

The Lancaster Hospital Coade stone

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But then the Good Samaritan came by, and he reversed the question: 'If I do not stop to help this man, what will happen to him?' (Martin Luther King Jr)

INTRODUCTION

With most of its wards already closed and with financial pressures leading managers to consider changes which would 'reduce the footprint' of Royal Lancaster Infirmary (RLI), the future of the original RLI building (now called medical unit 1) is currently uncertain. As you approach the entrance of this grade 2 listed building, a beautiful plaque takes pride of place just above the doorway. This article examines the history of this interesting architectural feature and the material it is made from.



Figure 1 Lancaster Coade stone

COADE STONE

The plaque is made from a material known as Coade stone. It should really be termed Coade stoneware, as it is actually a very durable ceramic stoneware made famous at the end of the eighteenth century.⁽¹⁾ Unusually for the time, the driving force of the Coade factory was an ambitious businesswoman called Eleanor Coade. In late 1769, Eleanor bought a struggling artificial stone business in Lambeth, calling it Coade's Artificial Stone Manufactory. By using a specific combination of materials and a carefully monitored double-firing technique, a very durable stoneware suited to architectural sculpture was produced. Eleanor named this *Lithodipyra*, meaning twice-fired stone.

The production of an item such as the Lancaster plaque would generally involve the design of an initial piece by an artist and then the production of a clay mould from this piece. Once formed, this mould could then be used repeatedly to produce large numbers of copies by pushing the Coade clay mix into

the mould. The Coade mix was a combination of grog (ground-fired clay), flint, silica, glass and unfired clay. The second firing would then take place in one of the three large coal-fired kilns at the Coade factory, achieving temperatures of about 1,400°C. There are thought to be about 650 Coade stone products remaining in the UK and the ceramic material has proven to be remarkably hard-wearing.

John Bacon, a talented sculptor and subsequently a member of the Royal Academy, had worked for Mrs Coade since 1769, and in 1771 she appointed him as works supervisor. He then took over both model-making and design until his death in 1799. She also employed other famous sculptors, such as John Devaere and Joseph Panzetta. In addition, Eleanor Coade developed her own talent as a modeller and sculptor. Their success meant that the Coade Artificial Stone Manufactory worked for all the eminent Georgian architects and produced large numbers of designs to commission, including some for the royal family. Virtually indistinguishable from real stone, the Coade factory products included large statues and friezes, which were more weatherproof and much less expensive than the stone alternative.

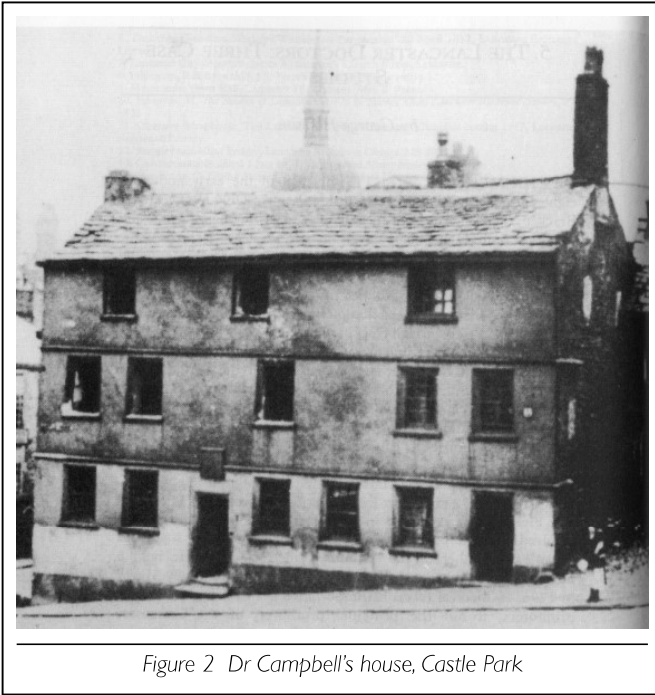
Bacon became one of the most sought after sculptors at the end of the eighteenth century. The monument to Thomas Guy in Guy's Hospital chapel is one of his better-known works. The pediment at the entrance to Guy's was also designed by Bacon, using Coade stone.

LANCASTER'S COADE STONE AND THE DISPENSARIES

As a result of a meeting of Lancaster's 'gentleman merchants' in the Merchants Coffee Room on 10 June 1780,⁽²⁾ a decision was made to 'establish a dispensary for furnishing the sick-poor with advice and medicines gratis...' Dr David Campbell, an eminent physician, readily undertook the position of attending the dispensary and continued to do so until 1805.⁽³⁾ To gain treatment at the dispensary a patient had to be recommended by a subscriber who would, in turn, provide financial support to the dispensary. Originally from Dorset, Dr Campbell had studied in Leyden and Edinburgh before moving to Lancaster in 1772. He became a prominent figure in the town, becoming mayor in 1796, and was the first president of the Lancaster Medical Book Club in 1823. He was a founder member of the John O'Gaunt Bowmen Club (still in existence).

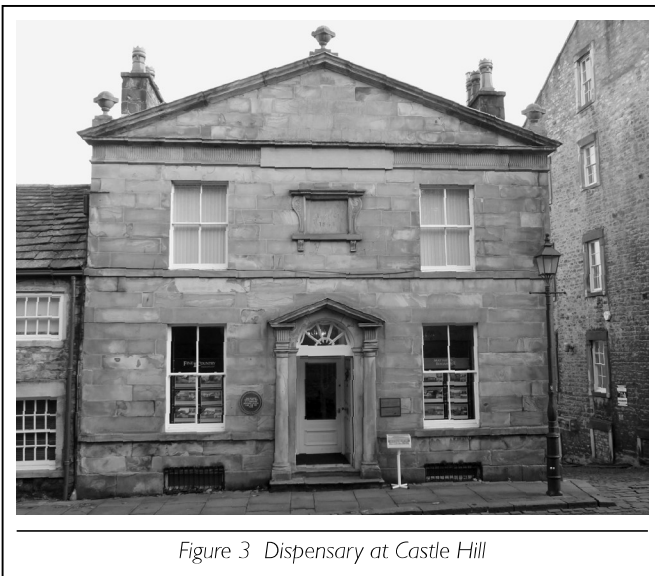
The first short-lived dispensary was in a house on the Green Ayre known as Lister's Ware Room and opened on 10 January 1781.⁽²⁾ Later that year, the dispensary moved to its second location, in Dr Campbell's house in Castle Park (where the Storey Institute extension now stands).

The Lancaster Coade stone plaque was placed above the doorway in 1785, almost certainly purchased by Dr Campbell himself. The plaque portrays the parable of the Good



Samaritan and is the only known copy of this particular design, probably by John Bacon.⁽³⁾ It isn't known what prompted this acquisition, but perhaps it was related to Dr Campbell's experiences treating patients during the typhus epidemic of 1783/4. In this epidemic, he treated 500 Lancastrian patients, of whom 34 died. Dr Campbell published 'Observations on the Typhus or Low Contagious Fever' in 1785, describing his preferred treatment of wine and opium rather than the more conventional blood-letting and purgatives.

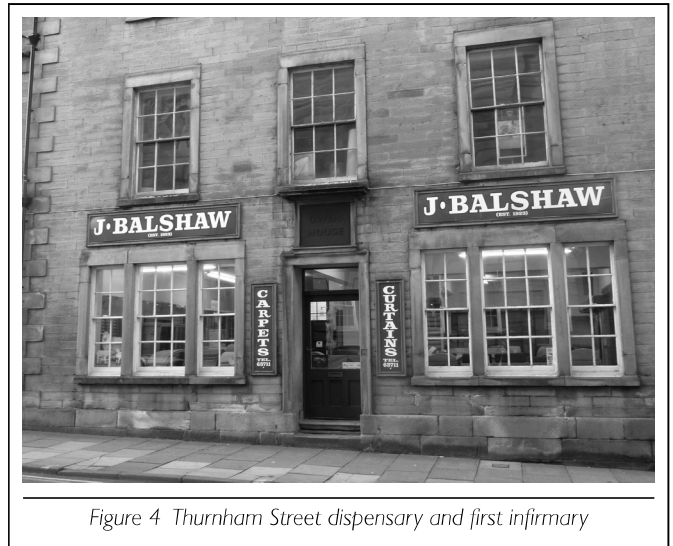
In 1785, the dispensary moved to 19 Castle Hill and the frieze was incorporated into a specially designed stone recess above the doorway (see figure 3).



In 1832, the dispensary and the Coade stone plaque then moved to its next location at 6 Thurnham Street (see figure 4), where it remained until 1896. This was the first location in which inpatients were housed and surgical procedures were performed.

In the 1870s, the dispensary struggled to cope with increasing demand for inpatient care, due to repeated epidemics. In 1881, following a particularly serious outbreak of smallpox, the Hospital for Infectious Disease opened on the Marsh and the Thurnham Street dispensary was renamed 'Lancaster Infirmary and Dispensary'. I have not been able to find any photographs showing the plaque at Castle Hill or Thurnham Street.

In 1896, the Infirmary and the Coade stone plaque moved to its current location on Ashton Road. The plaque remains in fantastic condition, despite almost 230 years of life and multiple locations in Lancaster.



CERAMICS AND MEDICINE

The incredible wear characteristics that can be achieved with ceramics have led to their increasing use in medicine. In my own specialty of orthopaedics, ceramic components made from alumina or zirconia have been used in a number of joint replacements, most frequently in hip replacements, since the 1970s. The minimal wear and bio-compatibility of ceramic particles have meant that ceramic implants have avoided some of the problems associated with metal and polyethylene components, though early alumina implants could fracture. Ceramics have also been used successfully in cardiac pacemakers.

ACKNOWLEDGEMENTS

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