, it was all on a level then. But of course there was only one fly in the ointment. If you wanted to go outside and the WCs were across the playground there wasn't scope to do anything in the area that had been allowed for the school for the physically handicapped. There wasn't scope for any sort of toilet facilities other than some handbasins and a cloak-room, but if you wanted to use WCs you had to go across the yard. You know like cattle pens really, these walls you have to walk round. It was rather like Hampton Court Maze - you walk down one and turn back another, I suppose for modesty screening purposes, and there was the open WC with a urinal and WCs lined up adjacent.

I can't remember I ever had an emergency that I had to dive across the playground. I describe myself, and have been described, as the best corker in the business. Of course that facility is now disappearing with my more advanced years. So I can't remember an emergency. That may be hard to credit but it's a fact. The sheer necessity of the physical circumstances of my life has meant that perhaps subconsciously I exercise a much greater control. It's nothing to boast about, it's just a fact of life.

Looking back now, who dreamt up this particular complex? What wild imagination ran riot in dreaming up this facility for educating the physically handicapped? It wasn't purpose-built, by no means. I'm not au fait with the actual history of the situation vis a vis educating the handicapped, and what laws or bye-laws were construed to make this obligatory on the local authority. But it would seem that at some time there must have been a move in this direction, and this was the answer of the education body of the day. Much like they're always short of money, I can't remember a time when local authorities were not saying they weren't short of money in one area or another. But they must have been very, very hard-pressed with their budget which was available for this because the only concession that was made was an area for dining. [It] was a temporary structure that was put up with plenty of windows, corrugated roof. This was the do-it-yourself style of building at that time with the various ancillaries required for this situation. Kitchen at the back - I can't tell you what was in the kitchen because this was verboten. I don't think anyone but the cook and perhaps the teaching staff ever got beyond the doors to see what was happening at the back there.

I can remember the cook's name was Mrs Facey and I would imagine that Mrs Facey had the minimum amount of aids to prepare and serve the meals for about 30 or so children. This was specific provision obviously for children that couldn't

get home for lunch hours. The lunch hour was two hours in those days. It was strange really, I suppose this was something to do with the amount of hours worked by the staff but we still seemed to have two hours, an hour taking lunch and an hour in the playground. It was the custom and practice that schools shut at twelve o'clock and you returned at two o'clock.

I have described the problems attendant on a group of students that were distributed not only in a ward but probably the other end of the ground, where those that were known as 'up' were in the building that passed as the school-house. The problems for one person trying to get around and make some sort of coherence of this situation not only because of the physical, but because you're dealing with different ages. It really was requiring almost a one to one situation, of course it was never a one to one situation - it couldn't be. But to get back to the school, what was so evident to the powers that be [was] the very situation that obtained in trying to teach children in the hospital different levels of attainment and educational background. All these people were brought together for the day for one purpose of educating, this problem now became very much exaggerated.

If I tell you I arrived at that school around thirteen and a half, I don't know on what basis they made this assessment - and I went into the infants. I can't remember whether I was the eldest scholar in the infants, but we were dealing with handicapped children that had just started school. This problem, as I see it, existed right the way through the various grades of school life.

*'The Inspectors of the Board of Education inspected the school with regard to the medical and dietetic arrangements in June and again in September for the educational side. Their suggestion that children should be classified on an age basis rather than attainment has been put into effect.'* [MOH Report 1937]

The classes were divided quite unsophisticatedly into infants, juniors, seniors. When you got to the juniors there was a system of streaming according to attainment and ability, but a more frustrating task for teachers I couldn't imagine. I wasn't terribly long in the infants it must be said, not because of any scholastic attainment that I had, but the one thing I did have was a facility to read and express myself. I think on that basis a false premise was made about my educational attainment because I suffered from the fact that I had absolutely no real grasp of what is known as arithmetic. It's a grasp I never really mastered throughout the whole of my life.

The other thing that was a problem (and I'm pretty certain that what I'm trying to articulate is representative of the experience of quite a number of the other children within the school) if you think about it, you have a situation where

people could become disabled either the result of something picked up when they were fairly mature - ten year olds, or twelve - they'd had some experience of school, they'd been through the system. It might have been broken for a couple of years, but they could come back again and they would have some grounding they could pick up. But if you think a number of people - and I was one such - that had polio at three and a half, went off to spend the best part of my childhood, up to my teens, in hospital, then the chances of being able to do anything really constructive and helpful for such people - it just wasn't possible.

But I will admit to the fact that, if nothing else, I was resourceful. One particular chap that I had made friends with during his short spell in hospital

(we remained friends until a few years ago when he died) he was a life-long friend. He was also very intelligent and I would have said a natural scholar. He had many aptitudes and so being friends with him there was a very easy solution to the areas in which I was deficient, particularly in arithmetic. When we worked from our set books and so on, we had this task to perform. That was done purely by using his exercise books. It was an advantage for him to be ahead of me because when he's finished with his exercise books they were then passed on to me. I sprinkled an average number of mistakes about so that it didn't become patently obvious what was happening, perhaps it did (teachers know the ways and wiles of their scholars) and I got by. It made for a quiet life and I got on with the subjects which I could perform well at.

English was not a problem. The problem that I had of course is something that I



*Tom and music teacher, Miss Judd in a photo dated 12th November 1934. [Ethel Atkins]*

realise now I've got older. I thought it was some deficiency in me, I came to the conclusion that I couldn't be particularly dull if I could work out the fact that my inability to translate my thoughts into writing was always a problem. The physical business of writing was always a problem and this I attribute to the fact that for two and a half years or so, my right arm was in plaster so that when I did learn to write I was writing almost with an alien hand. Then of course I had to continue because when I came out of plaster I still had to wear a back brace in which the predominant feature was the fact that the arm was still held up in the air. That was modified after a while and that arm was released. Not unnaturally because I believed I was not a sinistral, I reverted to writing with my right hand. By this time I realised it was hopeless and we went back to the left hand, but I never accomplished it, it was very very difficult, very very difficult.

But then I also realised another thing. My problem in life has always been sitting, the balance in sitting, this is owing to quite a severe curvature of the spine. I don't put this forward as any excuse but as a fact of life. I was always having to prop myself up when I wrote and since I propped myself up, my natural bent is to require propping from the left hand side and I was also trying to write with my left hand. I think this partly explains the reason why I was absolutely hopeless at it. Nevertheless I used to perform as far as actually being able to express myself and to write that wasn't a problem. I always scored very well in this particular area. That was a physical task. Like so many people with severe disablement problems it was just one of the things you live with. You try to overcome it and you find your own way. Nobody can do this for you, you've got to do it for yourself.

I tell you all this really to underline the problem that the teaching staff had. They each had a particular difficulty, but the whole had to be taught. Some way or another, the day had to be got through. I'm not saying this was peculiar to me, I'm just saying how I survived. The reason I say survive was because our headmistress was a great disciplinarian and a great winkler out of backsliders in life, or so she thought. So when it was my time to come to the seniors my educational experience was encapsulated into two and a half years. I had to be moved on so I very soon found myself in this dreaded domain of Tommy's, or Miss Thompson to give her full appellation. So I survived there by the same method.

Of course one of her problems was that not only was she the headmistress but she had to take a class. So her actual involvement with the scholars and their level of attainment was not of a very high order. Most of the time her job was to keep the class busy while she got on with the business of interviewing people that came to the school, or doing the administrative work during the course of

the morning. So if you knew how to play the system it was a reasonably comfortable time there and particularly as she was very, very easy to provoke into discussion. So part of our education used to be discussion of the newspaper. I was always an avid reader of newspapers and I was always interested in politics. I came from a home in which these things were happening all round me. If you could engage her in a sensible discussion, your failings as a scholar were quickly forgotten. Some poor individual in the class who probably didn't have the same facility for self-expression, he got the rough end of her tongue and occasionally her hand if he proved, as she thought, to be particularly doltish; but not out of malice it was just a frustration of trying to perform an impossible task.

Somewhere round about 1936 or 1937, I'm terribly sketchy about numbers, what happened was in Hale End Road there used to be - I think it's now been pulled down - a large house. I don't know what its history is. It was in a quite large area of ground and the plan was to make of this environ a school for the physically handicapped. What happened was that the house served as a centre for the headmistress to have an office and certain other facilities there with a caretaker living above that. There was a conversion done to certain downstairs areas where we had the luxury of inside toilets and a dining area. The idea was that there were children there who would benefit from the open air and as the open air meant an open space not necessarily clean air or salubrious air, but being in the open air.

So as far as I can remember there were four classrooms built, all of them absolutely separate surrounded by an area of paths, playground and so on. So that the wretched scholars could have the benefits of the open air, they had huge doors which went right the way round from the sides, and with only one enclosed brick wall. The rest were made up of doors which during the summer could swung back on their hinges and the classes were open, completely open. There was nothing round you at all. The conception sounded very, very bright but it was so dreadfully cold. When you think that quite a number of the children there suffered from polio - and polio means you've got a very inefficient circulation - it meant suffering in the wintertime with one of those tortoise stoves which stacked up with a bit of coke. If you're near it's comfortable, but the best way to get any comfort from it is to sit on it. So that was the situation we found ourselves in.

If it poured with rain or if you had snow and it was icy, imagine the problems for people moving around between these areas on crutches. It's so unimaginably dull of the people that put this plan together that one wonders what experience they had of the needs of handicapped people, let alone handicapped children. I wasn't there terribly long, I went there when the thing opened up. The first thing that

struck one about this was that there was a chef instead of a cook. The meals were greatly improved. I'm not suggesting the meals we had at Joseph Barrett were not good meals, they were very nutritious, but there seemed to be a bit more variety and a bit more flair about them. I think they were appreciated a lot more than the meals we had at Joseph Barrett.

*The School for Physically Defective Children was transferred in September to newly erected classrooms at the Hale End site and became known as the Hale End Open Air School.*

*The site is within a few hundred yards of the trolley bus service and has an area of over three acres which slopes downwards towards the west....*

*The existing three storied house was renovated and adapted to provide the following accommodation:-*

*Lower ground floor - Dining Hall, kitchen (electrically equipped), scullery, cloakroom and shower baths.*

*Ground floor - Orthopaedic and medical inspection suite comprising waiting, inspection and treatment rooms: Head and Assistant Teachers' room*

*First floor - Two rooms for Speech Therapy; Caretaker's quarters. The classrooms are arranged in three detached blocks, each accommodating two classrooms. Each classroom opens on two sides. There are two detached blocks of similar size which open on three sides, originally intended as rest rooms.'*

*[MOH Report 1936]*

The staff came, the whole lot, with the exception of the cook, she wasn't a young person, but we had the whole of the teaching staff. Bearing in mind that the headmistress was going to take a more administrative role within the school, we had join us another member of staff. I wasn't there terribly long, no more than about eight months to a year before I became sixteen and had to go to new pastures. Fourteen was the normal age, but we had special dispensation and were educated until sixteen. They all stayed, unless they went back to an ordinary school, and I think some might have done so but as far as I'm aware most if not all of them stayed until they were sixteen.

It wasn't better, it was different, the same headmistress. There was one difference that the seniors were taken by the person that formerly took the juniors, a Miss Wakefield, and an addition to the school who did take the seniors for a while - a Miss Knowles, but who, when we got to Hale End Road, she must have taken over the juniors. When I left I remember particularly Miss Wakefield must have been taking the seniors because I caused her quite a deal of trial and tribulation in class. But when I got to Stanmore - this institution for the handicapped - there was a very, very nice gesture from her. When I arrived I was

given a parcel, (I've still got the note that came from her) and it was a little good luck wish from Miss Wakefield. The parcel contained some writing materials, and I was asked to keep in touch with her. So I was always aware that when I was at my most devastatingly witty, a tremor of a smile used to appear on the side of her mouth. So I wasn't exactly a bane in her side, but I don't suppose I was a great deal of help to her within class.

It [the routine] was more or less the same, but I do remember that life had become a little more arduous in respect of moving around, but I do believe we got an additional lesson because there was a piece of waste ground which has now been built on and we had allotments on. The idea was that we were going to cultivate a garden during the clement months, but I wasn't there long enough to see the fruits of our labour.

*Miss Thompson, the Head Teacher reports as follows:-*

*'The school curriculum is based on the recognition that health considerations take precedence.*

*The routine includes:-*

- 1) Fortnightly medical inspections*
- 2) Daily mid-day dinners at a cost of 3d each*
- 3) Milk, roboleine, cod liver oil, in specified cases*
- 4) Daily rest periods*
- 5) Open Air conditions*
- 6) Bathing*

*'The teaching staff use reading, English composition, and writing and arithmetic lessons, try to impress upon the children the simple scientific reasons for their treatment, eg the older scholars learn the principles of a well balanced diet, how certain foods supply heat to the body and others assist in strengthening bones and teeth.... The rest periods are observed by each class in rotation. Children lie on one folded blanket and are covered by another for at least half an hour daily.' [MOH Report 1936]*

I don't think it was an unhappy period because there was lots of fun with friends and of course we had our private jokes. One of the things that those pupils who are immobile for great lengths of time, they are great watchers of the world that passes by and the foibles and weaknesses that we all have become a great source of fun and a great source of discussion. We had great fun at the expense of the teaching staff. These rages that our revered headmistress would sometimes go into, particularly as more often than not they were not directed in my direction, was the thing to be giggled [at] under the desk while someone else was receiving the sharp end of her tongue. And there were all sorts of diversions. We were not

ill-treated.

The things that I comment on now I don't suppose I saw them in this light at that particular time, it's only with hindsight one looks back and like everyone else in life you say to yourself, "I wish...." You didn't realise it then. I didn't come from a home in which scholastic attainment was of any high order, there were always aspirations to higher things, but I don't think they quite realised that how they went about it. My father had great aspirations, but he wasn't sociologically and environmentally equipped to know how to set about this. So he didn't have a great expectation from his children.

The great thing was if you were at work. This was the philosophy of the working class at that time. You had to be in work and so the only expectation you would have from an education system, "Is it going to get you a good job?" My attainment was very critically looked at. Possibly I'd have had to bring a letter home about my behaviour or something like that. Then the searchlight would have been turned on me, but only in as much as your parents have got enough to do going out and earning their daily crust without you making any sort of trouble at school to give them something else to worry about. But I never had these problems. Were my parents aware of this? No, I don't think they were. I think any parents (this is my particular philosophy that I've developed) whose only ambition for their child is that they should get a good job, have a limited expectation for their child.

When it was time to leave school, I think that here was a problem for my father. He was the one that made the decisions in this direction. It was a problem he didn't know how to deal with and someone came along and said, "Right we're going to send him to a training establishment for physically handicapped people and he would be taught a trade." As far as he was concerned, "That's fine, he'll get a job, he'll be able to earn a living." I do not think myself that he had a great deal of conception as to necessarily what might be the best thing for me. Whether in fact sending me, or allowing me, to have this training later on was necessarily the answer to the particular problem that I had as a severely handicapped person. You can't complain about parents, they can only operate within the limits of their experience and at the end of the day within their economic capabilities.

## Ten STANMORE CRIPPLES TRAINING COLLEGE

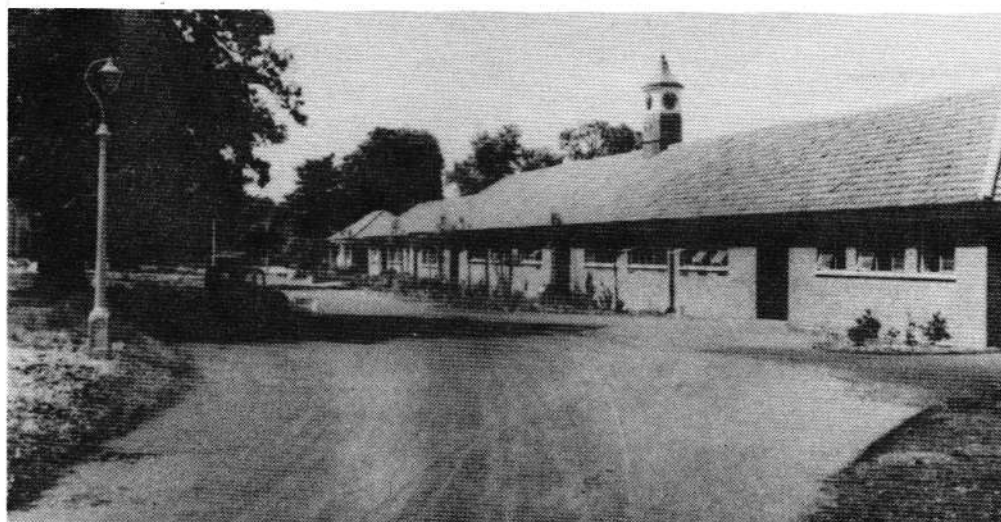
*'One boy was sent to Stanmore Training College, 10 left for paid employment, while 7 went to hospital for brief periods' [MOH Report 1937]*

It was generally agreed with my parents and with the LEA and the county authority, presumably Essex County, [who] must have had some means of putting handicapped children into Stanmore. Stanmore was relatively new. I don't think it had been opened more than a couple of years, and one was told one was quite privileged to be admitted there. I was the first to go because I was the eldest of the trio I knocked around with. Both of whom I had met originally in hospital, and they were subsequently to follow me in a matter of months. Two of them came to Stanmore. One was also training as a watch and clock maker, the other trained as a snob, or a cobbler. So that was the set up. I was there until the outbreak of war, going into my third year. I looked upon that as an incar-



*Tom visited the former Stanmore Cripples Training College in 1991. Here he is shown in the former dining hall. Parts of this chapter are transcribed from a tape made then. [Nick Hayes]*

*The workshops,  
Stanmore Cripples  
Training College.  
[Dept. of Ortho-  
tics, RNOH]*



ceration. When war broke out (and the place was commandeered the week before war was declared) we were all sent off back to our homes in various parts of the country, Scotland, Wales, and the West Country, so it was a disparate bunch from all over.

*The country branch of the Royal National Orthopaedic Hospital is situated at Stanmore, Middlesex. It opened in 1922 as part of the national expansion of orthopaedic facilities following the First World War. The Cripples Training College was opened in 1937 in brand new accommodation at a cost of £52,458. The majority of funds for this came from the sale of the National Industrial Home for Crippled Boys in Wrights Lane, Kensington which was amalgamated with the RNOH in 1936/7. 50 boys from Wrights Lane were transferred to Stanmore and lived for a while in the Workshops until residential accommodation was completed. Tom would have been the first person to be sent by Walthamstow Education Authority, which was responsible for the fees which were charged by the College.*

There it was already pre-determined that I would do what is known as clerical duties. Of course such is the way of the world every institution has its own inbuilt establishment that decides what shall obtain and what will not. When I arrived at Stanmore the intention was.... mind you I imagine that I was not terribly certain how I was going to cope with clerical duties but when I arrived I had to be interviewed by the manager, a chap called Captain Wood, and he does his initial assessment of you.

*Captain E.K. Wood [ex-Indian Army] was appointed Superintendent of the College in June 1937. He was given a salary of £700 plus a house in the hospital grounds. After war service he became the Hospital Secretary and House Governor.*



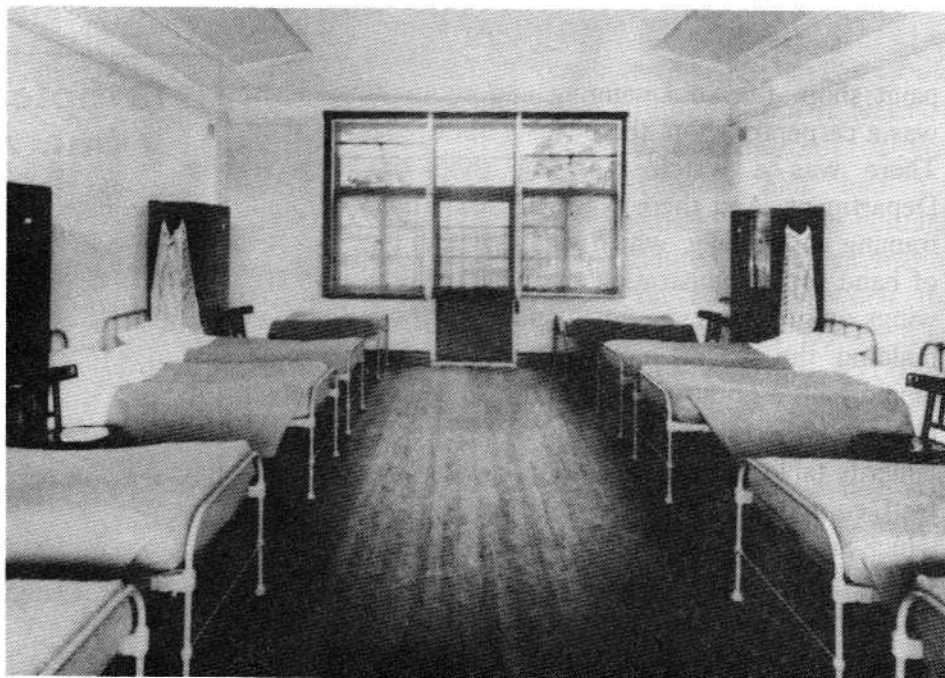
*Boot making  
workshop, Stanmore  
Cripples Training  
College  
[Dept. of Orthotics,  
RNOH]*

His initial assessment of me when I went into his office, and he kicked his two dogs out of the way to allow me to bring my crutches in, was that he didn't think I was going to be suitable for clerical duties. I was to learn afterwards that those people who came under the remit of the person that was supposed to be teaching them clerical duties in fact administered the college. All these students who went there for the purpose were really unpaid vassals of this set-up because Stanmore Training College was in the environs of Stanmore Orthopaedic Hospital which had enormous grounds and were at opposite ends of this area.

Part of their work was to play some role in the administration of the hospital. They wanted people that could walk a quarter of a mile up to the hospital. I suppose they looked at the four-legged creature coming in, which was me on my crutches, and thought, "It's hopeless, we can't do anything with this one." So it was said that they didn't think I was suitable for this and I was quite overawed by this situation. I was taken around to look at the various establishments there and it was finally decided that the most suitable place for me to take my training was to become a horologist, or a watch and clock maker. So I was duly installed in this particular niche, not discouraged by the fact that my greeting from the instructor was, "Of course you'll never be able to go out and earn your living will you?" Perhaps he was a psychologist, he thought that'll make him jump and climb a hurdle or two. I was guided, I was shunted, and it wasn't "Mr Atkins", it was "Atkins." I say this because it was run in a mixture of public school and army lines. He [Captain Wood] was former Indian Army Intelligence and the house-

*A dormitory in the Training College. Note the spartan conditions. There was also an open air dormitory for students suffering from tuberculosis.*

*[Dept. of Orthotics, RNOH]*



master was a former sergeant in the overseas army, Sergeant Crutchwell, a delightful name and an appropriate name under the circumstances.

We had talks from the famous Captain Wood [in the concert hall]. We would all be seated, suitably silent and quiet. Sergeant Crutchwell, the housemaster, stood over there glaring at everybody. Woods would make his way forward, mount the steps on to the stage, slip his hand into his inside pocket, and out would come his gold cigarette case - or seemingly gold - flick it open, take out his cigarette, all very, very studiously tap it, put it into his mouth, reach for his cigarette lighter, light his cigarette and the harangue would start. There were several [offences], consorting with women on the common, to buggery in the locker room. Sergeant Crutchwell - he wasn't in charge that particular day, because he'd been seen off the premises.

You lived in dormitories. I think eight to a dormitory, it might have been ten, but it wouldn't have been more than ten. It was purely a male establishment. I never came across such a place [before], but there must have been others. We've only just moved out of the era where the male is seen as the bread-winner, but perhaps it wasn't seen that females had to be trained for work. There's a place called John Grooms which was not terribly far away, I've a feeling they might have offered that sort of facility to females but I don't know.

Let me run through them [the Workshops]. There was a tailors shop, there was a

paint shop -they did painting and signwriting. There was a carpentry shop, there was a boot repairing shop. There was a watch repairing shop or Horology Department. And there was also some form of office training supposedly, which was in actual fact a sleight of hand for administrating the place. There were two wings on ground level, north and a south wing, a brick building. the concert hall, cricket pitch, football pitch, dining hall, a library, a games room. In fact they even boasted (where I learned to play snooker) a full sized billiards table, a room set aside for that. It was fairly well equipped. They had their own football teams which used to compete in the local league. In fact I even played football one day. I was sent off though. They always had this game which was called 'the old crocks'. I was known as an 'old crock'. They used to compete very successfully in the local table tennis league. There were some very good players among them probably because they'd got a long time to practice.

[There were] over a hundred there, sixteen to twenty-six, I don't know how they arrived at that age as the cut-off. Everybody had a nickname there, and the oldest chap was the head prefect, we nicknamed as 'Jewels', he was always pulling his watch out of his pocket and boasting about the number of jewels in his watch. He was quite a mature fellow against some of us coming straight from school. For all I know he might have had some work experience. They used to get up to some terrible things. I've heard of old spinal carriages made of wicker on wheels, with four or five lads in, come whizzing down that drive from the back gate and then distribute itself in the field below. Then they'd come and say, "I've bent my callipers."

You could go home at weekends, but it was a question of transport. If you could get some transport home, and the only way for me to get home was to get on a number of buses which wasn't practical. I could walk a great deal more than I can now but I was never able to

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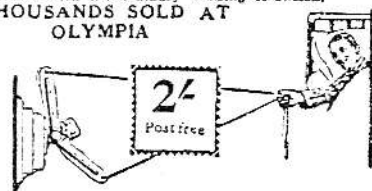
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*of the*  
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*Cripples Journal November 1930*



*Tom in wheelchair  
with fellow music-  
ians, Stanmore  
Cripples Training  
College, 1939.  
[Ethel Atkins]*

walk terribly far, and it would take so long to do. It wasn't a practical proposition. If you were capable and had the wherewithal to get yourself home then you could leave after lunch on Saturday when the workshops closed down. You had to be back by 10.00 on Sunday evening. So bearing in mind the economics of the time people had to be living very near at hand and had to have a certain degree of mobility for them to bear the expense of travelling home and to be able to do so. At Easter, Whitsun, those sort of holidays, we had a fortnight's holiday per year when everybody was at home, when the powers that be assumed the responsibility of getting you home for that holi-

day, but at public holidays you could go home if you could get home. My parents used to get somebody they knew who had a car, [to] come and fetch me and take me home. But if you couldn't get home you were there for the period of the holidays.

I don't know if [Stanmore] was better, I didn't particularly like the place. But we were virtually free to come and go. Once we had finished in the workshops we had to change. It was the rule that you had clothes which you went to the workshop in, and you had to change and present yourself for the dinner, or high tea. Once you had that, you could sign out for the evening. The signing out was because there was supper which consisted of perhaps a mug of cocoa and a bit of bread and dripping. Providing you were back by ten at night or ten-thirty (a bell would ring ten minutes before lights out) there were no problems. But if you didn't make that first bell, you had to account for your whereabouts. It was a mixture of public school and army.

We used to put our beds together and listen to late night jazz from Radio Luxembourg which we were rather keen on. Lights were out at ten o'clock and you

had to go to bed. Our dormitories just remained a space where you slept. We had no personal effects allowed to be hung up and everything that we had to be away in our individual wardrobe or cupboard. Monday's boots were always put out at the bottom of your bed and clothes for inspection or for some of them to be repaired. And the housemaster would make his rounds of the ward and marks plus or minus and there would be penalties, you know. "You're on dirty work tonight. Why? You're on dirty work again tomorrow night for asking why!" It was a very, very strict regime.

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*National Cripples  
 Journal 1933*

*"I started nursing about the time you're talking about and we were only allowed three items on our dressing table because we did have our rooms cleaned and it was too much for anyone to dust around them and also we had to make our bed and if it wasn't done to the home sister's satisfaction then she'd throw it all on the floor. That really pleased after a day at work." June Harrison, Home Warden, Royal National Orthopaedic Hospital, 1992.*

The maids used to have these quarters [in the dormitories] and a couple of people that did the work in the place, as distinct from the instructors, I remember a chap called Alma - Derbyshire chap - a brute of a man, not in manner but in strength, and another man of devious gender who used to look forward to Christmas time when his drag tendencies used to appear in great strength. Not a very nice man apart from his devious gender, not a very nice man at all. That was Sergeant Crutchwell. Notice the military appellations, it almost has an Evelyn Waugh touch about it.

We used to put our concerts on here, a couple a year, a frequent performer was Ralph Reader. The reason being that there was a Dr Durwood at the hospital. He had responsibility for our physical well-being and he was a Scout, or a Rover. He formed a small troupe which to us seemed a very exclusive group of young men rather than boys (I came here when I was sixteen). They were rather favoured because he would take them away at weekends camping. He must have known Ralph Reader, consequently we saw quite a lot of Ralph Reader. He had a pro-

fessional group of four or six who worked with him. He built his shows round the various Scout movements wherever he chose to put on a show. He would bring that group down to us from time to time particularly at Christmas when he used to lay on a dinner in the dining hall. They'd all come over from the hospital with their monkey suits on.

I used to push about in what was known as an Outdoor Merlin. I was considerably stronger than I am now. If we were going into Edgware we used to leave our chairs at the Vine and get on the bus. Or occasionally when we were in funds we would go to the State, Kilburn which was really prestigious, the biggest cinema in Europe. I remember my last visit there, the last day of Django Reinhardt and Stefane Grappelli in 1939. For 9d one had the privilege of sitting in the lounge until it started, watching television no less. Then you went into the cinema for two feature films. I can't remember exactly which, but one must have been a very young Alistair Sim. But we'd gone there to see Django Reinhardt, and then there was a chap used to make himself known as a conductor of orchestras - music arranger - in those days he was an organist, a chap named Sidney Torch. Then a three-quarters of an hour stage show, all for 9d.

Strangely enough, this place [the dormitories] has a warmth about it now that it didn't have when I was here. Everything was cold and nobody seemed to belong to each other. There was no coherence and whatever goes on here now, there's a feeling, a warmth, and that it's lived in. We were only just domiciled here you only got to witness that at a night time, when we had our meal and you could see this exodus going up that path getting out up on to the Common. Those that didn't.... we had one chap, North Country, came from Durham I believe. He was an amputee. He developed an attachment with one of the kitchen staff, and that - you couldn't be lower than that - was absolutely forbidden. This chap did but evidently it concerned other people, particularly our friend Crutchwell, who had something to hide you see. He was always looking to set hares running in the direction away from him. There used to be a pavilion on the cricket pitch that was on stilts and you could just about get underneath it. I say no more. They were dragged out as nature intended them to be one evening. He was on the train the following morning and the poor girl lost her job. They were cruel hard times.

My greatest ambition in those days was to get out, I'm amazed that I ever got out - it was the War. Here was one fellow who was hoping war was going to break out! I couldn't see any future through this particular brainwashing activity, it certainly wasn't designed to produce independence of mind and of action. So here's one person, who shouldn't admit this publicly. My chum and I used to talk

about [war] as we used to work in a room on our own. There we were doing some particular work for the horological department, and that used to be the tenor of our conversation, "I hope the War breaks out, do you think it will?" "Yes, I'm certain. What is the latest political development? Is it getting nearer?"

*The Training College closed upon the outbreak of war and the buildings taken over by the Ministry of Health. It reopened in September 1946 but was closed for good in October 1949. It had a large building debt and the fees charged to education authorities were insufficient to cover running costs. It was only open for five years in total. The workshops now house the Orthotics Department of the Hospital [where they still make surgical boots] and the dormitories have been converted into nurses' accommodation.*

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## Eleven WAR

War broke out on September 5th [3rd] 1939. Well a week before we were literally turfed out at a moment's notice. Rumour has it that the Army commandeered it, but we were certainly all turfed out. We had a meal at night. Those that had to go to Scotland (remember we came from all over the country) went out the following morning. Those who lived locally, we had a meal at our usual time of six. By seven I was back home, with all my belongings except for my guitar which I lost. I had to leave that, I couldn't take that.

*Tom had completed two out of his three years at Stanmore. It was obvious that he was not going to be called up for war service. He therefore had to get a job. There were no specific State benefits or pensions for people with disabilities [excepting blind people]. In any case Tom actively sought work. Before the War there had been campaigns to increase the number of sheltered workshops in order to give disabled people some chance of employment. There were often instances of disabled people being employed by the institutions where they had been looked after. Brookfield Hospital in 1925 took on a girl helper who had been one of its patients, a source of cheap labour or a benign act? However the War changed the situation in that disabled people were now actively sought to take the place of those called up in the Armed Forces. Tom managed to get a job with a watch repairer in Harwich, Essex.*

I was living at Dovercourt and working in Harwich. The so called Phoney War was not a Phoney War. But everybody else called it the Phoney War. We were dealt with by experiences there. Because of the exigencies of war the chap who I was working for, Major, he decided to close the shop.

*German planes used to 'buzz' the East Anglian coast and many residents in the coastal towns felt very vulnerable. As a consequence people, including children evacuated from London and other cities, were moved inland. This is what probably happened to Tom's employer. He had to get another job, which he succeeded in doing in Kent.*

I came up to Sevenoaks in time for a ringside seat for the Battle of Britain and the bombing of London. So in other words I used to watch the Battle of Britain by day and then on my half days I used to come home to be bombed at night. There were a hundred and one incidents, one particular to illustrate the situation of the handicapped in times of war. Everybody was diving for cover, including

policemen. "You can't bloody well stay up there. Get down below!" Then you're on your own, wondering what this plane is going to do, land on top of you or take off. About once a fortnight I used to go home, push home to Walthamstow from Sevenoaks [a distance of 20 miles or so]. What determined whether I would do that, it wasn't strictly so because I could always get it, was the fare to return on the morrow. If I went home on my half day my folks would have seen I had the fare. On the days I didn't go the ritual was either go into Knole Park with a book, or perhaps go and get a haircut, the shop was quite nearby. On this particular afternoon that was what I was doing, I was going to get a haircut.

Sitting there the usual signals started, the droning of planes. You didn't have to wait for warnings you knew what the signs were of an approaching raid. Then there would perhaps be a thump, thump in the distance of an anti aircraft gun, or perhaps even the whine of a plane. So you were being heralded that things were beginning to happen. During the Battle of Britain they were happening for three or four weeks. We were well versed in the procedures.

On this particular afternoon I was in the hairdresser when it started. The hairdresser, like myself, he was no longer interested in hairdressing. If you went across the other side of the road and through an alleyway it took you into a car park at Sevenoaks. It gave you a wonderful panoramic view of, looking behind you, coming in from the coast towards London. Because that's where they were bound for. These other noises that one usually heard was the tactic to send in fighter planes. Gerry sent in fighter planes in an endeavour to entice the British planes up to engage them in combat. As they were doing that they hoped that the bombers would get through to deliver their load. That was the practice. They did all sorts of things to see that this happened. They had a group called the Yellow Nosed Squadron, which would come down and machine gun the streets and things like that. Anything to try and get our people up.

We went where everybody else was watching these planes come over. The beginning of the barrage starting as the planes were approaching London. Dog fights taking place up above, crowds of people on a wonderful sunny day all watching this particular dramatic happening. An odd plane you'd see get winged, and you'd see it belch smoke and turn back for the coast. Or you'd see him perhaps go into a steep dive in the distance. You didn't know whether it was your own plane. On this occasion we were watching a plane who'd got winged. He must have got deep into the defences on the outskirts of Lewisham or somewhere, Catford, probably Catford would be nearest.

He was very high up belching smoke very early. He peeled around and gradually lumbered his way back. The dramatic thing, the why of the interest, he was

losing height very rapidly. He was gradually getting nearer and nearer, and lower and lower. The point of this was he must have been in a pretty parlous state because the personnel of the plane began to leave it on their parachutes. By which time he was now becoming a recognisable shape, and appearing to be making for the car park and carrying on at a rate of knots at that. You have got to remember that this was only one incident among many planes zooming about there. By now people really were apprehensive because he was coming down into the carpet. The chances were he was coming into the town. He was well alight.

At this point [there was] a policeman standing nearby, who'd been another interested watcher, although his duty was to make sure everybody was down in the air raid shelter which was in the car park. Another reason why everybody went into the car park, they could watch until the last moment and shoot into the shelter if they felt inclined. He began ordering people down into the shelter, including me. I couldn't get into the shelter not without some assistance. He was much too interested in looking up to [think], "Does this poor man want help into the shelter?" Anyway now the plane is looking ominous because it's really burning, it's a torch and it's hurtling in our direction.

I think I witnessed one of the bravest things I've probably witnessed in my life because that plane was actually directed at the town. It is now at a height where you could actually see the flames beating back from the fuselage. The chappie who must have been the pilot (there were three or four people who had jumped out - they didn't have that much crew in them) as he jumped he didn't have a cat in hell's chance of opening the parachute at the height he did jump. When he did jump and I suppose he pulled on the ring of his parachute, and it just caught fire.

He dropped like a log straight the way down, wham! It was as plain as that, the other side of that field [about one hundred yards] that sort of distance away. But the plane's now really, really being ominous and it's bearing down. Everybody in the car park, including the policeman has now gone. I'm alone in the car park just me sitting there watching this plane. I think it was no accident it went over the town. I'm certain the chappie stayed there and directed it over the town. Watching the paintwork actually flaking and dropping off and feeling the heat of that plane as it shot over. It exploded going over, the engine was found at Seal which was just outside Sevenoaks. I chuckle at the thought of the policeman.

There is a sequel to this. We were always looking for souvenirs during the War. I'd got a real treasure trove, it just went plop. Don't ask me how it had arrived. There was a revolver and a holster which landed at the side of me. I bent down to pick it up and I suppose the brave souls were now emerging out, including the policeman. "I think I'd better take care of that." So I never did get my souvenir.

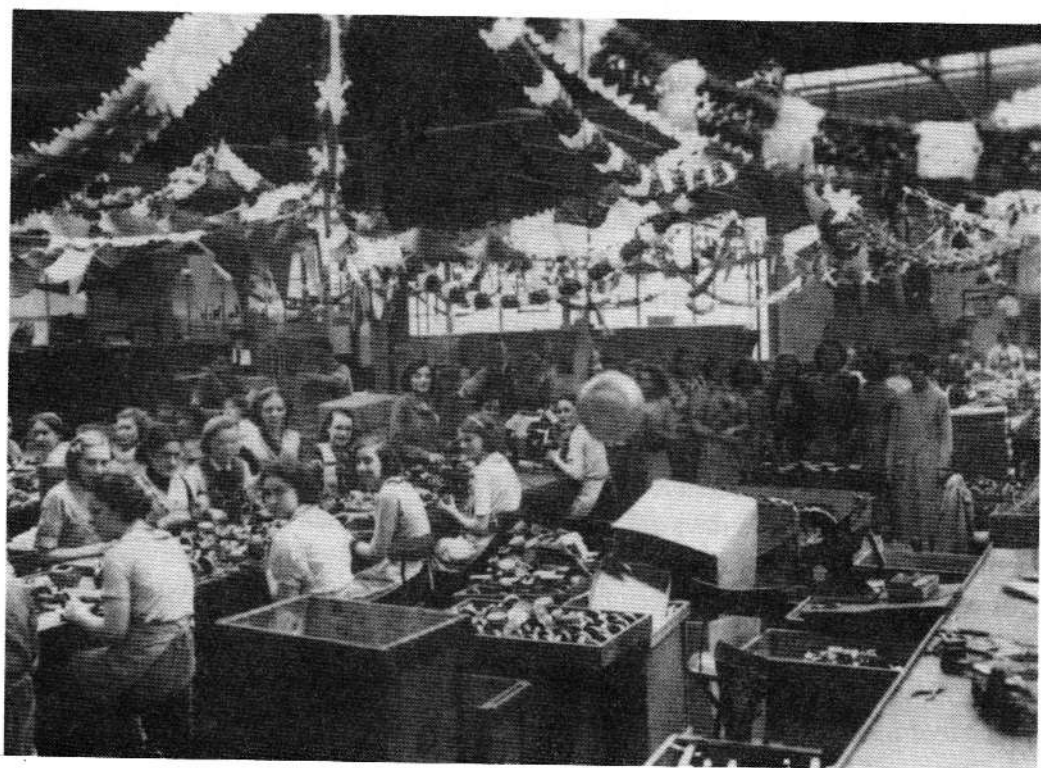
The only plane I ever recognised was the Dornier, the 'Flying Pencil' as they used to call it. I remember sitting down to Sunday dinner and watching one of those being pursued by three of our fighters over a hedge it was that low. It was just over the trees. Tat a tat tat. What they were doing was forcing it down. That's why it was that low. It had lost height and they had got it to a point where they were preventing it from gaining height. It landed nearby, I don't actually know where. But I do know they had to get the Army out to prevent the bounty hunters stripping the plane, to stop them taking the thing to pieces for souvenirs. I could give you a hundred and one of these incidents. This was the Battle of Britain, you lived with this. The Yellow Nosed Squadron they used to arrive early some mornings. I was on my way to work about 8.30. Seeing the cat run for its life and realising it was running because there were machine gun bullets behind it and you not terribly far away from them either. They were all the provocative stuff they used to get up to. I hadn't heard anybody got killed, someone must have done, firing indiscriminately.

*Tom also spent a period of time during the War working for another watch repairer in Mansfield, Nottinghamshire. He lived in lodgings. Details of this period are somewhat vague.*

## Twelve BACK TO WALTHAMSTOW

*Later on in the War Tom returned home to Walthamstow to live with his family. He got a job in Finchley, North West London. This involved a short push over to Blackhorse Road Station. He had to catch two trains followed by a further push to his place of work. This did not last too long and he decided to seek work more locally. His wife, Ethel takes up the story. In 1949 she was a divorcee with a young son to support. She needed to work and started a part-time job at Wells in Stirling Road, Walthamstow.*

There was one big factory. When I first went there I was in one part. They made toys at Wells you see. There would be these girls on the machines. Say it was a bus, it would come out flat with all the little lugs. I used to walk round all these machines, there was the fronts and the backs and the wheels and everything. They'd have one hanging up perfect. My job was to make sure all these hundreds that were coming through the machine hadn't gone wrong because they can go



*Wells Brimtoy  
factory interior a  
few years before  
Tom and Ethel  
worked there. The  
decorations are for  
the Jubilee of  
1935. [Vestry  
House Museum]*

wrong. That was what I did at first, make sure what they were bringing out was exactly the same as the sample on the top.

I asked to go full time. That's when they said, "Well if you're going full time, instead of going round inspecting the work, we'll put you over the other side of the factory." That's when I went across, when I met Tommy. Because I actually worked with him on this bench inspecting these electrical compressors or something. I remember these big compressors. As they came off the machines we used to examine them to make sure all the springs were right. Then they were passed over. I don't think that was just his job - boxing them up, [and] I think he had to make sure they went out to time. They were all hooked up or something because we did find a lot of faults. Then we boxed them up. I think Tom's job was to make sure they all went off packed right. It seems so long ago.

I left Wells before Tom. One of the reasons was I just couldn't manage on the money. The money was terribly poor and I thought I'd got to do something about this. Then someone put it to me to try for the Post Office, which I did and I managed to get through. Well I know Tom tried because he didn't pass. I didn't think he would because it would have been so difficult for him to get on to a switchboard, I don't see how he possibly could have done it. I know some firms have disabled people on their switchboards but the Post Office wasn't quite like that, they were all huge switchrooms. You had to come in and take your place. I would have thought it would have been terribly difficult. I think that's what they realised when they saw him. I know he did try.

The next I heard was I think Wells went to Wales. I think they opened a factory in Wales. I think he could have gone, but naturally he didn't want to go to Wales. Then he started looking around for another job. He tried a couple without success, but then he did get to the Micanite. It [Wells] wasn't a very good firm to work for. Slave drivers they were. You worked such hours I wasn't used to it. You couldn't move till the hooter went. Because I was used to getting up a few minutes before. I remember getting up one day, going out to the cloakroom. Someone said, "That hooter's not gone yet." I thought, "My goodness wait for a hooter to go." I hadn't been used to that. You couldn't move till the hooter went dead on six o' clock. Terrible really, I thought it was a terrible firm. That's all Tom could get in those days and he didn't earn very much money. But as he said people just didn't employ them [disabled people]. He couldn't believe when he got on to the Micanite and Resinfirms. Still didn't earn big money but at least he was earning more money than he was at Wells.

*Wells moved to Wales in 1965. Micanite, where Tom worked next, mainly made electrical insulators.*

When he went over to Resinfilms he was a works planner. He used to plan all the jobs, I think he said. He used to have to plan all the jobs and make sure all this material went out to time and know when the lorries were coming in to take these goods away. He used to say he had a big chart where he sat, up on the wall. He used to have to mark it during the day. Whether it was Resinfilms took over Micanite or whether it was a separate firm that I can't remember. He ended up at Resinfilms in Clifford Road. He started looking around and that's when he was given the job. He was at Clifford Road all the time. Resinfilms made the paper that goes on top of.... it used to come out of the factory in great big rolls, all different type of colours.

*Ethel and her son were living with her father in a flat in Walthamstow. He increasingly suffered from senile dementia and was admitted to Langthorne Hospital, Leytonstone where he died soon after.*

I was on my own before I married [Tom]. It was rather difficult really. David [Ethel's son] was rather small. I did hesitate about marrying because I didn't know if it was fair to David. Well I'll be honest I fell hook, line and sinker for Tommy I felt he was the most wonderful person I'd met. I knew him for so many years although we broke up several times. When my father died, I [was living] in Attlee Terrace in a two bedroomed flat.

I'd still been seeing Tommy. We decided that I'd give my flat up because it was upstairs, but if you had seen Tom in those days he'd come up those stairs on his sticks like nobody's business. No effort at all. It was better to be here than for Tom to come up the flat you see. That's when it was that we decided that we would get married and I came down here. '69 I think when we got married, We'd been married 24 years anyway. I must have been 52.

I came here and I gradually met his family. I said, "Well I've got to meet your family Tommy." He said, "We'll have to have a gathering here." And we did. I first met his brother Arthur and wife, although she's since died. The other brother, they all came here and the grandchildren. I think they were all surprised. I think they thought he would never get married you see. They were all surprised that he had married. I think people couldn't quite make me out. I think what it was I looked after my mother. When she died I had my dad. So all my life I've looked after people. I've never had people fussing round me.

He was a very determined man. He did what he wanted to do. You couldn't tell him otherwise. You might think something would be better for him but it's no good telling him. If you told him you'd get a chair special for him, but then he would go and sit in another one you see. He was like that, he knew what he wanted. He made sure that he got it.

He had callipers on each leg. They were a terrible weight I tell you, gosh they were heavy. That's the only thing, without them, he could never have gone on crutches. That was the only thing that steadied him. One leg was shorter than the other. One leg used to swing as he walked about. He only had the one leg to stand on while he got ready for the next step. He did have this brace but he wouldn't wear it. He must have had it when we first came here. We cleared the shed out and I saw it. I said, "What's this?" (and you know you get a lot of rubbish in sheds). He said "I used to wear that." I said "Oh you never did?" "I did." I felt dreadful to think that anybody had to wear such a thing. He said, "I'll get rid of that. I don't want to see that any more." We got rid of it. He had to rely on people to pick him up all the time. That's why he wouldn't wear it. He didn't like that. It was so hard round his body that he couldn't bend or anything. Then he was able to get himself up and down you see.

## Thirteen HILDA

*Tom's sister, Hilda had been evacuated for periods of time during the War to near Bishops Stortford, Hertfordshire, and Ilkeston, Derbyshire, but had returned home to Hervey Park Road. He describes what it was like living with her.*

There's a lot of nonsense talked about children with Downs Syndrome from my experience. People will be affected by this unfortunate situation to the extent of the motivation of those who have charge over them. The only difficulty with Hilda as I remember it, as she got older, was the fact that she decided she didn't want to do something at a particular time. Then you had to be very much a motivater to get her to do it on your bidding. Perhaps the family were going out in a group and it was time to get changed or to wash or whatever. To get it done at that particular moment that's where the real problem came.

A Down's Syndrome child is immediately recognisable by this malformation of their features. I suppose in certain circumstances, the degree of malformation will have some bearing on how well they do in society. Until Hilda went to Ilkeston [during] the War, she used to play happily in the street with other children. At the time when Hilda was maturing I was away from home anyway, I was off to Stanmore.

The problem for the Down's Syndrome child within the family is it's fine while the family are growing up. They are each others contemporaries. But there comes a point where they are no longer contemporaries because the Down's Syndrome child's personality will remain static. Whilst their contemporaries in the family go on, they leave them behind. That is the sad part of it. Hilda was very amusing and very lovable. She was very affectionate and could be very helpful. It just depended how you struck her at the particular moment. If she decided she was going to be helpful she'd be very helpful, and if she didn't want to be helpful that was the end of the story. There was nothing you could do about it.

Hilda had lots of love and affection from both of my parents and they didn't neglect her in that respect. What she did need and what she couldn't possibly expect to get from my mother was the time and the care. Remember this was a situation where there was nobody to turn to for help and advice in this matter. It isn't like today where there is someone where you could seek help and take a

problem to; and the belief there was going to be something practical there. If you were unfortunate enough to produce a Down's Syndrome child you were on your own. That even applied to schooling because there was a school run at Greenleaf Road. They had a room at Greenleaf Road. Again problem in itself. They



*l - r Ethel Atkins, Hilda and Ivy, her sister, out in the Essex countryside.  
[Ethel Atkins]*

had to be taken to school. That doesn't seem a terrible hardship, but if you remember we're speaking about the problems [of] how co-operative they could be, well going to school on a particular day might be a moment for a policy of non co-operation. So the wear and tear of that is quite tremendous for anybody who hasn't known it. That's on top of the fact that you've got to get other children to school. Then you've got the menfolk. My two older brothers and my father would be going to work. A pretty harrowing situation looked at in retrospect. It was taken for granted.

As was the format in those days she was sent to Shernhall Street which was a school for the mentally handicapped. I think there is a school still there. It was exclusively for the mentally handicapped. There's no criteria that she'd gone to Shernhall Street. In actual fact they couldn't do anything for her because it was the wrong sort of schooling. She was at Shernhall Street when war broke out. She was evacuated in '39 like other children at school, and away until [after] the War and then she came back. They used to run a school for the mentally deficient, which was a more accurate description of her situation, at Greenleaf Road. I don't know when it finished, my mother used to take her there.

I don't know what happens to such children today. Up until twenty years ago they would be institutionalised very quickly. Hilda missed that experience which was a good thing from her point of view, possibly not from the parents' point of view. There is a situation in which the Down's Syndrome child has swings.

They're very lovable, they're very affectionate, they can be very co-operative. But then they can swing the other way from time to time. You can't do anything with them, they won't co-operate. Now my mother was not a strong personality. After what she'd gone through she was rather beaten down by life. Hilda could in situations dominate my mother. My mother never used enough guile on her.

She was very helpful to me if I wanted things done. She was very helpful to my mother. The only trouble was she'd elect to do the washing up you see. The point is that when she did the washing up she was doing the washing up and nobody but nobody interfered. She would occupy that sink to do the washing up just as long as it suited to do so. From Hilda's point of view and from any Down's Syndrome child's point of view, the longer you keep at home the better because they've got to be stretched. She remained in the family circle, then my father died. I've got a feeling it was too much for my mother to take her to school because you need co-operation for this to happen. My mother was dependent on co-operation from her, getting herself ready and so on. My mother was obviously getting older and worn out as most working class mothers were, particularly ones who had had this sort of experience of life that my mother had had. Hilda stopped going to school.

When my father died [in 1952] she was still at home and remained in the home until my mother died. She and I were left. It was something I couldn't cope with. I could have coped with her, but I couldn't cope with her and going to work. So she was sent away - that's harsh - she was admitted to Essex Hall at Colchester. I used to visit her once a month there. I kept that up for something like about twenty years I think. Ethel and I used to go down there. Then the poor lass she died. Although she'd had a good innings. They don't live to make very old bones so I'm told. She was well into her fifties when she died.

## Fourteen

### MOVING & ENDING

*In the Mid-1950s Tom and his family moved home. For the rest of his life he lived in a disabled person's bungalow, overlooking school playing fields, near to Walthamstow Town Hall.*

I moved here with my mother and Hilda. We didn't need rehousing as such you had to qualify for an invalid tricycle from the State under the National Health Service at that time. Although I had one of my own, nevertheless in order to be viable for work, I needed to have two. I had a hand propelled chair and my motorised invalid carriage. The hand propelled chair, the gearbox broke down. It wasn't worth getting repaired. So to keep myself viable, I applied for a machine and got one. To get one you had to be able to garage it. Well they made it possible for me to have one but kept worrying me to have a garage. I did in actual fact get a garage at Priory Court. It was just to keep the Health Service happy. The vehicle that was in the garage was the one I wasn't using. I had to have one at the house. They started to pressurise me about this they suspected that the machine wasn't kept in the garage. "Do I not think I ought to get rehoused?"

I wrote to the Council and told them what the need was. Nothing came of that until these bungalows came on the scene, which I knew nothing about. I got this call out of the blue from, probably, Rayner who had been looking up files. He was the Housing Manager at that time. He had me up there one afternoon. We had a long chat about these bungalows. They had gone so far along the process of being built that anything I had to tell him seemed pretty pointless. He seemed to think it was all worthwhile and he said, "Well would you like one of these bungalows?" I said, "Yes, but...." and explained the reasons. He said, "I will do all in my power to see that you get one when they're built." In due course we got this letter saying that one was being considered. We went through the usual rigmarole that you go through. We were on a shortlist. Finally the decision. It was a rank decision, we weren't going to get one. They had already been allocated. Then about a month afterwards, perhaps not as long as that, we got another letter to say that we had now been allocated one. One will never know what went on, whether someone dropped out. That's how we came here. My mother was living here when she died [in] '64. [In her life] she'd got a bedridden mother who she was caring for, a Downs Syndrome child, a child severely encumbered

by polio. Hilda must have died about '84, a couple of years after Sid died.

*Tom had always been interested in music. Typically rather than a mere appreciator he had to get involved. Ethel explains.*

He was a tenor, he had a lovely voice, we never did have any tapes of his voice. He loved it but he got into difficulties with his breathing. [and] he had to give it up. He used to stand but in the end it got him. He was very upset about that because he used to love his singing. He used to go to choir practice. I think one of the programmes I've got, one of the earliest, was '56. It used to be in Station Road [Chingford], I think it was a Methodist Church. I went to all his concerts. They always did the Messiah. The Christmas Oratorio - I can remember that [as well]. Then there would be all solo singers. By the programmes he sang solo only once, I've only got his name once. I knew he could sing because he used to sing in the bath. It was sad because if they were singing [on the radio] anything that he liked he would try to join in. He just couldn't get there, couldn't get the notes. There wasn't very much he couldn't do really, he was marvellous in a way he really was.

*In 1981 Tom took early retirement from Resinfilms following a re-organisation. He then decided at the age of 60 he would take up sailing. He joined the Tideway Disabled Sailing Club in Greenwich. Ethel again gives the details.*

When he retired I remember him saying he was writing off to this sailing place to join this club. I remember saying to him straight away, "I don't mind Tommy you go but please don't ask me to join." I wasn't all that interested in those little boats on the sea. Didn't appeal to me one little bit. I said, "Bring the QE2 up and I'll go for a cruise." I wasn't at all happy going in little boats not on the water. There you are, he did it.

You had to practice quite a lot of things. They used to hire the Baths over at Greenwich, and they actually put a Wayfarer [a type of small sailing craft] in the Baths. They get in the boat and make it capsize, you have to capsize with all your clothes on, his irons and everything, to teach them how, if they do go in, how to get that boat up and get back on again. I couldn't have done anything like that, but he did. He did go once in the Thames though he was brought home. He said, "Would you go and run the bath." I said, "What's happened?" He said, "Don't worry, don't worry but I've been in the Thames." The boat he was in capsized and they dried him as best they could. He didn't make no bones. He came in and got in the bath. He didn't seem to worry about it.

Apart from the Lord Nelson, (he went on the Lord Nelson three times), the Jubilee Sailing Trust had a small cruiser called the Sealegs. It only held six



people, it was small really. He went on that several times. That was a boat they used to loan out to people. You had to have a disabled person on the boat and they used to have to hire a helmsman. When he came back the last time we all thought he should never had gone. Because he wasn't all that well. I remember Sid Sims (the chappie who was with him the night he came home and died) he was with him. I remember him coming in. [and] Sid said, "He's not been at all well." He came and sat in his chair. He couldn't talk for a long while because he couldn't get his breath. I think he went on that about three times and they went over to France. They used to land and go around over there, he used to be wheeled around. He enjoyed it but it wasn't very easy for him because it wasn't like the Lord Nelson where they went around on their chairs. He couldn't use his chair, it was only small you see, it was just a cruiser. So he couldn't move around very much.

He got an idea about having a ship built for disabled people. That they could go for trips around perhaps just around England, but also they could sleep on board as well. Apart from perhaps doing day trips, there would also be accommodation for them to sleep. He was in touch with people who knew all about building

*Tom with Prince Andrew at the Tideway Disabled Sailing Club stand at the 1986 Crystal Palace Dinghy Show.*

boats and the person that designed boats. This boat was all designed. This chap straight away sent him the designs of this ship. Yes they'd gone into it quite a lot and everybody was very interested in it. But they did have to raise a lot of money, a lot of money. The people he was in touch with thought he would be able to get it with a lot of help of course. They reckoned he would have raised this money. But he wanted something like half to three quarters of a million pounds. This one chappie he did all boats, but boats he built were mostly for charities. He was always able to get hold of this money because he said you would be surprised the [number of] people in this country that always have lots of money. And they're quite willing, if it's a good cause, they're quite willing to give this money. Somehow or other it seems to have fizzled right out. It's very sad because he had gone quite a long way and got so many people interested in this boat. He got the ball rolling it was all his idea. That was his ambition to get this boat built.

*Tom was becoming increasingly weaker. He had read about late onset physical complications as the result of polio and knew that his health was not good. He had already had a minor stroke which left his sight impaired in one eye. He also was diagnosed as having angina. He increasingly relied on Ethel to help get him out and about. In spite of his ill-health, he carried on, if anything, increasing his activities in a number of local voluntary organisations.*

The day he died he'd been out all day. He'd gone out in the morning to the Tideway on business. From the Tideway he was going down to somewhere in Greenwich to meet a person in connection with this new idea of his. All that day he was out, it was all to do with boat building and this project that he had in mind. It was dark and he got towards the end he didn't like driving in the dark because his eyes weren't as good as they were. It was fantastic really I went directly I heard the car out there because I always had things to bring in. I never thought anything of it he got slower and slower coming in. But would always say to me, "It's all right you go in, I'm coming", especially if it was cold. He just came along. All I remember doing was he had just said to me, "Would you just mind rolling my trouser leg up?" His trouser leg had caught in his calliper. He couldn't move. I remember doing that. I came in, he followed me in as he always did.

It was a wonderful way to go. If you'd got to die it was a wonderful way to go, but it was such a shock. He just sat in his chair. I helped him off with his coat as I always did. All he said to me was, "Would you get me a tablet out of my pocket?" I knew he must have felt queer. By the time I turned round and I took the tablet over towards him, well his head had gone back and he said to me, "Put

it under my tongue." In fact I remember putting it in his mouth. I believe he'd gone. So I don't think he had any pain or anything, I'm sure he didn't. I looked at him I just couldn't believe it. I was loosening his collar. It was marvellous that he got home. And there again I say that was Tommy's determination. He knew he'd got to get home. He felt queer or something but he'd got home. So it was marvellous, he could have crashed on the road and caused a terrible accident. Then he could have been in the accident. I would have been worried, what did he suffer and what happened? But I didn't have that did I?



*Tom chairing a Disability Pride event at Lloyd Park, Walthamstow in 1992, not long before his death [Caroline Lister]*

## Appendix A

### Other Peoples' Memories

**Thelma Wolfe** remembers Tom's role in the local Workers' Educational Association.

Tommy first came into the lives of the Leyton Workers' Educational Association Branch possibly in 1943. Mr Sydney Simpkin was Secretary before this year and his wife was working as a Personnel Officer at the factory of Wells. Louisa Simpkin was a lover of literature, paintings and music and entertained many of us at their home to listen to records of music. She enthused about her interests to Tommy and when we had our own premises at 192 Vicarage Road, Leyton he was able to join the music classes held there. His mobility was governed by the number of steps into a building and our 'Centre' was on the ground floor of a double fronted house.

He gave a series of 'gramophone recitals' on Sunday evenings. One evening was devoted to Wagner's 'Tristram and Isolde' and I persuaded a group of my Secondary School pupils to attend. I still have the 78s of Berlioz's 'Symphony Fantastique' which he gave me when he bought the long-playing records. At this time Tommy had singing lessons from Miss Joyce Frow one of our tutors

**Don Linton** was born in 1918 in Markhouse Road, Walthamstow. He went to St Saviours Church School nearby where he felt the educational standards were poor. At the age of six he contracted diphtheria and was for a time in Chingford Isolation Hospital. As a result of being made to stand in the rain in the school playground he caught rheumatic fever. After treatment he was sent to the Physically Defective Department at Joseph Barrett School to continue his education. He was in a different class to Tom. However:-

My first clear memory of Tom Atkins dates from about 1944 when we both attended the newly opened branch of the Workers Educational Association in Vicarage Road Leyton. In the thirties we went to the same school at Barrett Road, Walthamstow - not the large school but the small separate one for handicapped children. I do not remember him at that time.

As an adult he had strong features, an attractive alert personality and was severely restricted in his movements. We shared, along with many others, an interest in classical music. He would no doubt have gone to the local concerts and recitals at the Assembly Hall and joined in giving and listening to the record recitals at Vicarage Road. With Tom and I, our common schooling must have

been a link which brought us together, with visits to each others homes. At Hervey Park Road I met Tom's parents and a married sister, living at the time in Bethnal Green. He had a sharp wit and a great sense of fun - I remember his derisive delight when our cat refused to obey an order! He also had strong preferences. In music for instance he had a high regard for the conductor, Felix Weingartner who was later to be almost forgotten but is now seen as among the finest in his profession. Tom had no doubts.

I do not remember particular references to our schooldays, but I'm sure the formidable but much respected headmistress, Miss Thompson, would have featured. Miss Thompson could deal with any issue that was raised and make it a creative exercise. One rapidly grew to understand the real world as they say today. The positive thing I remember [was] she made every subject interesting. I became aware of all sorts of things. She could put one down She had firm control over things. I was a lively boy and I was cheeky to her in the sense that I had a sharp penetrating tongue. I remember on one occasion telling her that I did not want to be preached to. She jumped on me very hard after that. First of all the implication that she was preaching offended her deeply I'm sure. The second thing was that how dare I tell her what I thought she was doing. She told me in front of everybody that she was ashamed. "You, my Head Boy." That was the first time I'd heard of being the 'Head Boy' but it was very effective.

I don't think we would have necessarily discussed the details of life at the school. I don't think it was a subject that would have interested us a great deal. We were busy getting over that period of our lives and getting on. Once one starts talking about one's 'condition' as it were, it can lead away from what I regard as more important and interesting things. So that may have been a factor that Tom and I may not necessarily gone on about the schooling that we'd been to. Not that we were ashamed in the least, on the contrary. I thought a great deal of the school. Self-pity was not encouraged at the school and I'm sure some of her indomitable spirit was added to Tom's already strong personality, He had a very, very firm mind [and] I think he could have been obstinate. I think that affected everything he did and said. He was a person very convinced of his conclusions, if he came to a conclusion he would hold to it and couldn't be easily persuaded, if at all. He could be regarded as obstinate by some people but I never found that was any obstacle.

*The following article is reprinted from 'Thames Chronicle', September 1989:-*

### **'Tideway heads for the storm**

Seven years ago, a group of five disabled sailing enthusiasts decided it was about time that London had a facility to allow people with special needs access to go sailing on the Thames. The result was the formation of the Tideway Disabled Sailing Club (TDSC). It is a great success story. Now there are more than 40 members, both able-bodied and disabled, who gather twice a week at the Greenwich headquarters to sail the club's fleet....

In 1983, Tom Atkins, now vice commodore, joined the club. He has clearly been a major driving force behind the development of the membership and its activities. One of Atkins' initial concerns was that the membership should not all be disabled. "I have never belonged to any club that was exclusively for the handicapped", he says. "I don't like segregation in any form and it made sense to welcome able-bodied members to decrease our reliance on volunteers"....

Since its formation, TDSC has had its headquarters next to the Greenwich Yacht Club at River Way, not far from the Blackwall Tunnel. Recently the land was purchased by British Gas, which has plans to redevelop the area although it is not yet clear what it intends to do with it, or when. One possibility is the development of a residential village including shops and houses.

Atkins and Valentine (the Commodore) say they are existing on a month to month basis until BG's plans become clear. This month they attended a seminar explaining the possibilities for the site, and in September a further meeting is planned between developers and residents to clarify the situation. Both are hopeful that TDSC will not be made totally homeless, and Atkins has written a paper laying out his hopes for a possible accommodation of TDSC within the development plans....

Atkins a dynamic motivator who belies both his 69 years and the fact that he has had a stroke last year, still has many great plans and hopes for the future of the club.

"It has always been a unique organisation", he says. "But I want to make it a centre of sailing excellence for the disabled and able-bodied alike".

He says he has been described as a zealot, but hopes "that doesn't mean I'm headstrong or unreasoning". What he is undoubtedly committed to is making handicapped people in London aware that there is nothing to prevent them enjoying the water, or to integrating totally in sport.

"The most disabling thing about being disabled is letting yourself be pushed into

a corner by the rest of society", he says. "I never underestimate the value of bringing people together, especially in sport."

If the spirit and enthusiasm of the Tideway Disabled Sailing Club is anything to go by, then Atkins is right. Having been whisked expertly along a stretch of the river near the Thames Barrier in a Beaufort dinghy by blind yachtsman Chris Michaels, your correspondent can certainly testify to the enjoyment and sense of belonging experienced by this unique group of people.'

Tom lived another ten years after he retired. As well as his abiding passion in sailing, he also found time to take part in local matters he felt were important. He believed that people should get involved to improve things for themselves and other people. He had a healthy cynicism about politics and politicians but saw the importance of local self-organisation. He helped set up a local tenants association to try to improve the local environment. Meetings used to take place at his home. From there as a pensioner he got involved in Walthamstow Older Persons Forum. He rather reluctantly became its Chair and moved the organisation forward to take more of a lobbying role on behalf of local older people.

He was nominated to serve on a number of other local organisations including the Waltham Forest Association for People with Disabilities, Age Concern Waltham Forest and the Waltham Forest Access Group. This last mentioned body was set up to advise on access issues in the local built environment. Quite fittingly, in this capacity he gave advice on his old school at Barrett Road. He chaired a number of public meetings on local concerns, mainly with regard to older people. He had the capacity to move the meeting along in a positive way, yet equally could put down a speaker whom he felt was entirely out of



*Tom chairing a meeting of Walthamstow Older Persons Forum at Ross Wyld Hall in 1991. This was called to discuss changes in Social Services provision in Waltham Forest. The speaker is Cllr. Dave Lee, Chair of Social Services. [Steve Collins]*

order in a debate. One of his last acts was to negotiate with the editor of the *Waltham Forest Guardian* to initiate a column for older people in the paper. The first of these was dedicated to his memory.

On the 21st January 1994 the then Mayor of Waltham Forest, Councillor Narinder Matharoo, unveiled a plaque in Waltham Forest Swimming Pool. It was inscribed with the words:-

'IN MEMORY OF  
ERNEST "TOM" ATKINS  
1921 - 1992  
DISABLED CAMPAIGNER  
WHO HELPED MAKE THIS BUILDING  
ACCESSIBLE TO ALL'



*Plaque to Tom at Waltham Forest Pool unveiled by the Mayor, Cllr Narinder Matharoo on 21st January 1994. Pictured with him is Ethel Atkins. [Michael Custance]*

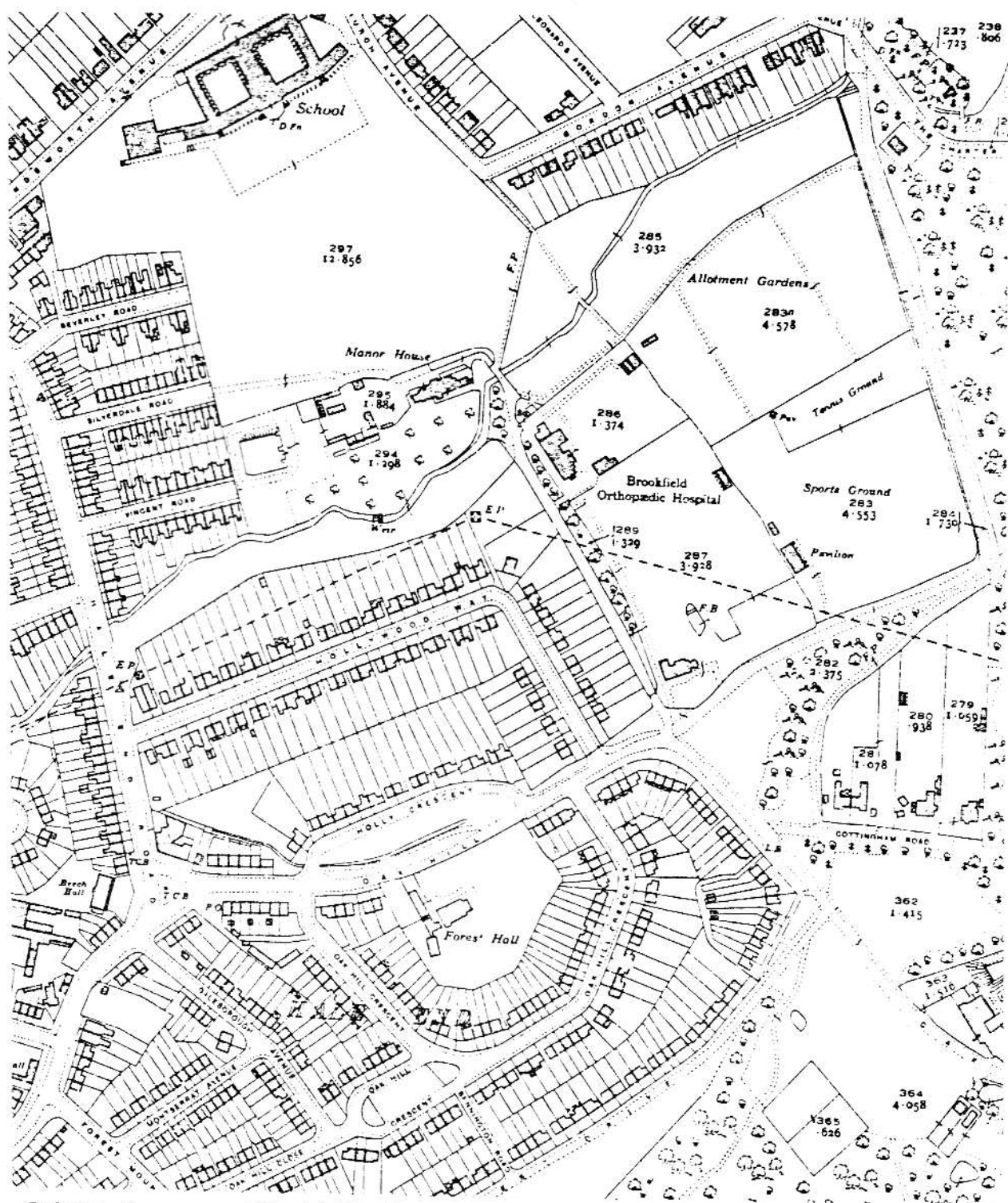
## Appendix B

### Brookfield Orthopaedic Hospital

The origins of this hospital lay in the First World War. The Hale End Red Cross Hospital was opened in 1916 as a result of fundraising efforts by the Hale End District Association, a local residents group. It was a brick built structure with a large open ward. The owner of the land was Mr Thomas Armstrong. He lived in the adjoining 'Brookfield' in Oak Hill and had the building erected at his own expense. The Association raised over £450 to equip the hospital. In 1919, its purpose of treating injured troops finished, it was closed down having treated 500 patients and not one of them having died. Mr Armstrong offered the building to Walthamstow Council 'at a very good price' [£5,500] for the Walthamstow Council for Child Welfare and Maternity Work to open a maternity home. He also offered the furniture and fittings as well as a £500 donation. This was declined with grumblings that the price was not very good. In addition the not unreasonable point was made that, *'The building is at the end of a lane, in the valley of the Ching river where fog abounds, some distance from railway and trams.'* [Walthamstow Guardian 19th November 1920] Above all the prevailing custom was for home confinements which were claimed to be



*The newly built Hale End Red Cross Hospital in 1916 [Vestry House Museum]*



Ordnance Survey map of Brookfield and environs around 1939. It clearly shows the main building, the nurses bungalow and the school room to the north-east. Mr Armstong's house is to the south. It is clear from the plan that the hospital was built at the bottom of his extensive garden. Two schools now occupy this area. The land to the east is now a council estate. One of the roads in the estate is named Armstrong Avenue. [Crown Copyright]

safer due to the risk of infection in hospital.

On 22nd June 1923 a public meeting was held at the then Walthamstow Town Hall in Orford Road. Mention was made of the fact that the Walthamstow Local Education Authority had attempted to set up a physically defective school to cater for the acknowledged need for local disabled children, and that there had been an earlier public meeting in 1922 to see whether there was a need for a hospital to give treatment locally. Orthopaedic medicine could increasingly treat more and more diseases and disabilities. Whether these treatments were effective is outside the remit of this book. The example of a large Orthopaedic hospital with 350 beds outside Oswestry, Shropshire was cited. Over the years expansion to a similar size was discussed but at this meeting the following motion was carried nem. con.:-

*"We recommend that Brookfield House be utilised for the treatment of cripples and that the Board of Education be asked to sanction it as a Hospital School."*

A sub committee was set up to pursue this objective. The Board of Education was to be asked to pay for the school and voluntary effort was to fund the hospital. It was estimated that in the first year £3-4,000 would be needed to run the hospital. On 26th October of that year a further conference was held at the Town Hall. A Committee was set up and Sidney Burnell, the Chief Education Officer for Walthamstow, was asked to become Secretary and Mr Armstrong to be Treasurer. There was close co-operation with Walthamstow Council but very little money was forthcoming. By all accounts any funds they had for disabled children went into the newly opened Joseph Barrett Physically Defective School in Barrett Road, off Wood Street. Most help came in kind with Council surveyors giving assistance, supplies being ordered through the Council [presumably at reduced rates] etc.

It appears very little work was needed on the building as the main item was to appoint staff beginning with the Matron, a Miss Breeze from Rochford Hospital, who was offered a salary of £150 per annum plus board and lodgings. She commenced duties on 1st May 1924 and further staff were then appointed - a nurse, cook, maid, non-resident nurse, teacher and porter. Later on a masseuse was to be appointed by Mr Whitchurch Howell, Honorary Consultant Surgeon, for three half days a week at

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#### Hospital and Poor Law Vacancies, &c.

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#### BROOKFIELD ORTHOPAEDIC HOSPITAL, WALTHAMSTOW.

The Committee invite applications for the post of MATRON of the above hospital, which will be opened shortly, with accommodation for 25 children. Orthopaedic training and experience of administration are essential.

Salary £150 per annum, with board and lodging.

Applications are also invited for appointment of one Resident Nurse at a salary of £90 per annum and a Non-resident Nurse at a salary of £130 per annum.

Applications on forms to be obtained from the undersigned should be sent in by the 12th April.

S. W. BURNELL,  
Hon. Secretary.

Education Officer,  
High Street, E. 17.

1st April, 1924.

(174)

Telegram: "H"

*Nursing Mirror*  
5th April 1924

£50 per annum. Initially the resident nursing staff were accommodated in Mr Armstrong's gardener's bungalow. A chalet was later built to rehouse them in slightly more commodious surroundings.

By January 1925 there were twenty six patients [of whom seven had tuberculosis]. Whilst primarily thought of as a Walthamstow resource there was immediate recognition that children from other areas were needed in order to fund additional beds.

*'[The] Scheme should be made as widely known as possible in areas likely to be interested - Essex, West Ham Union and Metropolitan Essex, Middlesex, (Tottenham, Edmonton, etc.).' [1st October 1923]*

The need to keep an adequate supply of 'cripple children' was an ongoing one and the hospital was rarely without some kind of funding crisis. There was a heavy reliance on Essex County Council supplying children. This they initially did from as far away as Clacton [see p 47]. However they decided to open their own facility at Black Notley Hospital, near Braintree, which somewhat thwarted expansion plans that the Brookfield Committee had in mind. This did not stop various schemes being discussed from time to time. In 1925 there were plans to open another twenty-five beds. Already Essex were uncertain of offering support and this came to nothing. Mr Armstrong, the owner of the land made a number of offers to hand the building and land over to the Management Committee for a number of years which again came to nothing mainly over the long term uncertainty of the finances.

Mr Whitchurch Howell had the temerity in 1928 to request an honorarium, he suggested £52 10/- [£52.50]. This was turned down as the finances were insufficient. It was suggested that if he could keep the hospital full then maybe they could afford it. A letter of appreciation was all he got. Some annoyance with him could be explained by the appearance of an article in the *Woodford Times* dated 9th March 1928. Headed 'Orthopaedic Clinic', it announced the opening of a new orthopaedic clinic at South Woodford under the joint control of Essex County Council and the British Red Cross Society. The article goes on:-

*'The Essex County Council has had the valuable help of Mr. Whitchurch Howell for some years as consulting surgeon, and is hoping to start clinics for treatment in various other centres. It has for some time reserved beds in London orthopaedic hospitals, but for these there is a pathetically long waiting list.'*

This caused some discussion at the next Hospital House Committee meeting, no doubt concerning Mr Whitchurch Howell's role. The next year he tried his luck with a new operating table costing £150. The Committee asked him to supply details of a less expensive table.

In the same year Essex became more explicit about their less than effusive support. Their Medical Officer of Health, Dr Bullough, wrote to say that the cost of treating children at the Queens Hospital For Children, Bethnal Green and the Cheyne Hospital For Children, Chelsea were both considerably less expensive. The new Black Notley Hospital would itself have ten orthopaedic beds. A possible consequence of this was that the cleaner's wages were reduced from 6/- [30p] to 5/- [25p] a week. The Board of Education was to be approached to approve the employment of a [cheaper] uncertificated teacher. Things got so bad that when Matron Retout died on Good Friday 1933, the Committee decided to only send a note of sympathy. It agreed to take no action on the upkeep of the late Matron's grave and then to review in April 1934 a request from her brother for her last month's salary.

This seemed to be the low point of the financial fortunes of Brookfield. By 1935 staff wages started to go up rather than down as they had been before. It is likely that it was no co-incidence that the County Council had written at the same time to enquire about the purchase of Brookfield and an adjacent plot of land 'to build a hospital to accommodate 800 chronic cases.' This was to serve all of south west Essex. The Committee agreed to do so providing orthopaedic beds would be available at the new hospital. It was reported that 781 children had been admitted to the hospital since it opened up to the end of 1935 and there had been 955 operations. £39,142 had been expended of which £3,943 was raised by voluntary contributions. Even so, it was admitted that the hospital was having difficulty in filling beds. This was put down to the success of Brookfield in treating crippled children.

Brookfield was transferred to the control of Essex County Council on 1st December 1936 and the final meeting of the Hospital Council was held on 8th April 1937. A number of financial arrangements had already been made for a fund for cripples over sixteen years of age. All that remained was to agree the accounts and:- 'Light refreshments were served and the meeting concluded'. The Hospital closed upon the outbreak of war in 1939 never to reopen again as such.

Whether Essex would have been able to build such a large hospital, with an estimated cost of about £2,000,000, was never tested. Such a responsibility became that of the National Health Service which came into being in 1948. However Essex County Council converted the buildings with an extension to an Old Peoples' Home after the War, known as Spackman House [named after a former County Councillor]. It was transferred to the control of the newly constituted London Borough of Waltham Forest in 1965. Spackman House had closed by July 1990 mainly because of poor access between the old hospital block and the

newer building erected by the County Council. This was seen as a fire hazard. After a period boarded up it was demolished in 1993, the land sold by a cash strapped Council and replaced by a small housing estate.

Tom's wife, Ethel, by a strange co-incidence, did voluntary work at Brookfield. It appears by the nature of the work that there should have been more nursing staff employed.

*I think it was strange that I should have gone. That must have been when I was in the Rangers, I was about seventeen I think and they suddenly needed help at Brookfield. The nurses got in touch with the Guides. "Was there anybody willing to help?" I always remember the Guide Captain asking us if there was anybody willing to go to Brookfield Hospital to help on a Sunday afternoon. I had a friend, a very dear friend, Pat, she was in the Guides. We offered to go. It should have been two different girls each Sunday. They started off like that but it ended with every Sunday Pat and I used to go to Brookfield. I think one of our jobs was to wheel in all the beds in from the Sunshine Room. We used to put the splints on before they went to bed, and carry the little ones out to the toilet and put them to bed. Then I think we used to sweep the ward. I can visualise it a little bit. I imagine he had just gone when I went there and that's ever so odd isn't it? Very odd, very odd. He wasn't there I think I would have remembered. There was a little boy there, a little blond boy on crutches I can see him he had the most gorgeous face. But definitely I used to think that could have been Tommy but it wasn't, Tommy was far more disabled than this little boy. I thought that was most strange I should have gone there and almost helped him.*

Tom went back to the Hospital for the first time in almost 60 years in 1992. It was specially opened for him by Waltham Forest Social Services. In spite of the changes he could still recognise former haunts. The maids' staircase was still there, still impossible to climb. He could identify the operating theatre, which had been converted into an office. However the ward had been divided into two lounge areas. The Sunshine Room, where Tom had suffered the agony of laying out in plaster in the heat of summer, although the windows were tinned up, was still in being. The resident caretaker, who was living in the old nurses bungalow, said there was even a ghost, a lady in grey who haunted the area around what used to be the nurses lounge. The caretaker's alsatian dog always refused to go near that part of the building. Whilst we were in this area in the semi-dark [the windows were boarded and the lights not working] we attempted to open a lift door which had been installed when the building was an old peoples' home. As the door reluctantly slid open out fell a foot! No, not the foot of the Lady in

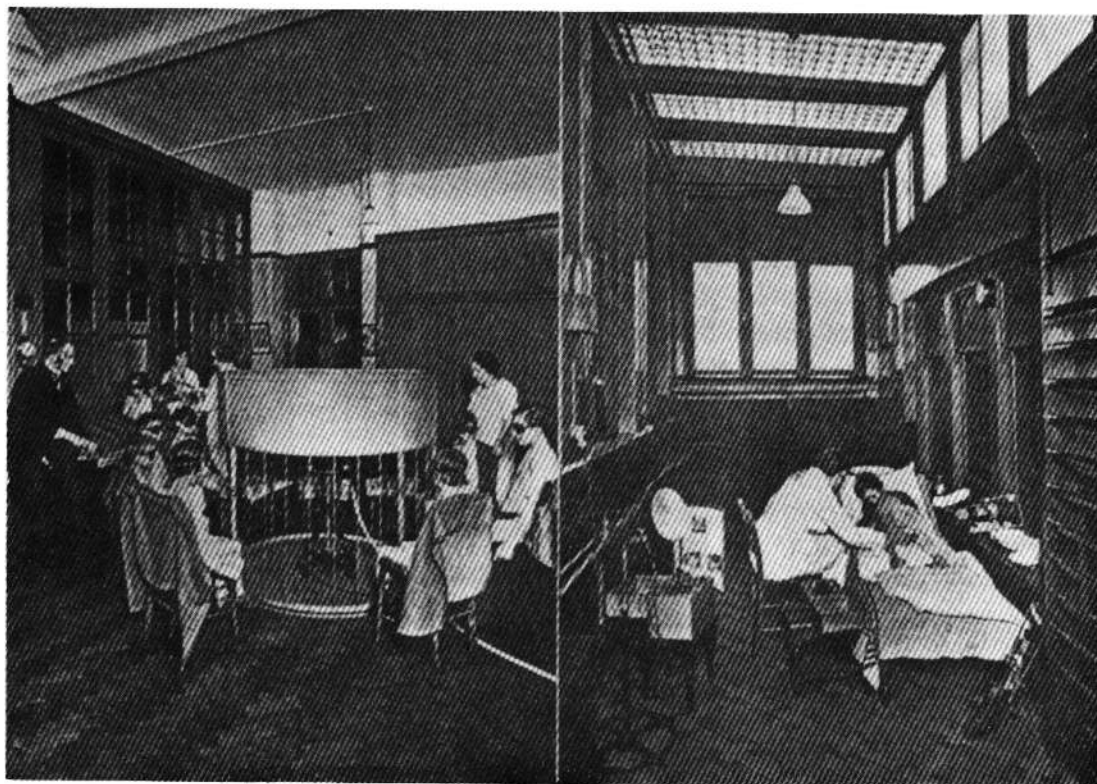
Grey, but an artificial limb of presumably a former resident of Spackman House. A member of staff at Brookfield House School who had previously worked at Spackman House had also heard of the Lady in Grey, but then she was reckoned to 'inhabit' the nurses' bungalow.

All the other buildings had disappeared including the schoolroom and Mr Armstrong's house. The forest had suffered some encroachments but we did find the Bridle Path [now with a tower block at its entrance] where Tom used to set out to explore Epping Forest with Molly the Donkey. Further up the hill, and which led to an initial confusion, is Brookfield House School [built on the site of the original Brookfield House] which is the latest manifestation of the Joseph Barrett Physically Defective School in Wood Street. The present school was opened in 1964 after the Hale End Open Air School, renamed Wingfield House in 1957, was closed down. The site still retains a link with the past.

## **Appendix C**

### **Polio & its Prevention**

Polio is no longer a feared word. Yet in Britain until the early 1960s it was seen as great a threat to the well-being of children as tuberculosis, scarlet fever and diphtheria. Between 1947 and 1958 over 30,000 British people became disabled through infection by the virus. Poliomyelitis, to give it its full title, is the common name given to three similar viruses which attack through air and water contact. A common route in areas of poor hygiene is through faecal contact. Initial symptoms are similar to flu. Many people will have been infected without even knowing it - they have a sore throat for a few days. They then become naturally immune to that particular strain of virus [but not to the others]. The virus spreads to the bloodstream, and in only one in a hundred people will it damage the central nervous system. It attacks motor nerves running from the spinal chord to the muscles. Where the attack occurs, and to an extent how much exercise the person takes during the incubation period, determines the degree of muscular paralysis or even whether the person dies as a result of infection. The legs are the most vulnerable but it can affect other parts of the body causing permanent paralysis. The most extreme cases include people who are unable to breathe unaided and need artificial ventilation. They used to be confined in machines known as 'iron lungs'.



*Two types of treatment from the 1920s: sunlight & electrical treatments.*

*[Shaftesbury Magazine 1928/9]*

Polio, although seen as a modern epidemic, was known throughout history. A priest in Ancient Egypt is depicted in a wall painting with a deformed leg, probably caused by polio, and using a crutch. Mostly it affected individual people in a community, and it was not seen to take on epidemic proportions until the late nineteenth century. It used to be thought that polio epidemics were caused by better standards of hygiene. However epidemics are common in Third World countries as well, often due to poor water quality, poverty and lack of immunisation programmes. The two countries initially reporting epidemics were Sweden and the United States of America, both leaders in environmental health measures. In 1887 in Stockholm 44 people became ill with the symptoms of polio. An outbreak in Vermont in 1894, which affected over one hundred children [a number of whom died], was the first known polio epidemic in the USA. There were further outbreaks in 1916, including a large one in New York in which 27,000 people were infected and 6,000 died. This was the year that Walthamstow had its first experience of an epidemic. Children are the most vulnerable to infection [the disease used to be known as 'infantile paralysis']. However polio rarely attacks babies under a year old. They are born with a maternal immunity which can last up to the first six months of life. It could however attack adults. The future U. S. President Franklin D. Roosevelt suffered

from a polio attack when he was aged 39. This paralysed him from the waist down. He is often depicted in photographs with a blanket round his lower torso.

Once infected by the virus there is no treatment until it has run its course. Most people, for whatever reason, make a full recovery. However for about one in a hundred people, the virus lead to permanent paralysis of the affected muscles and a consequent malformation of adjacent bones in growing children. In the early part of the twentieth century it was acknowledged that there was no treatment for the after-effects of polio other than massage. Vi Gostling had an older brother born in 1911 in Leytonstone, three miles from Walthamstow.

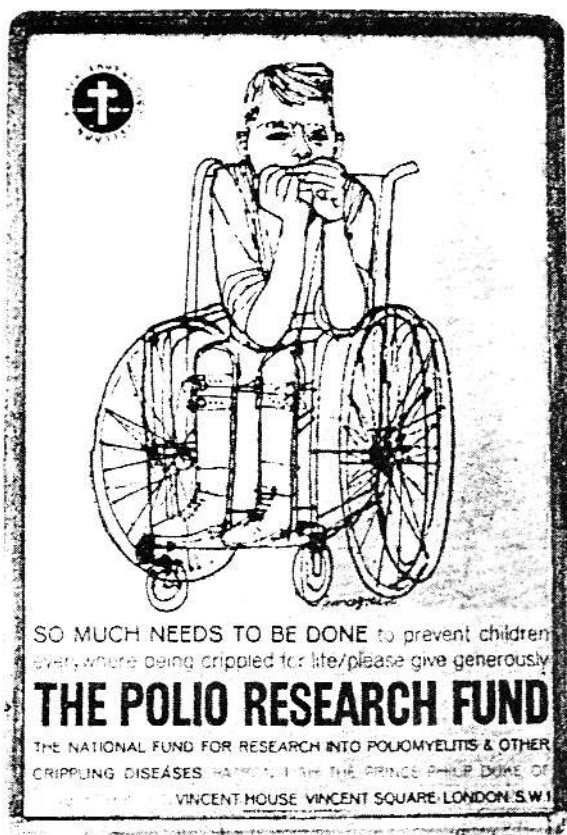
*My brother was afflicted with polio when he was two. So [my mother] had that problem of dealing with that and the hospitalisation, visits and all the rest of it. [It] affected you in the sense that my very early consciousness is standing by him (and that went on for the rest of his life, I still feel myself doing it now), I used to stand adjacent. You couldn't help him, he had to do his own balance, but I stood near him and he used you, your arm, your shoulder, as his lever or support, whatever he required. He went to Cann Hall School, and in the early days his friends, neighbours, children would take him in a little chair.*

*In later life he walked and he walked very well and very strongly I think entirely due, and the doctor said (I'm quoting my mother now, she was no boaster), "The fact that he walks is entirely due to you, mother." She used to massage and exercise his limbs every night and every morning. I'm six years younger than him but I can remember her doing it still when I was in my early years. She used to massage him with powder. There was no electrical treatment or anything like that - no therapy. He went in and out of hospital. I think the first hospital he was taken to was the National Hospital for Nervous Diseases in Queen Square. Then I do remember a long, long period of attendance at St Thomas's. I just think of the simple dragging journeys of getting from here to St Thomas's Hospital.*

In the 1920s orthopaedic surgery made advances in the treatment of conditions that were hitherto seen as incurable. Rickets is a prime example, and a number of children were operated on in Brookfield for this condition. However the treatment of polio is another matter. It is unlikely that the torments Tom Atkins suffered in his plaster jacket for virtually two years had any therapeutic effect whatsoever. Indeed the immobilising of his limbs would probably have led to further deterioration in his muscular control. Later massage when he was out of the plaster would have been on even more atrophied muscles. Present day treatment encourages parents to do exactly what Vi Gostling's mother did in the early years of the century.

By the 1930's it was realised that the only way to deal with the virus was to try to

*A poster of the 1960s as part of a fundraising campaign.*



find a way of preventing it assaulting the body. There was a race on to find a vaccine to create immunity from the virus. Viruses are more difficult to eradicate than bacterial infections. They invade the cell structure, whereas bacteria dwell on the surface of cells. There was an added challenge in that polio is one of the smallest viruses known to mankind. The race to immunise has some similarity to that of HIV/AIDS today, another complex viral infection, although with different routes into the body. How the virus entered the body was only discovered in 1949. Scientists found that it was swallowed, entered the intestine and from there travelled to the central nervous system to do possible untold damage. By the early 1950s the Salk Vaccine had been

developed. It was a dead form of the virus and at least three injections were needed to ensure that the immunity took. Such was the fear of the disease that in the spring of 1954 over 1.8 million American children took part in a test of the as yet unproven vaccine. Some were given the vaccine, some a placebo injection and the rest nothing at all. The virus strikes in the summer and early autumn so the results had to wait until the spring of the following year. They proved that the vaccine was 60 - 90% effective. Immunisation was started in Britain in 1956.

It was necessary to have a least three injections with the 'dead' Salk vaccine. Meanwhile a group of scientists under the leadership of Albert Sabin were working on trying to find a more effective vaccine. Through a series of laborious tests it was found that by passing the live virus through mice, it grew stronger and more virulent in that species, but less and less for humans. It did however stimulate the production of antibodies which fought the virus in the intestinal tract, before it got to the nervous system. The first human to be tested with an early form of the live but weakened virus was rather horrifyingly a 'feeble-

mind boy in a state institution' in California in 1950. After further testing the vaccine became available world-wide. By 1961 it started to be used in Britain. This is taken orally on a sugar lump and it has the added attraction that it 'infects' non-vaccinated people as well through air contact and gives them immunity. It does need to be kept at a low temperature to keep its ability to immunise. Both vaccines are used depending on circumstance and environment.

The disease has been effectively eliminated from Britain. This was not so elsewhere in the world. However in 1988 the 41st World Health Assembly committed the World Health Organisation to global polio eradication by the year 2000. This is to be achieved by mass immunisation schemes to get rid of the 'wild' virus. Its only host is mankind - it cannot spread naturally through animals. Therefore creating immunity across the world should lead to the demise of the wild virus. This can only be done through a truly global campaign. By 1991 more than 83% of young children in the world had been immunised. If present rates of immunisation are continued it is likely that polio will follow smallpox, another virus already beaten, into history.

As a linked theme, it is of interest to note the role of orthopaedics in the treatment of polio. Modern orthopaedic medicine started in the middle of the nineteenth century through two main routes. One was the ancient and unqualified skills of 'bone setters'. One of them, Owen Thomas moved early on in the nineteenth century from Anglesey to the dockland area of Liverpool. He sent his son, Hugh Owen Thomas, to medical school. He soon parted company with his father and set up in general practice. He devised the use of splinting as a means of treating fractures and congenital deformities. These 'Thomas splints' were later used extensively during the First World War. In his time Thomas became internationally renowned. His nephew, Robert Jones, was to be even more famous. He was to become the crucial figure in the development of orthopaedic medicine in this country.

The second route was through invasive surgery. This was enabled by more effective techniques for cutting bones as well as use of antiseptics. Hitherto the patient was more likely to die of septicaemia than the effects of the treatment. The First World War saw these two trends come together and gave plenty of scope for orthopaedic surgeons to show their worth. In 1916 Robert Jones was made Military Director of Orthopaedics. By the end of the War he had control of twenty Military Orthopaedic Centres throughout the country. Ironically a lot of the skills and procedures learnt passed on to general surgery. So orthopaedic specialists found themselves with a decreasing role.

In October 1919 Jones and another doctor, G.R. Girdlestone, published an article

in the British Medical Journal advocating the formation of a national network of central orthopaedic hospitals. It proposed a military style solution to the treatment of crippled children funded centrally by the Ministry of Health [formed in 1919]. There were two main objections to this. Firstly the Ministry of Health saw its role as supporting Local Authorities which would be the main co-ordinators of health-care. Secondly there was a recession on. Thus the main thrust of the development of orthopaedic facilities for the treatment of crippled children was through charitable concerns like the Central Council for the Care of Cripples. In the early 1920s there was an expansion in the number of new voluntary-run orthopaedic hospitals. Most were very small like Brookfield and were opened to treat children previously deemed incurable. They often used either buildings left by the military after war had ceased, or were built on cheap rural sites away from centres of population.

It was not just technological advances that led to such treatments. There were problems with convincing the need to treat. In the mid-nineteenth century a political campaign was waged to try to get better resources. The novelist Charles Dickens used references to disabled children in his books, the most famous of whom is possibly Tiny Tim in *A Christmas Carol* written in 1843. He often compared the distinctions between town and country as well as the links between disease and poverty. At this stage the campaign centred on getting society to recognise that it had a responsibility to disabled children mainly through the provision of residential care. It is also of interest to note the connection with fresh air. A number of the first orthopaedic hospitals were built beside the sea to make the most of the bracing air.

The link with open air was taken a step further by the nurse Agnes Hunt, herself disabled. In the 1890s she set up a convalescent home for disabled children in a group of cowsheds in Baschurch, Shropshire. Here she collaborated with Robert Jones to develop open air treatment. This type of treatment eventually permeated through to places like Brookfield and the network of open air schools throughout the country. It is of interest to note that Tom Atkins was first treated in a hospital for nervous diseases. Yet by 1926 he had entered one of the small orthopaedic hospitals that had opened after the First World War. He experienced open air treatment whilst in his plaster jacket. He later went to a purpose built open air school. All these have a direct line back to what had started in the nineteenth century and were replicated throughout the country. A successful campaign was being waged to treat the hitherto untreatable. Above all it was a campaign to treat the whole person, an increasingly trendy term these days, less so then. Many of the techniques used were non-invasive and used low technology to treat.

The very success of this treatment led very soon to a major problem. The orthopaedic hospitals were running out of children to treat. Equally most of the diseases that caused such horrific deformities were themselves conquered through the use of antibiotics, immunisation and better hygiene. Major diseases like rickets, poliomyelitis and tuberculosis are now largely of the past. By the outbreak of the Second World War those, like Brookfield, that did not adapt to change went under. Those that were successful in remaining open took in adults, or diversified into dealing with fractures and rehabilitation [in particular following industrial accidents]. Above all orthopaedics came into the mainstream of medicine after the Second World War. Institutions like Brookfield were ill-suited to the direction taken, ie invasive surgical techniques like hip replacements. This was more likely to take place in the larger district general hospital with better access and medical back-up.

## **Appendix D**

### **Polio in Walthamstow**

The first major occurrence of polio in Walthamstow was in 1916. There was also a major epidemic in America in the same year. Before then polio hardly figured in the statistics locally concerning notifiable diseases.

*'Poliomyelitis:- Twenty eight notifications were received; one was subsequently withdrawn. Of those notified four died, two from the disease, and two from tubercular meningitis.*

*Prior to 1916 only an occasional case occurred here.*

*Towards the end of July, one child failed with the disease, followed by eight others in August, nine in September, seven in October, one in November and one in December.*

*Excluding two cases in one house - the primary was missed and the death announced due to heart failure - no secondary cases arose.*

*All the notified cases were treated in hospital and the contacts dealt with in accordance with the instructions of the Local Government Board.*

*Apart from the fatality of Polio, the disease is a real scourge, since it leaves those who recover paralysed in one or more limbs or groups of muscles.*

*Of those who recovered:-*

*5 had permanent paralysis in both legs*

*2 had permanent paralysis in an arm and a leg*

*1 had permanent paralysis in arms and legs*

*8 had permanent paralysis in right leg*

*2 had permanent paralysis in left arm*

*and the remainder one or other limb was slightly paralysed'.*

*[MOH Report 1916]*

Tom contracted polio in 1924 along with five other local residents. This was a high incidence within the context of the 1920s and 1930s. Some years there would be none at all. The most vulnerable group were the 1-5 year olds followed by the 5-15 age range. The geographical spread was not consistent, nor were there regular pockets of epidemic. Indeed, compared to the other 'classic' illnesses of the earlier part of the twentieth century like diphtheria, scarlet fever and tuberculosis, polio is small beer indeed. It hardly warrants a remark in the local Medical Officer of Health's Reports for the period. There were 24 cases of polio in Walthamstow that year. During the Second World War there were only six cases reported. However in the immediate post-war period the number of people contracting polio shot up to epidemic proportions. Great concern was expressed especially as the major bacterial killers were by then being brought under control by the use of antibiotics. There is an entry in the 1947 Report about medical practitioners being told of a film sponsored by the Ministry of Health.

In 1955 the Medical Officer of Health reports:-

*1947 Road accidents killed 4,187*

*Polio only 688*

*Road accidents injured 35,000*

*Polio maimed 1,000*

*The public can help greatly in reducing the incidence by*

*(a) avoiding overcrowded places during epidemics*

*(b) strict attention to ordinary hygiene, such as scrupulous cleanliness, especially after using the toilet and protection of food from flies'.*

In January 1956 the Ministry of Health announced a not entirely mass immunisation scheme. Children were immunised initially with the Salk vaccine requiring a minimum of three injections in the arm. This was later replaced by the non-painful Sabin vaccine, given on a sugar lump. By 1960 all people aged up to 40 became eligible. There were no more reported cases in Walthamstow after this year.

# **OCCURRENCES OF POLIO IN WALTHAMSTOW 1916-60**

YEAR	ALL AGES	UNDER 1	1 - 5	5 - 15	15 - 25	25 - 45	45 - 65	65+
1916	27	1	19	6	1			
1917	1			1				
1918	2		1	1				
1919	3		2	1				
1920								
1921	2		1	1				
1922	1					1		
1923	1				1			
1924	6	1	5					
1925	1			1				
1926	2		1	1				
1927	3		1	2				
1928	2			2				
1929								
1930								
1931	1		1					
1932	7		3	4				
1933	3			3				
1934								
1935	5		4	1				
1936	5		1	4				
1937	9	1	2	6				
1938								
1939								
1940	1		1					
1941	1				1			
1942	2	1	1					
1943	1			1				
1944								
1945	1			1				
1946								
1947	24	1	7	8	5	3		
1948	3		2			1		
1949	18	1	6	10		1		
1950	18	1	5	1	1	4	1	
1951	8		2	4	2			
1952	8		4	2		2		
1953	6		3	1	1	1		
1954								
1955	7		3	3	1			
1956	3		2			1		
1957	18		7	4	2	4	1	
1958	2			1	1			
1959	2			2				
1960	2		1	1				

## Further Reading

### Books

Reference books on disability are few and far between especially for the period in question.

We have found the following publications useful however:-

**Campling, Jo Ed:** *Images of Ourselves, Women with disabilities talking* Routledge & Kegan Paul 1981. A couple of accounts by women with polio.

**Cholmeley, J.A.:** *History of the Royal National Orthopaedic Hospital* Chapman & Hall 1985. Written by one of this hospital's retired orthopaedic surgeons.

**Cook, George A.:** *A Hackney Memory Chest* Centerprise 1983. A personal account of time spent in T.B. hospitals around the Second World War.

**Cooter Roger:** *Surgery and Society in Peace and War: Orthopaedics and the Organisation of Modern Medicine 1880-1948* Macmillan 1993. The definitive book on the social history and politics behind orthopaedic medicine.

**Humphries, Steve & Gordon, Pamela:** *Out of Sight, The Experience of Disability 1900-1950* Northcote House 1992. An oral history of disability to accompany a television series of the same name. The best source material on the subject we have found.

**Humphries, Mack & Perks:** *A Century of Childhood* Sidgewick & Jackson 1988. General background some information on disabled children with photographs.

**Hurt J.S.:** *Outside the Mainstream, A History of Special Education* Batsford 1988

**Riedman, Sarah R:** *The Story of Vaccination* Bailey Brothers & Swinfen Ltd 1974. With an account of the race to develop the first polio vaccine.

**Waltham Forest Oral History Workshop:** *Touch Yer Collar, Never Swaller* 1984 A local account of child health services

**White, Jerry:** *The Worst Street In North London* Routledge & Kegan Paul 1986. Item on employability of disabled people in the inter war period.

**Wilson, John Rowan:** *Margin of Safety* Collins 1963. About polio and the search for effective immunisation.

### Periodicals

**Carter A.J.:** *Hugh Owen Thomas: the cripples' champion* British Medical Journal Vol 303 21- 28 December 1991.

**Carter A.J.:** *A Christmas Carol: Charles Dickens and the birth of orthopaedics* Journal of the Royal Society of Medicine Volume 86 January 1993.

**World Health:** December 1989 A whole edition devoted to polio.

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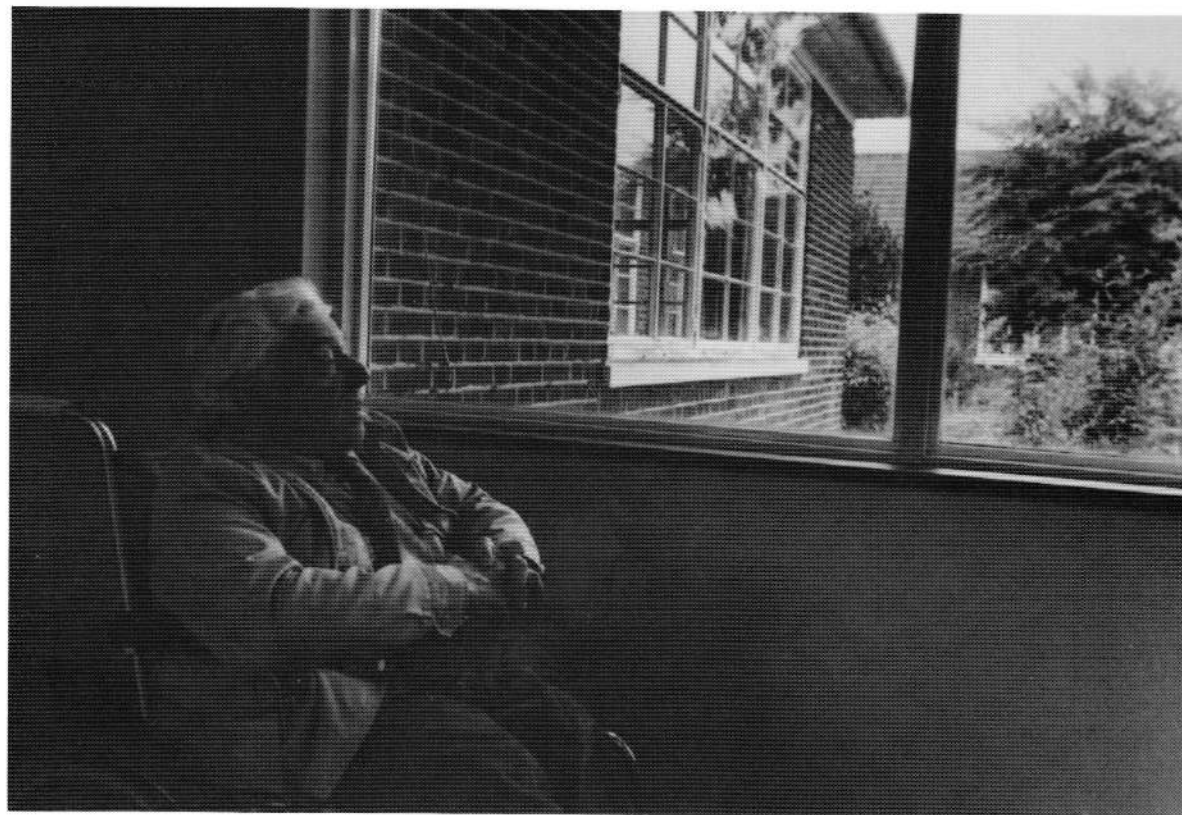
*Aged about 13 in a studio photograph [Ethel Atkins]*

*Shaftesbury Magazine 1920/1*



CORNER OF A CRIPPLES' PARLOUR.

*Rear cover: Tom at Stanmore in July 1992  
[Nick Hayes]*



## **One Door Closes, Another Opens**

This is the story of Ernest [Tom] Atkins, who as a child spent almost seven years in an orthopaedic hospital after contracting polio at the age of three. It reflects a common experience of many disabled people of the inter-war period. Contact with his family was all but ended by the authorities and he grew up apart from them. Even in a cloistered environment his positive nature comes through, and in adult life he made sure that he lived life to the full. This is a life story of how, in spite of his 'treatment' as a 'cripple', he ensured he played his role in a society still used to disabled people being objects of pity and charity rather than equal partners. It is an important story to tell and to learn from.

**£2.95**

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