

# SMALL AND SPECIAL

A website of the origins of  
the Great Ormond Street  
Hospital for Children  
[www.smallandspecial.org](http://www.smallandspecial.org)



*Original ward in Great Ormond Street Hospital for Children, 1852*

“Half of all  
London Deaths  
are of Children  
under 10  
years old.”

*Dr Charles West, 1851*

That was the shocking headline statistic used in 1851 by Dr Charles West in his campaign to raise funds for a hospital dedicated to the care and treatment of sick children. The figure was compounded by another fact: of 2,336 patients in London hospitals in 1843, only 26 were children under the age of 10. Out of his endeavours was born the hospital we now know as the Great Ormond Street Hospital for Children, which still stands on the same site where Dr West's institution first opened its doors on 14 February 1852.

The *Small and Special* website brings to life the early workings of this great hospital. At its hub is a fully searchable database of patient admissions from the first day its doors opened to the end of 1914. It contains details of over 84,000 little patients as they were admitted, including their name, age and address, dates of admission and discharge, symptoms and the outcome of their stay in hospital.

## Two Children's Stories

The database is a rich source of social history, enabling the lives of some of its inmates (who rarely reach the pages of traditional history tomes) to be revealed. Information from the database can be combined with other sources, such as census returns, to reconstruct the lives of some of the hospital's patients.



## Sarah Coulson

Sarah Coulson was only six years old when she first came to Hospital for Sick Children on 16 August 1875. She had made the difficult journey from Derby to attend the celebrated hospital in London. Sarah's chest had been badly burned in an accident six months beforehand. She stayed at the main Hospital for 10 days, but made little progress and was transferred to the convalescent home at Highgate. At Cromwell House, her recovery was painfully slow and on 1 May 1876, she had to return to Great Ormond Street, suffering from fainting fits. She had now been in Hospital for nearly nine months, and

presumably had rarely seen her mother in all this time. It would have been impossible for Sarah's mother to visit her daughter during the first months of her stay in hospital – Sarah's father had died when she was only two years old and her mother's continued work as a midwife must have been essential for the financial support of her family. When her mother remarried in late 1875, she was able to stop work, but her new husband may not have approved of her leaving home to spend time with her sick daughter, at the expense of himself and the other children.

After three weeks at the main Hospital, Sarah was once again sent to Cromwell House, although the scar tissue from the burns on her chest was still causing her problems. However, this time her mother was to intervene, and on 7 August, being unable to bear her daughter's absence any longer, she begged the doctors to allow her to return home. The distance between home and Hospital had become too difficult for either to endure. The doctors agreed, and Sarah went back to Derby, and her family, for the first time in a year, her condition improved, but not cured.

On her return, the family settled down, and she lived with her two elder brothers, a step sister and mother and step father. By 1891, age 20, Sarah was living as a lodger in the house of a smith and his family, not far from her own family home. Unhappily for Sarah, her mother had died and her step father remarried. Perhaps she had been forced from her home, no longer related by blood to anyone there. She was working as a waitress, and presumably supporting herself. There is no further news of Sarah in the 1901 census – maybe she married, despite possibly terrible scarring from her childhood accident.



## Willie Catlin

Willie Catlin was seven when he was admitted to The Hospital for Sick Children on 11 February 1870, for the first of five visits. He spent the next four years of his short life shuffling between the Hospital and a variety of convalescent homes. Willie was suffering from Morbus Coxae, a Latin term meaning, literally, disease of bones. He probably had a tubercular infection, like many of the children in the Hospital.

Willie came from a very poor family. In 1861, two years before his birth, his family lived in Huggin Lane, Queenhithe, an area dominated by Queenhithe Docks and riddled with alleys and wharves. His father was a porter, possibly working in the dockyards. Willie already had two brothers and four sisters, aged between six months and 14 years. In the years between 1861 and 1871, the family moved at least once, and by 1871 were living at no. 17 Old Bailey. His father had changed occupations and was working as a bottle dealer, which does not sound like a step up. His elder brothers were not at home, but three of his sisters were still there. Margaret (16) was working as a domestic servant, while Maria (14) was an umbrella maker, and Anne (the youngest) was still at school. The house at No.17 Old Bailey contained 11 families, totalling at least 43 individuals, probably packed into courts leading off the main road. Given his living conditions it is not surprising that Willie contracted a tubercular disease.

Willie's first stay at The Hospital for Sick Children lasted five months, and marked the start of

his tortuous journey through the embryonic Victorian medical system. From Great Ormond Street he went first to the Hospital's own convalescent home at Highgate, where he remained for nine months. From there he went to a specialist home at Margate (The Royal Sea Bathing Hospital), presumably to benefit from sea air which was believed to be very beneficial for tubercular patients; and then returned to Great Ormond Street once again.

After another nine months in the main Hospital he was started off on a round of stays at various institutions, including

Brighton, another stay at Great Ormond Street for the treatment of purpura (a condition associated with tubercular disease), two trips to a home in Kenley in leafy Surrey, and culminating in being sent to a home in Rhyl in north Wales. On his final discharge, Willie's condition was described (probably very optimistically) as cured. What happened to him after this is not known. Searches for him in subsequent censuses do not reveal any conclusive identification, and his medical history does lead to the likely conclusion that poor Willie probably did not survive to normal adulthood.



# Small and Special is unique...

No other historical collection of hospital records has been so comprehensively digitised and made so easily accessible, and **without charge**. It will be of interest to a wide range of academics including medical historians and demographers: the funding provided by the Wellcome Trust is testimony to its importance. Members of the burgeoning community of family historians are also expected to see much of interest in the site.

A collection of articles and a picture gallery helps to contextualise the information in the database: including biographies of some the Hospital's medical men and vignettes of some of its *small and special* patients.

How can a database of Victorian children's hospital records hold any relevance to today's challenges? Consider the following headline:

**“As the new school year gets underway, there are fears of a nationwide outbreak of measles”**

*(The Guardian, 11 September 2007)*



Fear of measles is once again in the headlines. The spectre of this disease has all but vanished from our collective experience, and with it our understanding of its less than benign nature. Fear of autism seems sometimes to outweigh fear of measles. But the old days can tell us something about the nature of the beast:

## **Measles kills**

Between 1852 and 1914, 7,600 children (or 10% of all admissions) came to the Hospital for Sick Children with an infectious disease of childhood. One in five died. Measles accounted for about 600 of these, and the death rate among measles sufferers was

also 20%. This was the tip of the iceberg – the Hospital was not supposed to accept any children with infectious diseases, but the doctors obviously felt unable to turn them away.

The *Small and Special* database will aid significantly the study of childhood illness in the nineteenth century. It will, for example, lend support to the arguments of medical historians such as Professor Anne Hardy (Deputy Director of The Wellcome Trust Centre for the History of Medicine at University College London), that infectious diseases (and measles in particular) can be seen as precursors to acute and fatal childhood conditions.

***Small and Special*** was developed and built by the Centre for Local History Studies at Kingston University, in collaboration with the Great Ormond Street Hospital for Children. The project was funded by the Wellcome Trust Research Resources in Medical History programme, the Friends of the Children of Great Ormond Street and the Nuffield Foundation.

For further information on the project contact:

**Centre for Local History Studies**

**T 020 8547 7359**

**E [localhistory@kingston.ac.uk](mailto:localhistory@kingston.ac.uk)**