

## The History of Frenchay Hospital

### FRENCHAY PARK SANATORIUM: THE VERY EARLY DAYS.

Information compiled in June 1996.

The earliest days of the sanatorium have been hard to uncover. Resort to the Bristol Corporation minutes for 1921-1928 and the Medical Officer of Health's Reports for 1920-25 give the following overall picture.

The Corporation was very worried about cases of untreated TB after the War. This worry was shared by the Ministry of Health who offered to part sponsor new TB facilities. As a result, in September 1920, the Corporation put up a plan to appropriate 60 beds at Lord Mayor Treloar's Hospital at Alton in Hampshire, where a Sanatorium already existed. In October a further plan to accommodate 100 pre tubercular children at Nover's Hill on land already owned by the Corporation was proposed. This scheme, reckoned to cost £78,000 but also to include a smallpox hospital for a further £20,000, was not approved by the Ministry and, as a result, an alternative to develop a 100 bedded facility for non pulmonary TB at Frenchay Park was proposed. At the same time the Ministry said that it would not allow the full Alton scheme. Eventually compromise plans were drawn up which included reducing the Alton beds and housing 35 children in the Manor House at Frenchay Park, with a view to a later increase in numbers. In May 1921 the Corporation agreed to purchase Frenchay Park and its attached 70.507 acres of land for £15,000, exclusive of the timber, electric lighting installation and fixtures and fittings, which they purchased for a further £2,350.

In spite of the above information the precise details of the Sanatorium and when it exactly opened remained unclear. The Deeds of the House, now held by Frenchay Health care Trust, merely

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mention "July 1921" as the date of purchase by the Corporation. The 1921 Report by the Medical Officer of Health shows that only 20 of the planned 35 TB beds were available at Frenchay Park. A footnote to the bed lists says that on the 14th of October 18 patients were transferred from Snowdon House Sanatorium, Fishponds to the Sanatorium at Frenchay Park and Snowdon House closed down. Since there was only a total of 20 beds available, then it likely that the Sanatorium was empty prior to 14th October. Search of the microfilmed copies of the Bristol Times and Mirror for October 1921 held in the Central Library, Bristol showed that an elaborate opening ceremony was carried out on Wednesday 5th October. The edition for the 6th carried a major editorial on page 4, a detailed account of the ceremonies on page 5 and two large photographs of the dignitaries on page 9. The edition for Saturday 8th carried a short piece about the appointment of the Matron for the Sanatorium, Miss Lucy Allen, currently working as night superintendent at Ham Green Hospital and Sanatorium. It is thus clear that although the House and lands were purchased in July the Sanatorium facilities were not available until October, the intervening period probably being used for internal modifications to the House. The 35 beds, which were ready by 1922, indeed proved too small a number and in March 1924 the Corporation again approached the Ministry of Health with a view to enlarging the facilities. On this occasion the Ministry agreed for the provision of an additional 65 beds; the Corporation produced plans for two 44 bedded ward pavilions, a 12 bedded isolation pavilion and a school for 100 children. The children would be moved from the Manor House into the new wards and the House be used for administration. The plans were exhibited in the Council Chamber. The estimated cost was £45,800, with the Ministry paying a significant proportion. The Council minutes for September 1928 show that the estimated cost was later revised downwards to

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£33,200, £29,397 of which was for the new buildings and the rest for refurbishment of the House. A subsequent tender for £28,450 for the building was accepted. These facilities were opened on 17th June 1931, buildings which by the 1990s had become Wards 29 and 30, Occupational Health and the Laser Centre. Also opened in 1931 was a Treatment Block which became part of the Plastic Surgery operating theatres.

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### THE AMERICAN RED CROSS AT FRENCHAY 1942-1944

In early January 2002 I received a document from John XXXXX in Ann Arbor, MI, USA dictated by his mother. This told the story of her military and personal life during WWII. The following is this account, minus the personal aspect, to respect privacy.

#### I NOW RECALL

Evelyn Harwood XXXXX's account of her service as an American Red Cross Military Welfare Worker in World War II as told to her son John XXXXX in 1993.

"I became involved with the American Red Cross in 1940. At that time, representatives of the American Red Cross visited Ann Arbor, Michigan, recruiting persons interested and qualified to serve in American Red Cross home service. These representatives explained that the American National Red Cross were aware that there was a strong possibility that the United States of America would be involved in war.

At that time, I was working as clinical assistant in the Outpatient Department of the Neuropsychiatric Institute of the University of Michigan Medical Center. I had earned a master's degree in clinical psychology at the University of Michigan and had worked in the Outpatient Department of the Neuropsychiatric Institute since 1934.

I was happy to have this job. In it, I worked under the direction of and in close association with the doctors and nurses, not only in the

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Department of Psychiatry but also in the other departments of the University of Michigan Medical Center.

However, when I heard what the American Red Cross person who came to Ann Arbor had to say, I was interested. The upshot of this was that I decided to leave my job in Ann Arbor at the University of Michigan Medical Center and go to Bay City, Michigan, as Executive Secretary of the Bay County Chapter of the American Red Cross.....

.....My job there in Bay County, Michigan, was my own first experience in direct community work. I was happily gratified, as well as admittedly amazed, as the literally hundreds of persons volunteered and continued to serve, especially after United States of America was actually into World War II.....

.....Along with a number of other persons assigned by the American Red Cross in various military welfare positions, along with various other people, I was told to report to National Headquarters American Red Cross in Washington, D.C. There we were instructed as to our relationship to the actual American military. We were also shown around Washington, D.C. and given our first uniform issue.

In my own case, I had a temporary assignment at Walter Reed General Hospital in Washington so as to learn something about how the Red Cross functions in the army hospital.

In early July of that year, 1942, I was called to the Red Cross main office in Washington and told that I was supposed to report to Camp Joseph T. Robinson in Little Rock, Arkansas, as the unit of the 298th General Hospital was already there and would, no doubt, be leaving

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for the overseas assignment very soon.

Two other American Red Cross military hospital welfare workers were assigned to go with me.

Inasmuch as all of the army medical officers and nurses in that original group were starting out from Michigan, the Red Cross said that the persons assigned to the U of Michigan affiliated unit should come from other parts of the country. Thus three of us American Red Cross workers consisted of a hospital recreation worker from San Francisco, California; a secretary-accountant from Washington, D.C.; and Evelyn Harwood from Michigan. We travelled by train from Washington, D.C., to Midwest Area Headquarters American Red Cross in St. Louis, Missouri; and after a two-day stay in St. Louis, we went on to Little Rock, Arkansas. The American Red Cross hospital workers at the station hospital, Camp Robinson, received us and told us we would be living in the Red Cross building at Camp Robinson.

We had been told to present ourselves to the commanding officer of the University of Michigan affiliated unit at the earliest opportunity. We did so at the evening meal in the officers' mess hall, Camp Robinson Station Hospital. Colonel Oscar T. Kirksey was the commanding officer of the University of Michigan affiliated hospital unit. Colonel Kirksey was a regular army officer and, fortunately for everyone, was well aware of the military rules applying to an American Red Cross unit assigned to the hospital under his command.

Colonel Kirksey remained our commanding officer until just before our entire hospital unit departed from England in 1944.

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We stayed at Camp Robinson in Arkansas until late September of 1942. While there, our University of Michigan affiliated hospital unit became the 298th General Hospital Unit, United States Army. Four hundred enlisted men, who comprised the medical detachment, were added, under the command of Colonel Kirksey. These men came from Arkansas, Oklahoma, Texas, and other southwest states for the most part. While we were at Camp Robinson, the doctors, nurses, dieticians, physiotherapists and Red Cross workers had nothing to do officially. The station hospital at Camp Robinson was fully staffed and hence there was actually nothing to do but to wait for further orders to go overseas.

Everyone at Camp Robinson was very kind to us and thus we had a very pleasant time. We were welcome at the local officers' club and several of the 298th personnel had some most enjoyable friendships.

Colonel Kirksey, our regular army commanding officer, was somewhat worried about this situation. As he put it, "You children won't be fit to go overseas if we stick around here much longer." He ordered a daily drill program. At eleven o'clock every weekday morning, we women had to report at a drill field and, under the direction of an army sergeant, had to go through drill exercises for an hour, the Arkansas heat notwithstanding.

The married doctors from Ann Arbor, Michigan, invited their wives down to Little Rock, Arkansas; and in general, the social life was delightful.

All of a sudden, it seems, in September, we received the order to report for mobilization for our actual trip to England. By this time, we Red Cross workers, three dieticians, and the physiotherapist, as

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well as Red Cross workers, under Colonel Kirksey' s command, would not only live in the same quarters as nurses, but also observe the same rules and regulations.

We were all classed as United States Army officers for this purpose. The chief nurse was second in command of all female officer personnel. I was the responsible person of our Red Cross unit. We went first to a final staging area camp in United States;and there our female unit was enlarged from just over thirty members to nearly sixty.

The large group of additional nurses came from California and were added to the 298th personnel just before embarking for "somewhere in England."

We had been told that the usual procedure in transporting American troops from. United States to England was to ship us either in one of the very large, very rapidly travelling ships, or else in a convoy of smaller ships.

We had already heard of ships going down in the Atlantic; and it was a well known fact that the submarine warfare of World War II was going on. Utmost secrecy was the order of the day.

We embarked on our ship and found that there were several other more or less complete hospital units, consisting of doctors, nurses, and other hospital personnel on the same ship. It was extremely crowded. The three of us Red Cross women occupied a tiny little below-deck stateroom about the size of an average-size coat closet. Strict blackout was observed. No one could go top deck, excepting during rigidly prescribed hours. No one could light a cigarette under

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any circumstances, on deck; and we had to eat in shifts so as to utilize every minute of time and space".

There was no taking a bath; and water was strictly rationed. We wore woolen clothing; and in my own case, and that of my immediate friends, we wore several sweaters, wool slacks, and had woolen gloves pinned to ourselves. We actually knew of a United States ship which had gone down in the North Atlantic; and the surviving nurses had had to spend eleven days in a life boat. These nurses had all survived, thanks to being picked up in time and taken to a hospital to recover.

The ship in which we travelled was not a large, rapidly travelling ocean liner but, before being commandeered to take us along with the other passengers, had been a smaller, luxuriously appointed ship sailing the waters from the west coast to some of the Pacific islands on pleasure trips.

On that trip across the Atlantic, at no time did we know just where we were, as it was said that we would take a zig zag course in order to avoid being torpedoed by an enemy submarine. It took us eight days to cross the Atlantic this way; and at no time did we have anything like a convoy or escort.

We arrived in Liverpool, England, at night in the blackout. The passengers disembarked according to orders and were taken away into the blackout.

Finally, in the space which we occupied on the ship, only the three American Red Cross workers plus the dieticians, and the physiotherapist, were the only persons still on the ship. Finally,

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orders came for us to disembark; and it was later learned that we were classified as civilians attached to the military rather than actual military personnel.

We were silently loaded into a truck and taken to a place we later learned was called Litchfield barracks, which seemed to be, a staging area for miscellaneous persons. It was by this time about two o'clock in the morning. At Litchfield barracks there were several very kind and pleasant British young men who gave us a hot bowl of cereal and told us that we would have to sleep on piles of straw in a large barn-like adjoining building.

The next day we were moved to another large building where there were cots for us to sleep on. My only remembrance of Litchfield barracks is that an English serviceman talked to us about the fact that a war was going on, and had been going on, where we were, long before we got there. Anyone who as much as struck a match during the blackout would not only bring about immediate individual doom but might very likely cause the Allies to lose the war.

There were other female personnel, that is Americans, waiting for we really knew not what. Some had a pretty good idea that they would be staying in England. Others had an idea that perhaps they were bound for some other part of the world where Americans were stationed.

Suddenly there appeared at Litchfield barracks one of our own medical officers, a major who had army transportation with which to take us to where the nurses, doctors, and medical detachment were, comprising our own hospital unit. We were taken to another temporary staging place called Pheasey Farms, there to wait until the

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real destination in England was ready for us. Our next stop was Frenchay Park near Bristol, England, where the hospital was almost finished. This hospital was to be occupied by the University of Michigan affiliated General Hospital of the United States Army, in which hospital we had all of our active duty while serving in England.

The hospital was completely newly built and constructed so that in case it suffered damage from enemy aircraft, the damage would be comparatively minimal. All buildings were one story only. It was spread out over a large area; and wards housing the one thousand patient beds, as well as operating rooms, living quarters, and dining quarters were all in Frenchay Park but comprised of separate buildings connected with each other by cement walks.

When our hospital unit arrived for active duty in October of 1942, the hospital was not quite finished. There were still some English workmen finishing up the buildings. The ground was completely bare of grass. Under the command of Colonel Kirksey we had to move in and be ready to receive patients immediately.

All female personnel, including nurses, three dieticians, two physiotherapists, and we three Red Cross workers, lived in the same residential building. The male medical officers lived in another residential building. We shared a common officers' mess hall, where we took our meals; and we shared the officers' club building for

recreation off duty. Our four hundred enlisted men had their own living quarters and mess hall.

with Colonel Kirksey as commanding officer, everything was done

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strictly according to army regulations. The three dieticians and the two physiotherapists were soon commissioned officers. Nurses were already commissioned officers; and so the American Red Cross workers were the only American civilians there at our hospital. However, our position as Red Cross workers attached to the military hospital was very definitely and clearly spelled out by American Red Cross headquarters in England, fortunately for us clearly understood by Colonel Kirksey, our commanding officer.

Shortly after our arrival in Frenchay Park near Bristol, England, I was notified; that I should report to American Red Cross headquarters in London, England. Transportation in England was completely facilitated by free railroad transportation anywhere in the British Isles, provided you showed that you were authorized to travel by the American military to which you were attached.

At Red Cross headquarters in London, I learned that there was a commissioner of the American Red Cross. This man was officially the top person of the American Red Cross workers in the British Isles. The head person of all American Red Cross hospital workers was a woman named Mary B. Moss; and on my first visit to the London headquarters, I met Miss Moss. She was a great person in my estimation; and she most certainly had a very big job in England during World War II.

I learned that my own American Red Cross title was "Assistant Field Director;" and in the chain of command, I was the responsible person for the Red Cross workers in our hospital. I also learned that the University of Michigan affiliated hospital unit of the United States Army was now designated as the 298th General Hospital, United States Army. As such, its affiliation was comparatively irrelevant.

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More important, as a one-thousand-bed general hospital, the American Red Cross had promised to supply five Red Cross workers to include two social workers, two recreation workers, and one secretary-accountant.

It seems that during World War II, the American Red Cross had succeeded in agreeing with the War Department of the United States of America to supply these workers to army hospitals.

The innovative part of all this is that the idea of hospitals having recreation workers as well as social workers working directly with doctors, nurses, and medical technicians, was anew one.

At Red Cross headquarters in London, I was told that the Red Cross unit attached to the 298th General Hospital should have two more persons supplied by the American Red Cross. I myself was of course one of the medical social workers; and we already had a recreation worker and secretary-accountant. I was assured that every effort would be made by the American Red Cross to recruit the other two hospital workers for the 298th General Hospital.

We were all salaried by the American Red Cross. By agreement with the War Department, however, the United States Army included us along with nurses, dieticians, and physical therapists, in providing all maintenance, that is, food and lodging as well as transportation. The American Red Cross provided our uniforms and, as noted, paid each one of us a salary. The American Red Cross in England, as well as American National Red Cross in Washington, D.C., strongly advised that we take in cash only a minimum while arranging to have most of our salary sent back to United States and banked. As civilians attached to the military, we were not considered for Veterans

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Administration benefits.

Meanwhile, at all times the American Red Cross hospital workers functioned under the command of the United States Army commanding officer of each hospital. Fortunately for us, Colonel Kirksey was well aware of army regulations regarding Red Cross workers attached to his command.

Very soon after we had arrived in Frenchay Park, our hospital had to function as a hospital, receiving patients. Our hospital officially opened on October 28, 1942. Hundreds of patients were brought from the large seaport of Bristol, England, to our hospital at Frenchay Park. Many of these were British patients; and at that time, all were battle casualties from the North African campaign then in its active stages.

Our one-thousand-bed hospital was suddenly full. What ever our designation, each one of the three Red Cross workers attached to the hospital immediately went on to the wards, taking what the Red Cross had already supplied us by way of comfort articles, such as pocket combs, toothbrushes, and shaving equipment, all of which comfort articles had usually been lost by our patients.

British and American patients were of course all treated alike. The 298th General Hospital was always extremely proud of its doctors, nurses, dieticians, physical therapists, and medical detachment. The British patients who found themselves hospitalized at an American hospital in England were at first less than happy. They did not like being served their last meal of the day at five o'clock in the early evening; and they did not like some of the American foods. Not only all of our uniforms and salaries came from America, but also all food

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was shipped from America. This was of course necessary because England had been at war for years already when the Americans came into World War II. Food was very strictly rationed and was in short supply although the English themselves were never heard to complain.

Particularly due to the submarine warfare, which had been intended cut the British Isles off from what their navy had been able to supply them, it would have been impossible for England to supply food and maintenance for the thousands of Americans who came pouring into England in 1942. In our 298th General Hospital, the administration and entire personnel, with what I regard as typical American ingenuity and willingness to serve the cause, did great things with the powdered eggs, etc., shipped from America to us.

Our British battle-casualty patients became a little more reconciled to being in the American hospital when they were assured by us that our hospital had some of the best and most highly skilled doctors, nurses, and others to take care of them. They were especially happy to learn that now they were in England again, the members of their families could come and visit them. In England, as soon as a battle-casualty patient arrived at a hospital, the members of his family were notified of his arrival and were offered completely free railroad transportation to the hospital.

Our commanding officer, Colonel Kirksey, was at all times very emphatic about what we called cementing inter-Allied relationships. Hence the numerous British family members arriving at Frenchay Park in order to visit the British patients were made welcome. The persons living in Frenchay Park in their own houses were more than willing to do anything and everything to help, so lodging was

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sometimes provided by them for visiting families.

Furthermore, a uniformed English woman reported to our commanding officer, saying that she had an official position entailing facilitating the visits of the British families to our hospital. Colonel Kirksey accepted her services and appropriately said that she should work closely with the American Red Cross workers assigned to the 298th General Hospital.

This young English woman was the wife of an English medical doctor educated at Oxford and already serving actively with the British armed forces "somewhere". This young woman had not seen her husband for a matter of months. Their son was a baby at the time this young woman came to give her volunteer services at the 298th Hospital. She lived in their house in Frenchay Park, a walking distance from our hospital; and as soon as spring came there in England, she brought the little boy in his "pram", along everyday when she came to do her duties at our hospital. She parked him in his "pram" along with her big collie dog outside each building she needed to enter.

It was a treat for our hospital personnel, as well as, our ambulatory patients, to see the attractive little boy and the faithful big dog; and all in all, it worked out satisfactorily. The American Red Cross military welfare workers attached to the 298th continue to regard this woman as a dear friend and several visited her years after World War II was over, and indeed until the present time.

As soon as our hospital opened, the administrative offices were approached by many British women wanting to help. These included women from the nearby city of Bristol, England, as well as women

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whose homes were in Frenchay Park. In the short time we Americans had already been in Great Britain, we had noticed that in England everyone, including women still in their homes, was mobilized for the war effort. Many women wore the uniform of the Women's Voluntary Services. Some drove busses, some manned anti-aircraft barrage balloon sites, others in their own homes were doing without the services of male gardeners, household workers, etc.

When the administrative commanding officers of the 298th received dozens of offers to help, Colonel Kirksey, who knew American army regulations regarding the function of the American Red Cross, turned the job of utilizing these English volunteers' services over to his own American Red Cross unit. By this time, we were five persons, that is, the American Red Cross workers assigned to the 298th General Hospital included two social workers, two recreation workers, and a secretary-accountant.

We not only made it possible for the British woman volunteers to serve meaningfully at our hospital; but with the help of the medical officers, including Colonel Kirksey himself, oriented and trained them in the American Army Hospital. There were, in all, a total of about fifty woman volunteers. They eagerly attended meetings and listened to talks given by the medical officers and by our American Red Cross senior recreation worker. These British woman volunteers proved to be a very important part of what the 298th General Hospital was able to do while at Frenchay Park.

Colonel Kirksey gave the first speech to the group and impressed them with what the American Army General Hospital hoped to accomplish toward the war effort. The other medical officers described to them ways in which they could make the hospital stay of

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our patients happier and therefore more therapeutic. Colonel Kirksey designated one of the large hospital buildings to be used entirely by the American Red Cross military welfare workers and our volunteers. This building included offices in the front and a spacious room the size of our gymnasium on beyond the offices. The offices were used by Red Cross persons for individual interviewing and for making the numerous reports demanded of us. The spacious recreation room accommodated such items as aping pong table, book stacks, a mobile book cart or two, and such work tables as needed. Many of our patients were, at least for a time, ambulatory enough to come to this building while mobile book carts, as well as material which could be taken to the bedridden patients on the wards, was temporarily housed in the recreation room.

As American Red Cross military welfare workers of the 298thGeneral Hospital, we were required to comply with all United States army regulations. Colonel Kirksey, as I have mentioned, our commanding officer, was completely aware of United States Army regulations. Thus we Red Cross v workers under his command had to observe the same regulations as other female personnel. We lived in the same quarters as nurses did; we observed the same rules regarding uniform; we observed the same rules regarding times we had to be in our living quarters at night, times away from duty, such as pleasure trips, as well as assigned missions to other hospitals, etc.

We Red Cross workers were actually civilians attached to the military; but for such purposes as should we ever become captured as prisoners of war, we had "assimilated rank". Since we had the privileges of commissioned officers, I myself had no trouble complying with these regulations. Occasionally a new Red Cross worker assigned to us had some initial difficulty in complying

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completely. For instance, there in England, all personnel in the 298th General Hospital during World War II, were required to be in uniform at all times. All personnel, soon after we began actually to function, were furnished with appropriate uniforms. Military personnel were equipped with uniforms to wear while working in the hospital, as well as. "Class A" uniforms, consisting of clothing appropriate for wearing outside the actual hospital wards. Military uniforms there in England were all "olive drab" coloured. This, in the case of females, included underwear as well as outer-wearing apparel.

Appropriate designations regarding insignia were attached to such garments. We American Red Cross military welfare workers were likewise provided with appropriate uniforms while we were stationed in Europe. As hospital workers, our Red Cross uniforms consisted of a pale gray, washable dress for wear while actually in the hospital where the patients were. We were authorized to wear with this a washable light blue sweater if necessary, so that we would not be chilly.

As Red Cross military welfare workers, the American Red Cross equipped us with wool jackets and skirts and also a nice heavy top coat to wear as needed during winter months. All of these garments were not olive drab but British Air Force blue. Of course all uniforms, including American Red Cross uniforms, were required to have appropriate insignia. For Red Cross workers, these insignia consisted of pins. A Red Cross pin was worn on the white blouse collar closing, so that it showed when "Class A" uniform was worn, and a "A.R.C." pin worn on each collar lapel. The Red Cross pin and "A.R.C." pins were also worn on the washable hospital dress. The class A uniform jacket also had sewn to the sleeve the patch which

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designated Red Cross workers, in our case as serving in military welfare service.

Soon after our 298th General Hospital began actually to function, there came a strict order that at no time was civilian clothing to be worn. This was obviously for our own protection as we had to realize that "there was a war going on." This uniform requirement was strictly enforced by Colonel Kirksey and the administrative officers directly under his command. Among the Red Cross workers at the 298th, there were only a few incidents in which the women found the uniform requirement a little difficult. One or two of the workers would have liked to add a bright-colored, pretty kerchief or other ornament to her uniform. At the 298th, not even this was tolerated.

As functioning officer personnel, Red Cross workers at the 298th could not completely fraternize with enlisted personnel.

Of course as a hospital, our main and most important purpose was to take care of patients. As a general hospital, with a thousand beds for patients, our medical officer staff included specialists, doctors very highly trained, each in his own specialty, and justifiably proud of himself as a specialized doctor. Colonel Kirksey himself was a medical doctor with a specialty of orthopaedics. The United States Army at that time required that a commanding officer of a, United States Army hospital serving overseas be a regular army officer. Perhaps one of Colonel Kirksey's most difficult tasks during World War II was to impress upon medical officers, to whom serving in the army was anew experience, the necessity for observing army regulations during war.

I personally think that Colonel Kirksey succeeded while he was in

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command of the 298th. Meanwhile, our patients, while in the 298th General Hospital, received top quality medical and surgical and nursing care, as well as care which they, as sick and/ or wounded human beings, needed. At any given time, most of our patients were Americans, although our hospital willingly received British patients.

Our medical detachment personnel consisted of four hundred enlisted men. Many of these Americans had chosen to serve in the military as non-combat personnel. At the 298th General Hospital, these four hundred persons served as nursing assistants on the wards, as well as serving in the mess halls and motor corps, for instance. The entire hospital organization of persons serving was of course non-combat. Under the Geneva Convention, we all wore the arm band white with a red cross on it, which designated us as noncombat, and which, under the Geneva Convention, protected us from being killed.

No one, whether officers or enlisted personnel or Red Cross workers, at any time, was entitled to carry a weapon. Of course, during World War II and, no doubt, successive wars, there is no such thing as protected-personnel. During the time we here in England, from the very time of our arrival, we were impressed with the necessity for observing very strict blackout rules. At our hospital in Frenchay Park, every window was equipped with blackout curtains, and whenever of necessity, or for any reason, we went to London, or, for that matter, any other city or town, strict blackout rules were observed.

In 1942, and, in fact, for all the time our hospital was in England, there was enemy aircraft coming over. There was ground surveillance and frequently anti-aircraft guns, etc., for purposes of shooting down such enemy aircraft if possible, were actually close to

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our hospital. Some of these emplacements The hospital, of course, was marked on roof tops with the huge red cross, which meant it should not be fired upon. However, enemy aircraft during war could not possibly discriminate when launching bombs.

This became especially true when the enemy used unmanned rocket-type aircraft. While we were in England, we would very often hear the screaming of warning sirens and, looking outdoors, would see searchlights searching the skies for enemy aircraft. When the sirens sounded, wherever we were, we were to seek shelter in air raid shelters. These were usually underground and supposedly would offer protection in case a bomb hit.

During the time we were in England, our hospital in FrenchayPark never had a direct hit.

Social life while we were in England was facilitated by the officers' club, housed in one of the buildings on hospital ground. The club opened at five o'clock in the afternoon and closed promptly at ten o'clock every evening. There was a bar and each officer attending was entitled to buy his ration of liquor. The ration was what we would now regard as meager; and there was little or no opportunity to become intoxicated at the officers' club. It was furnished with comfortable chairs, a card table, and a ping pong table.

All interested officers were entitled to go there. We had numerous visiting persons who had officers' rank; and these persons were often entertained there. Colonel Kirksey himself was usually there in the evening. He strictly enforced the ten o'clock closing hour by walking through the club loudly clearing his throat. All females of the 298th were required to be back in living quarters at ten o'clock. The

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hospital post was patrolled and anyone disobeying this rule was disciplined.

In addition to the officers' club, there was dancing in the nurses' mess hall. every Saturday night. Music consisted of phonograph records being played. This dancing party lasted until about eleven o'clock p.m.; and of course in the summertime, especially with double daylight savings time, it was still light at eleven o'clock; and our living quarters were only a few steps from the nurses' mess hall. Our four hundred enlisted men were not so fortunate as regards approved social life. All of the female persons in the 298th were either commissioned officers or, in the case of the Red Cross, had "assimilated rank." The only female persons available to our four hundred enlisted men were those living in or near Frenchay Park. Among these four hundred enlisted men were young and healthy men who normally wanted female companionship.

At first this seemed to present few if any problems. Each and everyone of us Americans, including the enlisted men, were thinking mostly of the folks back home, including sweethearts, wives, mothers, and sisters. From Colonel Kirksey on down, we would often talk about being homesick and anxious to have the war over and to go back home; but that war lasted; and after it became pretty apparent that none of us was going to get home for awhile, things naturally became a little different.

The British girls were lonely, too Their own male companions had been away fighting the war for a number of years; and nature began to take its course. Colonel Kirksey was very intolerant of anything like unconventional sexual behavior. He was particularly distressed when irate fathers would come to his office demanding that one of

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our enlisted men "do right" by a daughter. Colonel Kirksey ordered the chaplain to deal with the father; and the Col. was frequently known to punish the enlisted man by reducing him in rank down to earning the minimum salary. The chaplain did his best to counsel all concerned; and there were several cases in which the chaplain and the Red Cross social worker worked together to help them.

I remember several cases where an apparently happy solution was reached with the aid of the American Red Cross military welfare hospital workers at the 298th.

Among the officer personnel during the total of three years we were overseas, there were several love affairs and several marriages. It was continuously reiterated to us who were there that we were there primarily to contribute whatever we had to offer to the war effort. Dedication to duty, as seen and interpreted by the military, was to be number one in all of our priorities. If anyone got married, he or she must obtain permission from the commanding officer as well as fulfilling all of the requirements for legal marriage. Pregnancy was to be avoided, since this might interfere with dedication to duty in the war effort. If pregnancy occurred, the woman was to let that fact be known to the army, so that she could be shipped back to United States before the end of the fifth month of her pregnancy. Some women failed to comply with this ruling; and their babies were delivered in military hospitals. Most pregnant women among military personnel known to me did report and were transported back home to United States of America, where their babies were delivered.

While the 298th was in England, we had a really great time. Our efforts seemed very worthwhile; and we felt generally as if we were

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making a great contribution. The 298th attracted a lot of very favorable attention. This attention was attracted by what the military personnel was doing and also by what the American Red Cross military welfare persons were doing at the 298th.

By late spring of 1943, our American Red Cross military welfare unit was increased to seven. The medical officer and nurse part of the 298th was brought up to close to its table of organization complement.

As regards more or less traditional American Red Cross military welfare hospital work, it should be mentioned that we functioned in cases of patients in our hospital officially listed as seriously ill. In these cases, the next of kin still at home in America had been notified by the military that the patient was seriously ill and in the hospital. It was the duty of the American Red Cross hospital worker to ascertain from the patient that he or she wanted supplemental information sent to the next of kin and then to prepare such a letter subject to the approval of the patient's specific doctor, as well as the approval of the hospital commanding officer, and then to send such a letter to the family, that is, next of kin.

All concerned at the 298th Hospital acted in complete accord with this. We had several cases where we all cooperated to send such a letter. The family at home could then be sincerely assured that their loved one was being cared for, not only by excellent doctors and surgeons; but there was even something like individual tender loving care for each one. In cases where the patient was unable to use pen and paper, volunteers would and could write the letter for the patient. All letters written by anyone, and sent anywhere, passed through official military censoring offices; and so letters did not violate any

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security rules of course.

At the request of one of the medical officers at the 298th and with the permission and blessings of Colonel Kirksey, as well as the American Red Cross headquarters in London, I myself had a most enjoyable and educational visit to St. Dunstan's in England. St. Dunstan's was a very well known center serving the needs of blind persons. It, like many other such centers, was originally instituted to serve veterans whose blindness was due to war. I know not when St. Dunstan's was first instituted in England; but during World War II, its services were offered to Americans who became blind during their service in the military.

During our stay in England, there were at least two American soldiers whose injuries caused permanent blindness. Before accepting the offer to have either one or both go to St. Dunstan's, our own medical officers, were used, wished to know more about it. Hence I was the person who went and visited St. Dunstan's for several days. I was profoundly impressed and have never forgotten it. I was treated wonderfully well by the British at St. Dunstan's, made completely comfortable, and shown everything they had to offer. There blind people were not only supplied a home and shelter but were enabled to do such things as play golf, go hiking, play bridge or other card games, and obviously enjoy a wonderful quality of life.

I was able to report back to the 298th in case any American blinded wished to be cared for there. Happily and satisfactorily as the 298th was able to function in England, we knew that we were one of the American army hospitals eventually going to the continent of Europe. We did not know just when we would be going nor where nor how. Plans of course for "D-Day" were secret and possibly not

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even completed until much later.

One of the main ways in which all of this directly affected the 298th was that various people were detached from us and assigned elsewhere. Our chief nurse was assigned in SHAEF (Supreme Headquarters American Expeditionary Force) [correctly: Supreme Headquarters Allied Expeditionary Force. JCB] then in London, England.

The 298th had to promote another one of the nurses to the position of chief nurse. Our medical officer, who was chief of surgery, was likewise promoted to SHAEF Headquarters as a chief surgery consultant. One of our three dieticians was likewise moved to SHAEF Headquarters. The American Red Cross in England followed suit. At the 298th, first one of our social workers was ordered for reassignment; and close to the same time, our American Red Cross first and main recreation worker. The Red Cross social worker was reassigned to a smaller Air Force hospital where, it later developed, she served on the continent of Europe until close to the end of World War II in Europe.

Our senior recreation worker was assigned at a large rehabilitation center in Birmingham, England, where she served until being named by the Red Cross as a recreation field supervisor in France. Our American Red Cross junior recreation worker at the 298th moved up to the position of senior recreation worker, where she served until the end of the war in Europe.

American Red Cross then sent us another recreation worker, who was, like the rest of the persons the Red Cross recruited for us, very talented and able to add another dimension to our services at the

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298th. She was a trained as well as talented artist, as well as having great motivation to serve in World War II. We were able to have wonderful evenings with her doing quick sketches of patients on large sheets of white paper and then presenting each patient with the drawing to do with as he or she pleased. She, too, remained with the 298th until the end of the war in Europe and then stayed with the American Red Cross and eventually served in Japan and Korea as a Red Cross recreational club worker before she eventually returned to United States.

After she returned, she accepted a position as a recreation worker at the Veterans' Readjustment Center in Ann Arbor, Michigan. Our American Red Cross military welfare workers assigned to the 298th underwent another change when the original secretary-accountant expressed some wish to work more as a casework assistant with more contact with our patients rather than working entirely in the office as secretary accountant. After some negotiation, the American Red Cross headquarters provided the 298th with another excellently qualified secretary-accountant who likewise was happy to have more direct contact with our patients. So each one of these women worked half time as secretary-accountant and the other half time as something like a casework assistant.

The patients enjoyed having one more Red Cross worker. Our commanding officer accepted this arrangement; and so we now had five American Red Cross hospital workers.

While the 298th was still in England, Colonel Kirksey himself was ordered to the command of another American army general hospital and thus away from the 298th. This was a blow to many of us,

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although we all knew that there was nothing we could do about it.

Colonel Walter Maddock became commanding officer of the 298th General Hospital. Colonel Maddock came from University of Michigan Medical Center Department of Surgery; and he had served with the 298th since its very beginning in Ann Arbor, Michigan. He was not a regular army officer but no doubt dedicated in his way to the 298th General Hospital. Finally, as last plans were being made for the 298th eventually to go to the continent of Europe, I received a visit from Miss Mary E. Moss and her Field Supervisor assistant to notify me that I was to be promoted to the position of Field Supervisor in the Hospital Division of American Red Cross as soon as our hospital moved to the continent of Europe.

They told me I would have at least ten general hospital American Red Cross units to visit and supposedly supervise. For this purpose, they told me, I would be supplied with a jeep to drive, as these hospitals were to be located on the continent of Europe. Until such time as the move of Americans to the continent of Europe, I was to stay with the 298th so that when the move was made, I could travel with the 298th until such time as the Red Cross would send someone to take my place at the 298th.

I received this news with no pleasure whatsoever. At that moment, I happened to have a miserable cold in the head, and, as I tried to tell them, thought that they were making a big mistake to give me this Field Supervisor job. I actually tried to tell them that I felt myself neither physically nor emotionally suited to the job. However, this was all in vain. They simply smiled and said this was what was going to be.

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Meanwhile, I stayed with the 298th while more preparations were made for the departure from Frenchay Park to wherever it would be, whenever it would be, on the continent of Europe.

When a hospital moves, there has to be provided a continuity of care for the patients; and so when the 298th moved out of Frenchay Park, another general hospital organization moved in. Before the 298th left Frenchay Park, we began to have a series of prescribed physical conditioning sessions so that we would be in as good physical shape as possible for we knew not what. We said goodbye to our foot lockers and were issued blanket rolls. Everybody's foot locker had been painted a uniform olive drab and each one had only one's last name and serial number painted on it. The 298th had given us Red Cross workers serial numbers; and mine was "S. W.1208". This stood for "social worker". The other Red Cross social workers were given similarly appropriate serial numbers.

We never saw our foot lockers again until we returned to United States after the war in Europe was over. We began to pack our bed rolls. It seemed that every few days, Colonel Maddock or some other high ranking officer would think of something else we should put in; and each time, the bed roll would need to be unrolled, once more spread on the ground, and opened, and then re-rolled.

We finally left Frenchay Park. The 117th U.S. Army Hospital personnel were there; and so patients needing acute care had no interruption in it. [US National Records state that the 117th came in on 5th August. From 12th May, when the 298th left, until the 117th arrived, Frenchay was run by the 100th US General Hospital. JCB]

We were taken by train to a town called Colwyn Bay in North Wales.

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There we had nothing to do but wait for further notice. All of us women were billeted in people's private homes, usually just two of us in each home.

Persons living in North Wales in their own homes were ordered to take at least two of us women and give us sleeping room. We all ate at a large hall in downtown Colwyn Bay. We were of course waiting for further orders knowing that something very big was going to happen but without any information about when it would be or what we would have to do in it. Every weekday afternoon we women had to report for drill. We had been issued gas masks and waist belts on to which they were hooked when not in use.

One of our own medical officers was in command of our drill exercises. In Colwyn Bay, there was no drill field; and the only place where we could march was in the street. All of us women marched by fours through the streets of Colwyn Bay every afternoon. On command, we had to put the gas masks on and march wearing them until the command was given to take them off. We were supposed to get up to being able to march five miles; and I believe we did. We had occasional rest periods and also the whole formation was followed by an ambulance in case anyone of us fainted or became suddenly ill.

There were no calamities occurring among us; and the main complaints had to do with sore feet. Our own medical officers, who were specialized in orthopedics, prepared bulletins telling us how better to take care of our feet, such as changing socks often, etc. Aside from eating and marching, there was nothing else actually programmed. There was nothing much to do in the evening in Colwyn Bay. There was a rather nice concert hall; and there were rather frequent concerts of classical music offered there. We could and did attend these concerts when we wished.

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There was also public bus transportation to Llandudno on the sea. Llandudno in normal times was, and probably still is, a popular summer resort; but nothing was programmed there during the time we were in North Wales. I am not sure how many weeks we spent in North Wales.

I do recall that we were somewhat bored and restless. Our own senior recreation worker, American Red Cross, came to the rescue. There was in downtown Colwyn Bay a good-sized public hall something like a gymnasium with seats; and we were allowed to go there, using it as a recreational gathering place for officers. Our own American Red Cross recreation worker dreamed up the idea of putting on a show.

With the cooperation and volunteered talents of people she already knew well, she succeeded in directing a most hilarious show. In general, her idea was to have individuals humorously act out what might be done with the various pieces of costume and equipment we were being issued. These things, such as gas masks, steel helmets, etc. could, according to her fertile imagination, be used after the war was over for visits to the fish market, etc.

Red Cross workers and also nurses were the actors in this show; and piano accompaniment was supplied for the show by one of our medical officers who loved playing the piano and especially for humorous effects.

My dear American Red Cross friends and the director of this show persuaded me to do a strip-tease act as the last number. I was to come on stage with all of the various articles on and, while the piano played the burlesque "take it off! take it off!", do just that. By this time, we had been issued steel helmets, gas masks, the belt on to which canteen cups, etc., could be hung, as well as a completely all-in-one combat suit, of olive drab color. The combat suit was the

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size to fit an average-size man; and so naturally it looked even more baggy and bulging on a woman of my size. The act consisted of taking it off one by one until I came down to a pale blue flannelette sleeping suit with feet in. This sleeping suit used to be called Dr. Denton's. The particular adult-sized Dr. Denton's used in our show was the property of one of our army nurses. She loaned it for the purpose.

In the show, having stripped down to the Dr. Denton's, I was supposed to take a bow and walk off. However, I myself decided that I would wear one more layer under the pale blue sleeping suit; and that would be my own Class A uniform, consisting of my white blouse with insignia pinned on; and my Air Force blue skirt.

The whole show proved to be a great success; and I myself distinguished myself more as a pretend strip-tease artist than in any of the other things I had ever done to date. When I had started to take off the sleeping suit, some of my concerned friends were afraid that I had forgotten when to stop; and they said afterward that our own chief nurse of the 298th, who was in the audience, and who was known to be of somewhat unaggressive and timid nature, was chewing her nails with distress. However, when Evelyn stood there in her Class A uniform, everyone seemed to be delighted.

One of our medical officers later remarked to his girl friend, "As far as I'm concerned, that was the high point of the whole war."

One morning in early May of 1944, several of us were having a cup of coffee in a coffee shop in Colwyn Bay when word came over the radios that D-Day had come; and that the invasion of Normandy had started. It was a solemn time, as of course, we had every reason to know that hundreds would be killed and that this was one of the most important events in the history of mankind.

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Very soon after this news came over the radios, the entire personnel of the 298th was ordered to line up for departure from Colwyn Bay. When we did this, a great many of the persons living in Colwyn Bay came down to see us lined up there and to applaud and cheer us. We were ordered to travel by train to a place in southern England named Brockley Coombe (spelling?) [Combe. JCB]. Brockley Coombe proved to be a large, green field. There were numerous Nissen huts put up for the purpose of temporarily housing groups of people. In our case, in 1944, the people were being gathered in preparation for invading the continent of Europe.

By this time, we all wore olive drab fatigue uniforms; and we were finally issued another completely covering up suit which was chemically impregnated to protect us against possible chemical warfare stuff sprayed on the ground.

All female personnel of our 298th General Hospital were housed together in large temporary Nissen huts. We ate from our field canteen cups; and all food was prepared in field type utensils. We were all excitedly waiting for the time when we would be taken across the English channel to wherever they wanted us on the continent of Europe.

We actually crossed to a beach in Normandy one month after D-Day. We were taken in two different ships. The total personnel was divided into two groups, each group containing representative specialists in case one of the two ships was destroyed before reaching Normandy. This was so that just one of the ships full of hospital personnel could take care of some patients....."