The parish workhouse, the parish and parochial medical provision in eighteenth-century London: challenges and possibilities

Summary:

Any standard account of the history of medicine in eighteenth-century England would include a survey of the proliferation of medical institutions and charities in the nation's capital. The eighteenth century, it is well known, saw the foundation of large numbers of hospitals, charitable dispensaries, private mad-houses and infirmaries in London. Such institutions, moreover, often served as a blue print for provincial foundations. However, the eighteenth-century also saw the growth of indoor relief, particularly in the metropolis. Few historians, however, have connected the two phenomena. Those interested in the growth of institutional medical provision, however, neglect the role of parish workhouses at their peril. Using evidence from one of London's biggest workhouses, that of St Martin-in-the-Fields, this chapter argues that the medical provision provided by the parish workhouse was extensive, but that the medical services it delivered to paupers developed in unexpected and not always predictable ways during the period in question.

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Introduction:

Dorothy George, writing a preface to the second edition of her classic work in 1964, wrote that 'to look for origins of the Welfare State is irresistible today.' She thought that of particular significance in this regard was the medical relief provided by London's workhouses. 'More important, because the starting point of a nation-wide development formalized in the National Health system, is the fact that in the best-managed parishes the infirmary, a part of the workhouse, became in practice a subsidiary hospital'.[1]

The aim of this chapter is to uncover the part played by one large parochial workhouse in the treatment of the sick poor over a hundred year period. It will ask the following questions. What types of sickness afflicted the pauper population? To what extent did workhouses offer medical treatment to that population? And to what extent did the parish

1. M. Dorothy George, *London life in the eighteenth century*, Preface to Peregrine edition, 1966, 10-11. She singled out the infirmary built by St Marylebone (1792) for particular praise.

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rely on external institutions for the care of its workhouse sick? Lastly, what are the wider implications of this study for the study of medicine and medical care in the eighteenth and nineteenth-century metropolis? The results are not always straightforward, and one conclusion of this chapter is that historians studying the corpus of workhouse material will need to be on their methodological guard.

The Hanoverian settlement came to be characterised by repeated bursts of institutional provision for various categories of poor persons. This included hospital building, which was particularly marked in London, with the foundations of what would become the Westminster Infirmary laid in 1719, Guys Hospital opening in 1725, St. George's in 1733, the London Hospital in 1740, and the Middlesex Hospital in 1745.[2] At the same time, following the Workhouse Test Act of 1723,[3] the 1720s saw a spate of workhouse building in the capital, with many parishes building workhouses. The London workhouses have attracted less attention than they deserve. They were built on a large scale, and over the course of the eighteenth century they became larger. The relationship between workhouse and hospital was interesting and complicated.

In 1803 the average capacity of an English workhouse was between 20 and 50 persons,[4] but in London it was 257[5], though this concealed a wide range. The largest workhouse was that of St Marylebone, which contained 1013 inmates. Westminster contained three of the next biggest: St George, Hanover Square, containing 708. St. Martins 665 and St. James 630. These were large institutions and it is not surprising that Westminster relieved 38 per cent of its poor in its workhouses, compared with a national average of twelve per cent. (refs). The problem for the historian is to understand how the workhouses and the hospitals related to each other. This problem is rendered more complicated by the existence of specialist institutions, such as the Foundling or the Lying-in Hospitals as well as by the dispensary movement that, emerging in the 1770s, specifically sought to provide medicines for the poor. This demands a study in its own right, but such a study must necessarily involve a close study of the relationship of the larger parishes with the hospitals. It is to such a closer study that we now turn.

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2. L.D.Schwarz, *London in the Age of Industrialisation* (Cambridge: Cambridge University Press, 1992, p. 27.
3. 9 Geo I, c.7
4. J.S. Taylor, 'The unreformed workhouse, 1776-1834', in *Comparative development in social welfare*, ed., E. W. Martin (1972), 63
5. *Abstract of Answers and Returns under Act for procuring Returns relative to Expense and Maintenance of Poor in England,* P.P. 1803-4 XIII, 717-727.

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St. Martin-in-the-Fields was a populous Westminster parish, with a population of some 42,000 in 1725, 26, 000 in 1801, when it was the ninth largest parish in London, and only exceeded in population by fourteen provincial English towns. It was half as large again as Chester, Coventry, Exeter, Leicester or York.[6] By 1821 its population had risen to 28,000. In the 1770s and 1780s the parish had an annual poor relief expenditure of some ten thousand pounds a year.[7] The parish ran an orderly administration and bequeathed a parochial archive of daunting size and richness. As poor health so often led to poverty, the parish overseers were constantly dealing with demands for medical treatment.

Records that supply information on medical care include a full set of vestry minutes, the minutes of the committee that governed the parish workhouse, an almost complete set of extant overseers accounts and some surviving sets of accounts kept by the workhouse. Further medical information is contained in day books and registers that record admission and discharge to the workhouse. Many settlement examinations, of which thousands survive for most of the eighteenth century, can also contain detailed information on medical provision and the experience of sickness and disability.

The sick poor in eighteenth-century Westminster

If we are to assess the part played by the parish workhouse in the provision of medical relief, we clearly need to make some estimate of the level of sickness in the pauper population, and to have some understanding of the sort of complaints which paupers brought to the attention of the workhouse authorities. This is not as straightforward an exercise as one might think. It was relatively rare for payments to paupers to record the reasons for such payments. It was also, unfortunately, relatively rare for the workhouse authorities to record reasons for pauper admission to the workhouse. It is also entirely possible, of course, that those with infectious diseases would have been refused admittance to the workhouse, as was the case in most London hospitals in the eighteenth century. For such reasons alone it is not an easy exercise even to estimate the part that sickness played in pushing individuals and households into an application for poor relief.

The level of sickness in the surrounding population, moreover, must have varied over time, as statistics from London's Bills of Mortality clearly demonstrate, and would also

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6. B.R. Mitchell, *British Historical Statistics* (Cambridge: Cambridge University Press, 1988), 26-27.
7. F.M. Eden, *The State of the Poor* (London, 1797), ii. 442

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have been subject to considerable seasonal variation.[8] The sort of diseases that *killed* Londoners, too, were not necessarily those which prompted an application for poor relief directly, precisely because the course of many lethal diseases was very rapid. It is also the case that there is no necessary link between the level of morbidity and the level of mortality in a population. Of course, mortality played an important part in the creation of poverty, by removing breadwinners and sometimes through hefty funeral costs. Any disease or medical condition that reduced income by inhibiting work, or prompted extra expenditure on medicines, or both could cause an application for poor relief. In fact, it might well be argued that, for the poor, the most economically devastating diseases were not lethal diseases such as smallpox, but medical conditions that were chronic, debilitating, incurable or caused illness for a long period. Rather than rehearse these and other points, however, the best way forward is to consider what evidence we have for the diseases and medical conditions that prompted an application for poor relief. We shall start with references to sickness in the admission registers of the workhouse.

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8. J. Landers, *Death and the Metropolis. Studies in the Demographic history of London 1670-1830, 203-241*; Schwarz, *op. cit.* (note 2), 103-123 for the pattern of seasonality in London.

Table 1. Workhouse admissions by the sick in St Martin's, 1725-1824

Admission reason	Total cases
Brought from hospital	100
Blind	30
Lunatic	389
Pox	15
Sick of the foul disease	94
Sickness or illness specified	79
Smallpox	35
Total cases	742

Source: WAC: Workhouse Database Admission Registers and Day Books

The workhouse admissions registers only record comments or 'reasons' for admission in about one in seven cases. Even of this minority only about 5% explicitly concern some form of sickness or illness, broadly defined as in Table 1, and as such cannot be regarded as at all representative. The only condition recorded on admission at even a tolerable level of accuracy was probably lunacy, although even here it is likely that many lunatics were not identified as such at the point of admission. Some inmates, of course, would have been diagnosed as mad only after admittance and others may well have gone mad during their stay in the workhouse.[9] The unreliability of the admission registers for other conditions is clear. This is obvious, for example, from the periods when such detail was recorded. Only during the period 1745 to 1755, to take one example, were *any* admitted paupers identified explicitly as suffering from the 'foul' disease. To this should be added the fifteen sufferers from 'pox' listed in only three years, 1737-9. The 35 sufferers from smallpox were noted only between 1737 and 1775. It is possible, but impossible to tell from these records, that sufferers from these particular diseases, the one associated with immorality and sin, the other a lethal and infectious malady, were prohibited entry to the workhouse outside these periods. Prohibitions on acceptance of those with foul disease, or the admittance only of those in 'cases of the greatest necessity' were frequent in some

9. The Admission registers identify 389 lunatics admitted throughout the period. The discharge registers record the discharges of 455 individuals to private madhouses and 24 to Bethlem and St Luke's in the same period. Since some lunatics would have died rather than being discharged, an undercount is clear.

IN PRESS

West End parishes, although parish officers' attitudes to the disease were often 'contradictory'.[10]

To investigate further the role that sickness played amongst the pauper population we need to look at other sources. One promising source would be those settlement examinations in which paupers requested admission, or were sent, to a hospital. This should give some idea of the nature and relative incidence of intractable and chronic diseases amongst the local poor. The results of this exercise are tabulated below. The table is made up of 199 cases where paupers were granted a certificate 'to the hospital', 55 who were recorded as being 'sent' to the hospital and 29 who reported a medical condition without any subsequent action being recorded. Such detail was rarely recorded in settlement examinations after 1723: 86% of these cases in Table 2 were dated between 1708 and 1723.

IN PRESS

10. Kevin P Siena, *Venereal disease, hospitals and the urban poor : London's 'foul wards' 1600-1800* Rochester (NY): Rochester University Press, 2004.), 152-161.

Table 2 Causes of 'hospitalization' in St Martin's, 1708-1786

Admission reason	Number	% of given causes of sickness
Foul disease	75	33.9
Lunatic	23	10.4
Lame	18	8.1
Sore or bruised limb	14	6.3
Dropsy	14	6.3
Sick or ill	8	3.6
Swellings on limb or body	7	3.2
Consumption	6	2.7
Rheumatism	6	2.7
Stone	4	1.8
Broken limb	4	1.8
Convulsions	3	1.4
Infirmity in body	3	1.4
Palsy	3	1.4
Distemper in head	2	0.9
Cancer in breast	2	0.9
Leprosy	2	0.9
Pain in limbs	2	0.9
Fever; Vomiting; Broken ribs; Ulcer on body; Cancer in throat; Canker in mouth; Ulcer in womb; Stoppage in stomach; Deaf; Disabled limb or limbs; Sores and swellings; Jaundice; Fainting fits; Fistula; Fistula in head; Scald head; Imposthume; Imposthume in head; Running in side; Bloody flux; Rising of lights; Wound on back; Rickets; Mortification in leg; Sickness and breakings out	25	11.3
Total cases with cause given	**221**	
Not given	62	

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Table 2 provides striking tribute to the ubiquity of the 'foul disease' amongst the *seriously* ill poor and surely adds weight to Kevin Siena's conclusion that there is 'no denying that the foul disease was omnipresent in early modern London or that foul

patients represented a major portion of the early modern ill'.[11] This is certainly true if the focus is on those in real distress. Something like one third of the examined poor thought to require hospitalization had been diagnosed with the foul disease. Even this latter figure, too, is likely to be an underestimate, since the social stigma attached to the condition led to marked under-reporting. A number of other complaints, such as lameness, ulcers, swellings and sore limbs could also have been, in reality, the foul disease.[12] Otherwise it is noteworthy, but in some ways unsurprising, that it was long term, chronic diseases and ailments that prompted hospitalization. The almost complete absence of infectious diseases, such as smallpox and fevers, from the list in Table 2 is due simply to the fact that those suffering from such ailments were commonly refused admission to London hospitals. (The exclusion by hospitals of fevers was not practised by all eighteenth century hospitals, one that took large numbers of fever patients was the Bristol Infirmary studied in detail by Fissell.[13]) Specialist fever and smallpox hospitals and charities were, however, set up in the capital for this category of poor from the second half of the century.[14] Those suffering from fevers in the capital, moreover, were commonly relieved by the new dispensaries, which gave medical aid to large numbers of fever patients, and to those poor suffering from respiratory ailments such as consumption and chronic muscular problems like rheumatism. These dispensaries made a virtue out of the fact that they provided medical care for ailments not treated by existing hospitals.[15] They dispensed pills and medicines and as they sometimes might not treat venereal disease or surgical cases, it is difficult, without further research, to use their data to draw conclusions about the diseases or accidents to which the poor were most prone.[16]

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11. Siena, *op. cit.* (note 10), 265.
12. ibid., 170-2.
13. Mary E. Fissell, *Patients, Power and the Poor in Eighteenth-Century Bristol* (Cambridge: Cambridge University Press, 1991), 106-7.
14. Smallpox 1746: W. Maitland, *The History of London from its Foundation to the Present Time* (1775 edn) ii. 1320. Fever not until 1801: T. Bernard, *An Account of the Institution to prevent the Progress of Contagious Fever in the Metropolis* (1801) but see also the importance of fevers to the dispensaries: I. Loudon, *Medical Care and the General Practitioner* (Oxford: Oxford University Press, 1986), 57.
15. I. Loudon, 'The origins and growth of the dispensary movement in England,' *Bull. Hist. Med,* 1981, 322-342; B. Croxson,. 'The public and private faces of 18th century London dispensary charity.' *Medical History*, 41 (1997), 127-49; J. C. Lettsom, *Of the improvement of medicine in London, on the basis of public good* (London, 1775).
16. For refusal to treat certain conditions see J.C. Lettsom, *Medical memoirs of the General Dispensary in London, for part of the years 1773 and 1774* (London, 1774) , p. xxv (chirurgical, venereal and lunatic') For the ten most common ailments treated by six

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Although the nature of the serious and debilitating diseases faced by the parish poor can be uncovered, then, it is clear that many other ailments assailed the metropolitan poor. Our study thus far, too, does not do justice to the role that sickness played in prompting applications for poor relief. To what extent did bouts of illness, disability and so on prompt an application for poor relief? In answering this question we should also, of course, remember that we are talking about *successful* applications for poor relief: other applicants would have been turned down on the grounds that they were not eligible. What we can measure are bouts of sickness that prompted a cash payment from parish overseers. Before methods of accounting changed later in the century,[17] overseers sometimes recorded the reasons for their one off payments to paupers in some detail.

It should also be remembered, of course, that applications for medical relief might have been presaged by recourse to self- diagnosis and self-dosing, and to an army of quacks and empirics. The poor, too, might well have had prior recourse to charitable physicians, surgeons and doctors before seeking help from the parish.[18] That the physician and doctor should give free charitable advice and help to the poor was an entirely conventional expectation. The West End, with its high concentration of medical men living in its fashionable squares and streets, provided what might have been a significant level of charitable medical relief to local poor.[19] As many as 107 self-styled doctors, physicians and surgeons voted in the 1784 Westminster elections, about one for every thousand inhabitants, not to mention 108 apothecaries, twelve dentists and ten opticians.[20] It is rare

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dispensaries, four in London, one in Newcastle, one in Liverpool, see I. Loudon, *Medical Care and the General Practitioner* (Oxford: Oxford University Press, 1986), 57. Some dispensaries might have applied different diagnoses to venereal disease- what, for instance, was the meaning of 'skin eruptions', to which only patients in the London Public Dispensary and the Newcastle Dispensary were prone?

17. In essence the detail of such one off payments to the poor began to be recorded separately in 'the casual books' for each ward of the parish. The overseers accounts simply summarise the total payment. Few of these 'casual books', unfortunately, appear to have survived amongst the massive archive of extant parochial records for this parish.

18. Philip K. Wilson, '"Sacred Sanctuaries for the Sick": Surgery at St Thomas's Hospital 1725-26', *London Journal,* 17, (1992), 47.

19. C. Harvey, E. Green, P.Corfield, 'Continuity, change, and specialization within metropolitan London: the economy of Westminster, 1750-1820,'*Economic History Review*, (1999), 469-93.

20. Calculated from C. Harvey, E. Green, P. Corfield, *The Westminster historical database : voters, social structure and electoral behaviour.* (Bristol: Bristol Academic

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to find direct evidence of charitable relief, but in 1714 the parish contacted Sir William Reed, after examining the settlement of one William Tuck, an 'almost blind' 30 year old cabinet maker. After ordering that Tuck was to be put on the parish pension, the churchwardens and overseers wrote the following letter of recommendation:

> To Sir William Reed
> Honoured Sir,
> We whose names are Subscribed the Churchwardens & Overseers of the Poor of the parish of St Martins in the Fields of which your Worship is a worthy inhabitant, do certify to your Worship that the Bearer William Tuck a poor man of this parish is almost blind & is now upon the [Charge] of our Parish, And therefore as your Worship *has always administered to & relieved our poor who have been distempered in their Eyes* [our italics], we desire your Charitable Assistance to this poor man & we are
> Your worships most humble servants
> Churchwardens and Overseers of the poor
> June the 7:1714[21]

Despite Reed's highly dubious professional reputation, he was clearly seen as providing a valuable local resource for the parish poor.[22] It is certain that other benevolent medical experts lived in the West End. Thus, Sir Charles Aldis (1776-1863), was the surgeon and founder of the 'Institution for the cure and relief of glandular diseases' (1820) this was especially for 'those denominated Cancer, Scrofula etc.' The entry in *The Metropolitan Charities* claimed that 'for ten years prior to the establishment of this institution, the

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Press), 1998. Some doctors would have abstained from voting. The population data is from the 1801 census, extrapolated back to account for exponential population growth in the late eighteenth century

21. WAC F5009/133

22. Tuck duly received a parish pension of 8s per month until 1725 and the erection of the workhouse. He does not subsequently appear as a workhouse inmate or to have been relieved in any other way. WAC F445/152, F446/144, F447/156, F449/170, F451/185, F452/172, F454/163, F459a/228. The *ODNB* notes that in '1705 Read was rewarded with an appointment as oculist to Queen Anne, and a knighthood for treating seamen and soldiers gratis'. However, his biographer concludes that 'available evidence suggests that Sir William was a more effective self-promoter and plagiarist than he was an oculist', see, Emilie Savage-Smith, 'Read, Sir William (*d.* 1715)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004 [http://www.oxforddnb.com/view/article/23222, accessed 9 Nov 2006].

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surgeon had, entirely at his own expense, by advice and medicines, given assistance to at least 5,000 poor patients'. In the 24 years since its establishment 1,250 afflicted poor 'have been relieved and cured from glandular complaints'.[23] Aldis lived in Old Burlington Street from 1802 until his death in 1863.
It is of course conceivable, though difficult to prove, that some the sick poor might - if permitted - have sought help from London's new charitable dispensaries before making applications for parochial relief. The evidence of the next section suggests that most ailments were beyond the reach of a dispensary's medicines and ointments.

The sick poor in St Martin's

Table 3 sets out just one's year's worth of payments made to the 'outdoor' poor 1726-7. This year has been chosen since the information given throughout the accounts appears to have been exceptionally detailed and informative. It is important to understand, however, that the following analysis contextualises medical aid in a period when the size of the parish workhouse was relative modest, compared to what it became subsequently. The workhouse was extended physically in the first couple of years of its existence, and the number of paupers it housed increased from about 250 at the end of 1725, to around 400 by 1730. Following a rebuilding in the early 1770s, the workhouse was sometimes able to house just over nine hundred paupers at maximum capacity. It is very likely, therefore, that the importance of outdoor relief compared to indoor relief in the parish may have been greater in the first couple of years of the workhouse's existence than for the rest of the eighteenth century.

In what follows an attempt has been made to link together payments made to individuals. Apart from the usual problems involved in any nominal linkage exercise, this procedure undercounts the extent to which payments were made to different members of the same family, since, in the absence of a family reconstitution; one cannot easily establish whether payments to a person of similar surname belonged to the same family. It is of course also the case that the person who is named as receiving the payment could have been caring for another family member. It is also likely that sickness played a greater role in applications for poor relief than its incidence in the accounts suggests. Sickness might trigger payments made for arrears of rent, redeeming pawned goods, medical care and payments to cover lost earnings. In practice it is, as commentators have noted, a little

23. *The Medical Charities*, 000. According to the *ODNB*, Aldis gained a reputation as a philanthropist. He was surgeon to the New Finsbury Dispensary and a member of the Royal College of Surgeons, J. F. Payne, 'Aldis, Sir Charles (1776-1863), rev. Patrick Wallis, *Oxford DNB*, OUP, 2004.

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artificial to separate out 'medical' and 'welfare' components.[24] Thus, for example, Mr and Mrs Atwick were each relieved in 1726-7. Mr Atwick's wife was explicitly included as a recipient in some of the payments. Where the reasons for such payments are given, two are for sickness, but another to Mr Atwick was to 'redeem his Bed in pawn'. It is also the case that individuals might receive payments for more than reason, such as being 'sick and lame' or 'aged and sick', as well as experiencing different medical problems over the course of the year. Margaret Humphrys of Long Acre Ward, 'broke her arm' in August 1726, but subsequently received payments for being 'aged and lame', 'aged and sick', and aged.[25] In other cases, poor relief payments proved to be a preliminary to admission to the newly built parish workhouse. Elizabeth Naylor, for example, received twelve separate payments from the overseers between January and April 1727. These payments were for her, and her young children, two of which were twice reported as sick. The last payment to Elizabeth suggests that she may have experienced some disability, since it was for 'Chair hire for Eliz Naylor to the Workhouse' in April 1727. Elizabeth, said to be 34 years of age at her admission, was duly admitted with her children to the workhouse in that month, stayed just over two months, and was then 'dismissed'.[26] It is also the case that some of the paupers given occasional relief interspersed such payments with a short stay in the workhouse. Hannah Osborne, for example, a pauper living in Long Acre ward, received nine payments from overseers 1726-7. One of these payments was prompted by illness, four were for reasons unknown, one was to 'Redeem her cloaths in pawn by order of petty Sessions' and another was to 'buy her a pair of Shoes'. Hannah was clearly something of a problem, because the other two payments were designed to persuade her 'not to trouble the parish any more'. The payments were in two groups, seven between August and October 1726 were followed by Hannah's first stay in the workhouse which last until the end of that year. Released on the last day of the year, she received two small payments from the Overseers in January before entering the workhouse for a second time on the 26th January, leaving for the last time on the 20th April 1727, aged 49.[27]

The relative *incidence* of particular diseases cannot be deduced from their appearance in the accounts, because one or two individuals might receive a large number of payments

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24.Fissell, *op. cit.* (note 13), 100.
25. WAC F462/297, 301, 299, 296, 285, 293, 290, 283. Two other payments were recorded to a 'Mary' Humphrys which were almost certainly to the same individual.
26 Elizabeth was seemingly named 'Ellen' by the workhouse clerk. WAC F F4002/16. For her poor relief payments see, F462/226, 223, 228, 228, 226, 225, 224, 224, 223, 222, 222, 221.
27 WAC F4002/17. For the overseer's payments, see WAC F462/280, 284-6, 288-9, 296.

IN PRESS

over the year and thereby account for the bulk of particular cases. This is most spectacularly so in a multiple case of 'the King's Evil' which appears to have struck Mrs and Elizabeth Smith, of Suffolk Street Ward in 1726 and early 1727. The Evil is usually identified as scrofula. Mrs Smith received 24 separate payments, of which 15 explicitly recorded that she had 'the Evil', and one of these latter noted that the payment was for her 'and her Daughter having the Evil'. Seven payments had no reason for the payment recorded, one recorded her as being 'sick' and another that she was 'bedridden'. Her daughter Elizabeth Smith also of Suffolk Street Ward received 25 payments, of which 14 mentioned that she also had the disease. Nine payments gave no reason, two that she was 'sick' and one that she had two children. These two unfortunate individuals account for all the recorded cases of this disease noted in the accounts for this year. With these provisos in mind, Table 3 sets out the reasons recorded for each payment made to paupers, where such reasons were given. As noted above, individual case histories, such at the afflicted Smith family include a number of payments for 'unknown' reasons. The large number of unknowns is not unexpected, but there is no particularly compelling reason why payments for unspecified reasons would display different characteristics. Table 3 should, therefore, give a reasonable indication as to the relative importance of sickness in generating individual poor relief applications.

IN PRESS

Table 3 Details given in Overseers payments to the poor, 1726-7

Category	Total	%
Administration	68	1.44
Aged	681	14.40
Blind	60	1.27
Blind family member	2	0.04
Broken limb	13	0.27
Burial costs	3	0.06
Carriage to workhouse	30	0.63
Family member insane	1	0.02
Family members mentioned	482	10.19
Given clothing	7	0.15
Lame	207	4.38
Lame child or family member	7	0.15
Lunatic or insane	40	0.85
Medical relief	3	0.06
Not to trouble the parish anymore	35	0.74
Nursing care	29	0.61
Ordered by extra parochial authority	122	2.58
Poor	45	0.95
Pregnant	24	0.51
Pregnant in labour	3	0.06
Pregnant lying in	87	1.84
Pregnant miscarriage	4	0.08
Pregnant with bastard child	2	0.04
Prison related	4	0.08
Redeeming goods	31	0.66
Rent related	9	0.19
Settlement related	195	4.12
Sick	673	14.23
Sick ague	1	0.02
Sick and sick child	4	0.08
Sick asthma	3	0.06
Sick bedridden	52	1.10
Sick cancer	1	0.02
Sick child	153	3.24
Sick child fever	4	0.08

IN PRESS

Sick child measles	2	0.04
Sick child King's Evil	1	0.02
Sick child smallpox	13	0.27
Sick child spotted fever	1	0.02
Sick consumption	2	0.04
Sick dropsy	4	0.08
Sick family members	77	1.63
Sick fever	23	0.49
Sick fistula	1	0.02
Sick gravel	3	0.06
Sick itch	1	0.02
Sick King's Evil	27	0.57
Sick palsy	31	0.66
Sick rheumatism	4	0.08
Sick smallpox	6	0.13
Sick sore breast	1	0.02
Sick sore leg	1	0.02
Sick spotted fever	1	0.02
To be sent to workhouse	2	0.04
To be set up in trade	23	0.49
Unknown	1420	30.03
	4729	100.00

Table 3 categorizes the 4729 separate payments according to the details given in the accounts. These payments were made to some 1324 named individuals with others made for administrative reasons. The typical pauper experience was to receive a single one off payment: 59% paupers received only one payment. In fact, a minority of relieved paupers received the bulk of payments. Thus 150 individual paupers received 2447 separate payments. Most of these payments were of low value. The modal payment was 12d, the average payment 27d and the median 24d. Thus the typical parish pauper relieved on the ‘extraordinary’ account received only one or two payments of low value in any given year. A minority of those relieved received the bulk of payments. Some 30% of payments gave no detail at all regarding the circumstances of the payment. In those (minority) of cases where multiple payments were made to the same individual, the reason might be deduced from the known individual circumstances of the pauper relieved (as in the case histories cited above) , but in some cases ‘unknown’ reasons for payment were given consistently for particular paupers. It is also clear that the detail given might be incidental rather than explanatory. The presence of children was thus frequently noted

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by the overseers when making payments, although this might not necessarily have been the motivation behind the payment.

Table 3 does suggest that sickness played a major role in applications for extraordinary outdoor poor relief in the parish. If one excludes pregnancy-related categories, which includes nursing care, and also those paid on account of being ‘aged’, there were 1423 out of 4729 payments made where some form of sickness or disability was mentioned explicitly.[28] That is 30% of all payments made by the overseers were prompted by sickness. This figure is almost certainly a minimum, given that many of the ‘unknown’ details were almost certainly sickness-related. If one excludes the ‘unknown’ payments from the total number of payments, then at least 43% of payments with a known cause were sickness related. The figure would be higher still if one also included payments related to pregnancy and childbirth. This is a relatively high proportion, although still significantly lower than the figures reported by Tim Hitchcock for those entering the workhouse of St Luke’s, Chelsea, between 1743 and 1750. For those admitted to that workhouse: 35.9% were sick at the point of entry, with another 15.5% ‘infirm’, 2.7% were lunatics and 2.5% were suffering from the ‘foul’ disease. Hitchcock’s figures are not strictly comparable to those reported here, but they surely reinforce the common sense notion that sickness was a very significant cause of poor relief applications in urban environments.[29] Mary Fissell estimated that just 17% of payments in the country parish of Abson and Wick in the eighteenth century were made on account of illness. However, expenditure on sickness in the latter climbed dramatically in the 1780s during an

28. Blind (60), Blind family member (2), Broken limb (13), Family member insane (1), Lame (207), Lame child or family member (7), Lunatic or insane (40), Medical relief (3), Sick (673), Sick ague (1), Sick and sick child (4), Sick asthma (3), Sick bedridden (52), Sick cancer (1), Sick child (153), Sick child fever (4), Sick child measles (2), Sick child King's Evil (1), Sick child smallpox (13), Sick child spotted fever (1), Sick consumption (2), Sick dropsy (4), Sick family members (77), Sick fever (23), Sick fistula (1), Sick gravel (3), Sick itch (1), Sick King's Evil (27), Sick palsy (31), Sick rheumatism (4), Sick smallpox (6), Sick sore breast (1), Sick sore leg (1), Sick spotted fever (1).

29. T. V. Hitchcock, ‘*The English workhouse: a study in institutional poor relief in selected counties, 1696-1750’*, Oxford Univ. D.Phil., 1985, 194-202. Hitchcock’s figures are based on individual admissions not individuals, but more to the point his figures will inflate the role of sickness in poor relief applications if the workhouse was providing a particularly comprehensive medical service to local paupers. It may well be, too, that the age and gender structure of the populations are not comparable. Almost all pauper men, 84.8%, entered the Chelsea workhouse for medical reasons alone: ibid., 206.

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epidemic of smallpox in the parish: 38% of parish expenditure in 1785 was for illness.[30] Thus only in epidemic years, did poor law expenditure on the sick in that rural parish reach what might have been a more typical 'urban' level.

Table 3 also suggests again that there was a difference between illness that prompted applications for 'hospitalization' and those that prompted poor relief applications. It is notable that smallpox, fevers, measles and spotted fever are mentioned explicitly in the accounts, although they do not feature significantly in applications to hospital listed in Table 2. Although other conditions, such as blindness and lunacy are common to both, a notable missing 'cause' of hospitalization here is the foul disease, which is not mentioned at all in any of the payments made in the extraordinary accounts. This is may be due to the social stigma attached to the condition, although the disease is mentioned in that section of the accounts devoted to paying the costs of hospital admission. These 'hospital' payments have not been included in the preceding analysis and will now be discussed.

In addition to the itemized 'extraordinary' payments recorded in the overseers accounts for 1726-7, the parish *also* paid for admission to London hospitals, and, at least in the early decades of the eighteenth century, accounted for this separately and often in some detail. The sum of money spent was only a relatively small proportion of that spent on the extraordinary poor and dwarfed by that spent on the workhouse. Such resources were concentrated on far fewer individuals: the number of individuals mentioned by name in that section of the accounts numbers only 124. Nonetheless, the payments made shed useful further light on parish relief of the sick in our period.

Who was sent to hospital in 1726-7? The paupers mentioned in the hospital's section of the accounts were both the 'outdoor' poor and also those currently residing in the workhouse. Something like 44 of the 124 individuals mentioned under the 'hospitals' heading can be linked with reasonable confidence to individuals receiving payments in the extraordinary disbursements in that same year. The relief of a number of other paupers was also, clearly, related to hospital payments to members of their immediate family. Admission to a hospital meant loss of earnings and hence had a knock-on effect on the fragile economy of the poor.

Some 124 individuals, then, were named as current hospital inmates or potential entrants in the overseers accounts for 1726-7. There were 55 recorded workhouse discharges directly to a hospital between April 1726 and the end of March 1727 and this

30. Fissell, *op. cit.* (note 13), 100, 106.

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underestimates the extent to which the parish made use of hospitals.[31] Due to the extra detail given in the workhouse records, however, we know more about the workhouse hospital discharges. Virtually every permutation of pauper experience is possible, since attempts to get paupers into hospitals were *not* necessarily immediately successful. Take the case of Elizabeth Drinkwater, resident in Bedfordbury Ward. Elizabeth received two payments of 2s from the overseers in 1726, one in October when she was described as 'sick' and another for an unspecified reason on 21st December. Elizabeth is known to have entered the workhouse on the 28th December 1726, at the age of 38. She 'left the house' on 21st February 1727, and was recorded as receiving a payment of 12d on the 15th of that same month. She was readmitted to the workhouse on the 10th March 1727 and 'dismissed' again on the 20th of the following month. We know she was readmitted to the workhouse twice more, once on 26th May 1727 and for the last time [before a gap in the workhouse admissions records] on the 29th January 1731 at the age of 42.[32] Elizabeth Drinkwater also appears to have been a candidate for admission to a London Hospital. While resident in the workhouse in March 1727, the parish officers seem to have attempted to get her into Guy's Hospital, since on 25th March 1727 they paid for a petition for her, and recorded 'Expences waiting at Guys Hospitall with Mary Barton, Elizabeth Drinkwater & James Bland' and 'paid wateridge for St Thomas's and Guy's Hospitall' for four paupers: 'Mary Barton, Alexander Montgomery, James Bland & Elizabeth Drinkwater'.[33]

There were 686 separate payments made by the overseers relating to pauper admission to hospitals in 1726-7. Payments made to each individual pauper have been extracted and, again, a nominal linkage exercise has been carried out in order to allocate payments to each individual. What do these payments suggest about hospital admission in the early eighteenth century? The most obvious feature of the payments is the time and money spent on hospital admission. At the time, this was probably exacerbated by the fact that London had only limited hospital provision. Almost all paupers sent from the parish ended up at St Thomas's, Guy's, St Bartholomew's or Bethlem. Paupers had to be taken by coach to St Bartholomew's and Bethlem or (usually) by water to the two Southwark hospitals. Paupers were also physically 'carried' to and from institutions closer to home,

31. The relatively short time that many paupers stayed in the workhouse means that, even in one accounting year, some paupers might be discharged from the workhouse, and subsequently sent to a hospital as an 'outdoor' pauper. The workhouse discharges therefore are very likely to be representative of the total number sent by the parish to external medical institutions.
32. WAC F4002/5, F4002/5, F4002/39, F4074
33. WAC F462/364

and sometimes into hospital wards.[34] Once arrived at these institutions expenses were incurred in 'waiting' on the decisions of governors, and on preparing petitions for admittance for each pauper. If admitted, a range of fees was paid - both an admittance fee and also customary payments to hospital staff, matrons and so on. Once admitted, the parish paid for shaving, washing, clothes, bedding, linen and extra expenses associated with surgery or particular treatments. This could also include items of diet, such as tobacco. It also seems to have been common to pay for a month's subsistence. Paupers were sometimes given small sums of money whilst in hospital. A number of paupers, too, were funded to for short treatments at the 'Cold Bath' and 'The Bagnio'. If a pauper died, the parish paid for the burial and brought the corpse home. Maintaining communication with hospitals required the sending of messengers, as well as paying fees and tips to those who delivered (usually bad) news about the fate of hospitalized parish paupers, or their various needs. Since admission was far from guaranteed, paupers might be carted around London a number of times before admission was secured.[35] It is also the case that paupers could be admitted more than once, in any one year. Four paupers, Mary Nightingale Francis Roberts, Sarah Fowler and Thomas Rowley are recorded as having been discharged both to St Bartholomew's, and St Thomas's or Guy's 1726-7.

The other feature of the patients sent to the London hospitals in this single year were that most were adults. It was usual for London hospitals to exclude young children from hospital admission. Only five out of fifty-five discharges from this workhouse in 1726-7 to a hospital were of individuals under 16 years of age. Two of these five seem to have been admitted specifically for surgical intervention.[36]

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34. For the range of transport commonly deployed, see Harold W. Hart, 'The conveyance of patients to and from hospital, 1720-1850', *Medical History* 22 (1978), 397-407.
35. See the details recorded in WAC F462/331-366. For the admission procedures at St Thomas's Hospital in the eighteenth century, see Wilson, *op. cit.* (note 24), 36-49.
36. Alexander Montgomery, aged 7, was inhabiting the 'cutting ward' of St Thomas's Hospital in March 1727. William Springhall, aged 12, was in St Bartholomew's, 'he being to be cut for the stone'. See WAC F462/351, 356, 258, 259, 364-5; F4002/14, 23. Susan Gutteridge, a 13-year-old girl, was reportedly 'foul', F462/362. For the prohibition on children, see, for example, Wilson, *op. cit.* (note 24), 36. The new London Hospital forbad its governors to recommend 'no woman big with child, no children under seven years of age (except in cases of compound fractures, amputations, or cutting the stone) no persons disordered in their senses, or suspected to have Smallpox, Itch, or other infectious distempers, or who are judged to be in a consumptive, asthmatic, or dying condition, are to be admitted on any account', quoted in Harold W. Hart, 'Some notes on

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The foregoing detailed study of sickness and disease in the parish has established the following. Sickness was a major factor behind relief applications. A range of infectious diseases and medical conditions required short term parish intervention, with the chronically sick receiving longer term relief. Those with diseases perceived to be both chronic and intractable were sent to London hospitals rather than treated locally. These tended to be adults in the prime of life, rather than the young or the elderly. Although a range of diseases and conditions prompted poor relief applications, one or two conditions dominated hospitalization, notably the foul disease and bouts of lunacy. Other conditions particularly likely to prompt hospitalization in this parish in the early eighteenth century were lameness and conditions such as lameness, swellings and sores and 'dropsy' (see above Table 2).

How did the parish care for its sick and ill? It is, finally, to the developing medical role of the parish that we must now turn. There are essentially two related topics that we need to address. One is the care provided for the sick locally, and the other, clearly related to the first, is the extent to which the parish sought to get its sick paupers cared for by external institutions such as public hospitals or private medical concerns.

The parish, the workhouse, and the limits of parochial health care

It would require a substantial book to do full justice to the range and volume of medical and health-related services provided by the parish to the pauper population over the course of our period. This section seeks to describe the principal developments. The important point to stress here is that there is clearly a chronological narrative. That is, it cannot be assumed that any form of medical provision remained constant over time. By the later eighteenth century, a significant volume of parochially-based and funded medical care was delivered to local paupers, arguably so much so that the parish seems to have reduced rather than increased its dependence on external medical services and institutions.

Before attempting a brief survey of medical provision in the parish, we have chosen to build on the local survey of medical provision above. We have done this in Figure 2, below, which charts the number of workhouse paupers discharged to any form of hospital over time. The thinking here is that the graph should represent, in some form, the extent to which the parish officers felt that adequate medical care could not be provided locally

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the sponsoring of patients for hospital treatment under the voluntary system', *Medical History* 24 (1980), 448.

at reasonable cost. One of the duties of the workhouse apothecary and surgeon, as laid down in a set of regulations in 1775, was to assess regularly the medical status of workhouse inmates with a view to recommending hospital admission:

> the Surgeon and Apothecary do attend the House every Day, and that they do from time to time make their Report to the Board, of any Objects that are thought proper to be sent to Any of the Hospitals, or other Place, for further Relief, and on Neglect the Master to report the same..[37]

This exercise is not without problems, but it does have the advantage of providing a beginning of a chronological narrative of parochial care. Figure 2 should not be read mechanically, nor do the statistics relate to the total number of paupers sent to external institutions since they cover only the workhouse population. However, the graph, on the face of it, tells a striking story of *declining* dependence on external medical provision.[38] The graph also suggest a modest recovery in the second decade of the nineteenth century. One interpretation of the declining discharges to hospitals is that there was more 'in house' medical provision in the parish, particularly from the mid 1760s.

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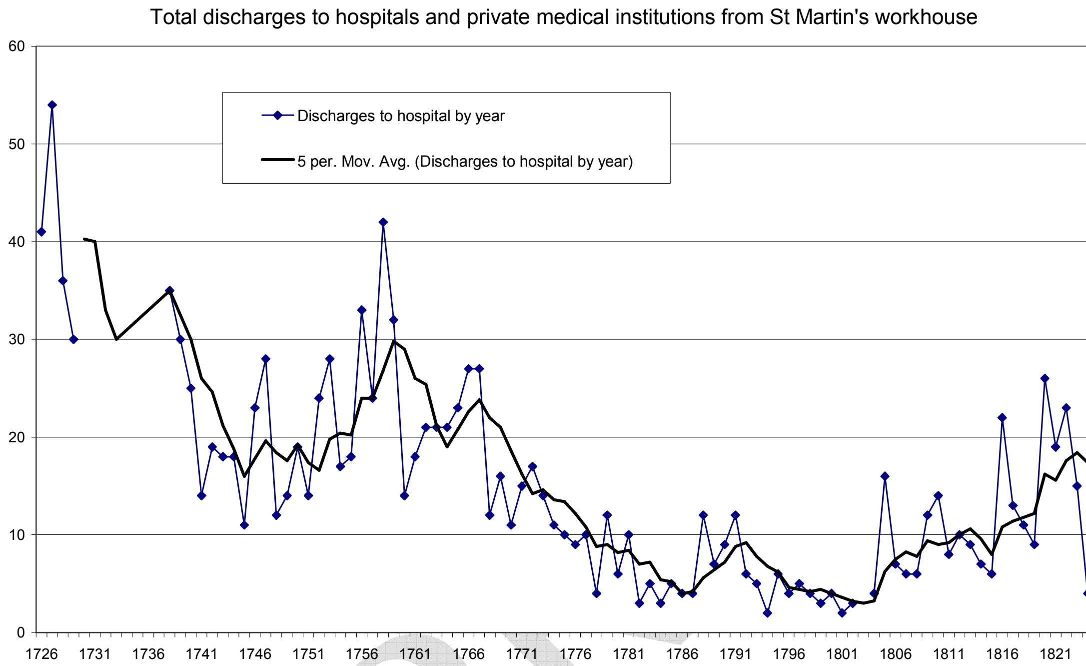
37. WAC F2072/32r.
38. The same data, expressed as a percentage of the number of admissions, shows exactly the same story of declining reliance on external medical provision. Since the graph proved almost identical to Figure 1, it has been omitted.

Figure 1: Total discharges to hospitals and private medical institutions from St Martin's workhouse



It is instructive to disaggregate the graph, by categorizing the hospitals in question. Figure 2 does precisely this.

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Figure 2: Types of hospital used by St Martin's, 1726-1824 to care for workhouse sick

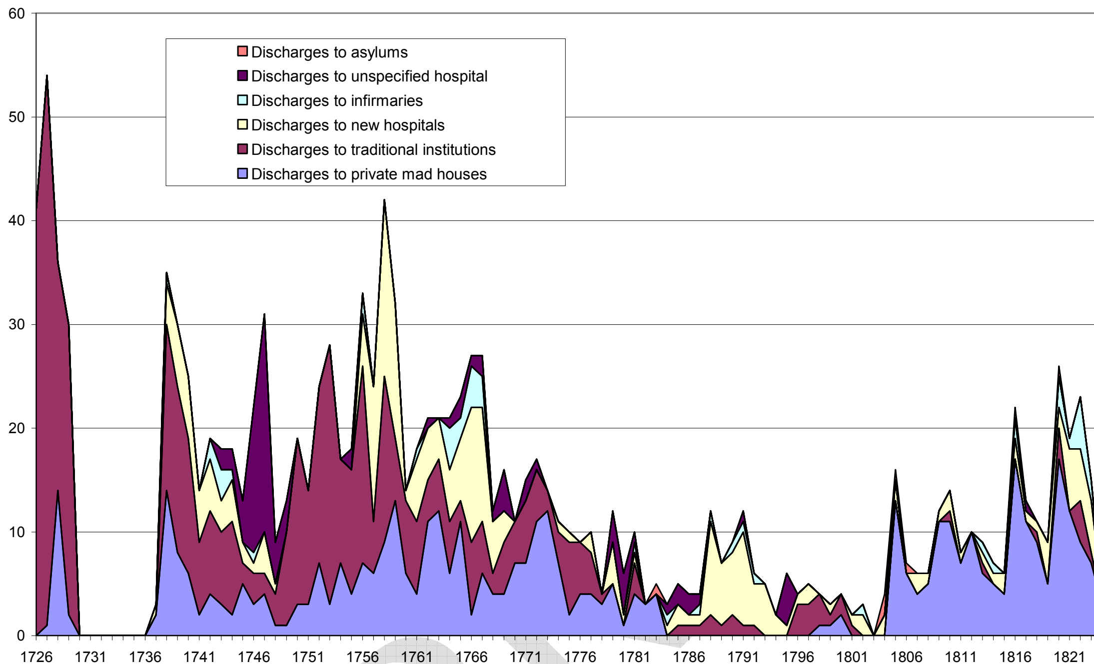

Figure 2 is highly instructive. Despite the expansion of medical provision in eighteenth-century London this particular parish used less of it over time. There was an understandable switch from the traditional hospitals (St Thomas and Guy's, St Bartholomew's) to the nearby new hospital of St George's at Hyde Park Corner (founded 1733) and the Middlesex Hospital (founded 1745). The parish also clearly attempted to cash in on the free subsidised admission of children during the 'General Reception' at the new Foundling Hospital (founded 1739). All 44 pauper children were sent there between 1756 and 1759, which explains the spike in use made of 'New Hospitals' in those years. Otherwise fewer and fewer of the workhouse poor were carried down the river to St Thomas' and Guy's, or by coach to St Bartholomew's, as the century wore on. If medical provision was increasingly sought locally for the sick poor, the treatment of pauper lunatics seems to have been subject to a similar policy shifts in the period.

Since at least the late seventeenth century the parish had been utilising private mad houses to care for pauper lunatics.[39] Provision for pauper lunatics formed a very significant part of 'bought in' professional medical care throughout the eighteenth century. Over a third of all discharges to hospitals from the workhouse involved the care of the insane. The workhouse registers record the following private mad houses which received one or more paupers during the eighteenth and early nineteenth century. The table below gives the name of the mad house, the number of paupers sent from the workhouse to each institution, and the first and last date it seems to have been used by the workhouse authorities. The table ignores generic mad houses, and those identified only by location, such as 'Bethnal Green' which would have referred to one or more of the following. The totals do *not* represent the total number of paupers sent by the parish to private mad houses, since, as Prof. Suzuki notes, an unknown number were sent directly, without being first admitted to the workhouse.[40] This same point, of course, applies to those sent to *all* types of institution.

At the start of our period, the parish workhouse sent all its lunatic paupers to Dr Wright's madhouse, and then to his successor, Cope's at Bethnal Green. We know that the parish authorities decided in 1777 to move them to Harrison's.[41] From the early nineteenth century the parish paid for at least 166 paupers to enter Warburton's notorious madhouse. The obvious *lacunae* is that no paupers were recorded as having been discharged to

39. WAC F2006/f. 58 shows that in November 1721 the vestry ordered that 'That no overseer for the future send any Lunatick to a Madhouse without the Consent of two of his Maties Justices of the Peace of this Parish.' The vestry clerk was to go 'to Doctor Rowden to know what persons of this parish he hath now under his care and for what time past, by whom sent, and what is due to him for each of them.' References to Dr Roden and his mad house can be found in the vestry minutes as early as 1699, F2005/216 (8th January 1699). On the 31/12/1701 the vestry ordered that all the parish lunatics at Roden's should be moved to Bethlem, WAC F2005/270.
40. This section should be read as a companion piece to Professor Suzuki's expert essay on the 'care of lunatics in eighteenth-century London'. Suzuki's essay is based primarily on the settlement examinations of 130 of St Martin's lunatics dated between 1735 and 1783, together with the St Martin's Workhouse Day Books dated between 1734 and 1784. His totals of lunatics from the Day Books tally with those counted here.See, Akihito Suzuki, 'The Household and the care of lunatics in eighteenth-century London', in Peregrine Holden and Richard Smith, eds., *The Locus of Care. Families, communities, institutions, and the provision of welfare since antiquity* (London, 1998), 153-75.
41 WAC F2072/70r 'Agreed and Ordered that the Lunatics now at Mr Copes belonging to this Parish be removed to Mr Harrisons at Hoxton'

private madhouses between 1784 and 1797, and very few between 1798 and 1804. Why was this? There appears to have been some switch to traditional London institutions for the care of the insane in the early 1780s. It is demonstrable that the workhouse began sending a few of its lunatic poor to Bethlem, after a considerable interval, from the 1780s. It also sent a handful of paupers to the St Luke's Hospital for Lunaticks (founded 1751) from 1779. The numbers, however, were not large. Ten parish paupers were sent to Bethlem between 1785 and 1800. Another six were sent to St Luke's in the same period. Since this is less than one lunatic pauper a year between 1784 and 1804, this cannot be the only explanation for the apparent suspension of the use of private madhouses by the workhouse governors.[42]

In fact, policy shifts with regard to the treatment of pauper lunatics are revealed quite clearly in the minutes of the Churchwardens and Overseers minutes for the parish. In June 1793, the workhouse apothecary's current salary was reviewed, and it was noted that:

> 3rd February 1784
> Twenty Pounds is added making in all £120 and the principal Argument made use of for this last increase was *the great additional Expences & attendance necessary upon the Lunatics being brought home at that time*[43]

For reasons not clear then, but which almost certainly included cost,[44] the parish lunatics were 'brought home' from Harrison's madhouse in 1784. The lunatics were then apparently all kept in the workhouse. This policy seems to have remained unchanged until 1805. One assumes the more disruptive lunatics were sent to St Luke's or Bethlem during this period. An agreement that 'some of the most obstreperous of the Lunatics be sent to Mr Miles's Hoxton at 7s per week' was overturned at the following meeting of the committee in 1795.[45] In 1805 the position of the thirteen or so in house lunatics was

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42 Figures taken from the Workhouse Registers and Day Books. For Bethlem discharges see, WAC F4079/345; F4079/469; F4080/438; F4080/104; F4080/28; F4080/446; F4080/87; F4022/18; F4022/26; F4022/146; For discharges to St Luke's, see, WAC F4078/296; F4080/196; F4022/145; F4022/38; F4022/38; F4022/294; F4022/333; F4022/363; F4081/337; F4081/206; F4081/451; F4081/395.
43 WAC F2075/50. Italics added
44. Price may not have been a very important consideration when sending patients to St. Luke's or Bethlem, but availability certainly was. Both hospitals rationed their intake of paupers, and had wide catchment areas. We owe this information to Dr. Len Smith.
45. WAC F2075/116-17.

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reviewed again, and the Board heard a report from a ‘Dr Munro’ on their condition.[46] The upshot of this was that it was agreed that in future ‘the inoffensive part of the deranged Paupers be distributed among the Wards & the dangerous ones be sent to some House for the reception of Lunatics.’ The ward hitherto devoted to lunatics, along with wards where the workhouse shoemakers and tailors worked, was converted into a pauper dining hall. It was consequently at this point in 1805 that the parish began sending lunatic paupers in significant numbers to the private mad house run by Warburton, with regular visits from an overseer or the ‘house surgeon’ to report on their condition.[47]

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46. This was almost certainly Thomas Monro (1759–1833), physician to Bethlem Hospital between 1792 until 1816. The Monros were a dynasty who specialised in the care and treatment of the insane, Jonathan Andrews, ‘Monro, Thomas (1759–1833)’, *Oxford Dictionary of National Biography*, Oxford University Press, 2004 [http://www.oxforddnb.com/view/article/18981, accessed 10 Nov 2006]
47. WAC F2076/17-18. This was sometimes the partnership of ‘Warburton and Rhodes’, and occasionally ‘Mr Rhodes’ at Bethnal Green.

Table 4 Private madhouses used by St Martin's Workhouse

	Number of recorded discharges	Dates of discharged paupers from St Martin's Workhouse
1. Dr and Mrs Wright's Madhouse, Bethnal Green	66	1728-1751
2. Mr Gray's, Madhouse?, Bethnal Green	5	1751-2
3. Mr Cope's Madhouse, Bethnal Green	125	1755-1776
4. Mr Miles's Madhouse, Hoxton	2	1762, 1798
5. Mr Harrison's, Madhouse, Hoxton	23	1777-1783
6. Mr Robertson, Private Madhouse, Kentish Town	2	1799-1800
7. Mr. Turney, Private Madhouse, Bethnal Green	7	1801, 1805
8. Warburton & Co, Bethnal Green Madhouse	166	1805-1824

1. This includes those taken by Dr Matthew Wright and his widow who ran the establishment after the latter's death. Thomas Cope took over Wright's Madhouse, Suzuki, 'Care of pauper lunatics', 170-1, n.15.
2. Mr Gray's establishment was never identified explicitly as a madhouse. In fact, all five patients sent there had the foul disease on admission to the workhouse, so it is possible that this was a private venereal hospital, located in Bethnal Green.
5. The St Martin's churchwardens switched from using Cope's madhouse at Bethnal Green to Mr Harrison's at Hoxton at the end of 1777, ibid., Suzuki, 'Care of pauper lunatics', 170-1, n. 15.
6. Mr Robertson's little-used private 'madhouse' may have been a 'Pauper Farm' run by James Robertson rather than a dedicated madhouse, see, Elaine Murphy, 'The Metropolitan Paupers Farms, 1722-1834', *London Journal* 27:1 (2002), 8-9.
8. Warburton's was a well known, even notorious London madhouse. See, Elaine Murphy,. 'The mad-house keepers of East London', *History Today* 51:9 (2001), 29-35. Little use seems to have been made of Miles's institution, also described by Murphy.

The parish, then, appears to have sent fewer of its sick poor to external institutions over time. From about the 1770s, they appear to have made less use of both private mad houses, and less use, too, of London's public hospitals. This suggests that an increasing amount of medical care must have been delivered by the parish.[48] It is to parochial care that we should now turn.

48. The actual circumstances of this change in 'medical policy' of course, might lie with changes in London's Hospitals and madhouses, such as a hike in their fees, or a general prohibition in the reception of parish paupers. Since it is highly unlikely that changes

What proportion of the workhouse population were sick? Some workhouses seem to have provided largely for the sick, ill and infirm.[49] Surviving workhouse accounts for the early eighteenth century include unusually detailed summaries of the condition of the workhouse inmates, and can thus be used to assess the relative number of sick and infirm residents. Table 5 sets out two detailed fortnightly summaries, taken from a period when the number of inmates was around 230.

Table 4: Workhouse inmates October to November 1726

	Oct 24th to 6th Nov, 1726, WAC F2212/70				**Nov 6th to Nov 20th, 1726, WAC F2212/72**			
	Males	Females	Unknown	Total	Males	Females	Unknown	Total
Taylors making and mending for the Family	3			3	3			3
Weaver	1			1	1			1
Assisting in the Pantry	1			1	1			1
For the most part employed at labouring work in the Church yard	8			8	6			6
Lame	14	24		38	14	24		38
Sick	2	5		7	4	9		13
Superannuated		7		7	3	7		10
Lunatic	3	10		13	3	10		13
Ideots		2		2		2		2
Blind		3		3		3		3
Boys at School and Work	36			36	34			34
Girls at School and Work		21		21		22		22
Small children			22	22			24	24
Servants			8	8			8	8
Spinning Flax		12		12		10		10

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would have occurred rapidly across a range of different institutions, in a short period of time, it is probable that changes at parochial level explain the switch to local provision. More research on London's parochial medical care is clearly needed.
49. For example, Terling by the end of the eighteenth century, along with many workhouses in Berkshire, Essex and Oxfordshire: Susannah Ottoway, *The Decline of Life. Old Age in Eighteenth-Century England (*Cambridge, 2004), 250-51, 266.

Jersey and Wooll		3		3		2		2
In the Kitching and Washhowse		3		3		3		3
Knitting		4		4		4		4
Sowing		12		12		12		12
Nursing the sick and children		5		5		5		5
Not employed	2	20		22		22		22
Total in the Workhouse	**70**	**131**	**30**	**231**	**69**	**135**	**32**	**236**

Source: WAC F2212/70, 72

The workhouse was certainly not dominated by the sick and ill in 1726. St Martin's may, in this respect, have been unusual in that efforts to keep a proportion of the inmates at some sort of work[50], or at school, seem to have been persisted with over the entire period. The institution never became completely dominated by the sick, infirm and those unable to work. This 'family'[51] was a community of the poor, with a cross section of individuals from young children to old 'superannuated' paupers. Those counted as 'lame', sick, lunatic, idiot and blind made up around 27 to 29% of the total workhouse population in 1726, a percentage comparable to the role that sickness played in applications for poor relief.[52] Such individuals were provided with nursing care by the five resident nurses, and the sick were given extra allowances of beer and wine, and other 'severall things'. In addition to receiving nursing care when required, the poor in the workhouse were shaved

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50. The authors are working on a detailed assessment of the various industries attempted over the period, which range from mat making, wig making, picking oakum, crushing oyster shells and various branches of the textile industry.
51. The early workhouse accounts repeatedly use 'the Family' rather than the later terminology of 'The House' to describe the workhouse.
52. There are no sources that enable one to look at the proportion of sick in the workhouse for most of the period. One indirect source, however, suggests that the seriously sick were not a large proportion of those incarcerated. The overseers accounts for 1781/2 show that the apothecary paid paupers 'unable to eat their daily rations' due to illness 1d per day. In this year Mr Harding was refunded £3 5s 2d, which suggests 782 paupers too sick to eat on one day. Since there were on average about 713 persons inhabiting the workhouse at this time, that is 782 out of 260,245 (713 x 365) possible daily meals foregone, less than one third of one percent. Even if we assume that children and infants were not paid, that still suggests a level of serious sickness at less than one percent, for the accounts, see, WAC F579

regularly at parish expense.[53] Little is known about the care of residents who contracted, or turned out to have after admission, dangerous and infectious diseases. It is possible, however, that smallpox victims were moved out of the workhouse before a dedicated sick ward for them was provided in the 1730s.[54] The medical care provided by the workhouse to the parish poor from 1725 spelt the end of what had become an impressive network of parish nurses, operating what had been, in effect, small infirmaries or hospitals in the parish since the late seventeenth century.[55]

What else can we say about the development of health care in the workhouse at the start of our period? We already know that the parish tended to rely on madhouses for the care of many of its lunatics, these would probably have been the particularly disruptive, given that others were clearly kept in the workhouse. It is equally clear that those with the 'foul' disease, again probably serious cases, were sent to London hospitals to be 'salivated'. However, the parish also hired the services of doctors claiming to be able to cure venereal disease on a significant scale.

Whereas the nearby parish workhouses of St Margaret's Westminster and St Andrew Holborn seem to have had their own 'foul' wards at an early date, both St Martin's and St James are known to have been contracting a 'foul disease' specialist, Mr Lewis Le Barr, to care for their afflicted parish paupers as early as 1731.[56] Mr 'Labarr' was still employed for this purpose in 1742/3, when he charged 10s 6d per 'cure'.[57] His tenure in St Martin's appears to have been rather longer than his short-lived career at St Sepulchres.[58] The number of such patients under his cure, twenty in March 1743, suggests again that the foul disease was not actually widespread amongst the thousands of

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53. Nursing seems to have been carried out by inmates. There is no record of any extra payments for those nursing inmates. Initially the workhouse employed a relatively large number of these 'nurses', up to 13, but the number seems to have stabilized at only five in 1726. There is, unfortunately, little information on these workhouse personnel recorded after 1726.
54. WAC F2212/75 records that the Governor Mr Marriot was reimbursed £1 2s in December 1726 'for Mary Browns Subsistance out of the House her Child having the Small Pox'.
55. See, Jeremy Boulton, 'Welfare systems and the parish nurse in early modern London, 1650-1725', *Family and Community History* (2007 forthcoming).
56. Siena, *op. cit.* (note 10), 151. The churchwardens of St Martin's and St James certified his expertise to those of St Sepulchres at the end of 1731.
57. WAC F515.
58. Siena, *op. cit.* (note 10), 151.

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paupers relieved by St Martin's, although it was undoubtedly a serious cause of hospitalization, and a serious financial burden for both parish and pauper. Employing such experts continued at least into the late 1750s. In 1749 workhouse accounts reveal that a Dr Profily received a guinea for 'curing two persons of the veneral disease'.[59] Later, the Churchwardens and Overseers regularly ordered that workhouse inmates found to be infected with the foul disease were placed 'under the care' of a Mr 'Oddy'. Between 28th July 1755 and the end of 1756 eighteen venereal paupers were placed under the care of this medical man.[60] 'Foul' cases were being sent to London's hospitals as late as 1777 but thereafter the move to care for pauper sick in house came to include those suffering from the foul disease. On the 21st November 1792 the churchwardens 'ordered Flannel Dresses for the Venereal Patients' in the workhouse, which suggests that local 'salivation' may have been taking place by then.[61]

In addition to bought-in medical specialists, from the outset the poor in the workhouse had the services of a dedicated apothecary, who was also supposed to provide surgical services.[62] This individual, who also provided services to the outdoor poor (at extra cost) has already been mentioned in connection with the care of pauper lunatics. There was nothing new in the employment of a parish apothecary, whose appointment predates the erection of a workhouse by many years. Mr John Sheibell was the parish apothecary, hired as 'apothecary and surgeon' to the poor, for some years before the workhouse was built. In 1725 Sheibell was appointed as workhouse apothecary.[63] It was initially

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59 WAC F2213, unpaginated. Dr. John Profily was the author of *An easy and exact method of curing the venereal disease in all its different appearances: with an account of its nature, causes, and symptoms* (1748). As aspiring doctors were wont to do, he set out to impress his readers by a rather pedestrian four-page Latin dedication.
60 WAC F2225/9-49. The identity of this individual is not clear. It *might* have been the 'Dr Hody' who took over the responsibility for the care of the poor of St George's Hanover Square in 1741, Hitchcock, *op . cit*. (note 29), 158-9. See also the foul patients sent to 'Dr Gray' 1751/2 below.
61 WAC F2075/26. For earlier cases recording the admittance of foul patients into the workhouse in 1777, see F2072/72r; 91r; 94r. These individuals are not identified as 'foul' in the workhouse admissions registers.
62 This section is derived from evidence contained in the vestry minutes, the overseers accounts, the churchwardens and overseers minutes for the workhouse, between 1715 and 1820. Specific references are given where appropriate.
63 The 'job specification' for the workhouse apothecary set out in May 1725 was for a 'sober, skilful apothecary … willing to settle at the workhouse and to attend the poor of this parish', WAC F2006, 163.

envisaged that those not resident in the workhouse would seek medical help from another apothecary: Mr Kitchen, was employed in 1725 'as apothecary for the poor of this parish'.[64] The illogic of employing two apothecaries eventually dawned on the vestry and it did not confirm the initial appointments of either men. After some delay it employed Sheibell in April 1726.[65] It is certainly the case that the parish apothecary was sending in extra bills for medical services to the outdoor poor following the shift to a workhouse system. In 1781 the then workhouse apothecary's salary was raised by £25 year 'in consideration of supplying the out poor with Medicines'.[66] Since the workhouse apothecary's duties included the provision of surgical services, this could entail the hiring of a specialist surgeon out of his salary. Some, but clearly not all, surgical provision might have been provided by surgeons *gratis*.[67]

What is particularly striking in the context of what in effect was a 'medicalisation' of the St Martin's workhouse over time, is that the relative salary of the workhouse apothecary increased very significantly over our period. In 1726 Sheibell was receiving £60 'to serve the poor in Medicines and Surgery for this present year provided his Bills Exceed not

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64. WAC F2006/191. Kitchen was to have £40 per year 'as apothecary for the poor of this parish' and the overseers 'for the future do direct their notes to him'.
65. WAC F2006/192. Presumably the illogic of having two apothecaries in a system where paupers were subject to a workhouse test dawned on the vestry. The matter between Sheibell and Kitchen was repeatedly deferred until April 1726 when 'Mr Sheibell Apothecary be Recommended to the Churchwardens and Overseers to serve the poor in Medicines and Surgery for this present year provided his Bills Exceed not £60 per annum', F2006/225. The vestry recorded the need for a new apothecary on 15th April 1734, but repeatedly prevaricated. Not until 16th June 1735 was a Mr Pellitt appointed, F2006/416, 434.
66. WAC F2075/50. There were, nonetheless, further extra payments such as that in 1782 'Mr Harding paid 16s 9d for poor out of workhouse', June 18th 1782, WAC F579 unpaginated.
67. In 1720 Sheibell ' Petitioned this Board complaining of the great Costs and Charges he yearly sustaines by reason of his paying a Surgeon out of his sallery of £60 per annum. And this Board taking the same into Consideration Ordered that the said John Sheibell's sallery be advanced to £80 per annum during such time as the Two Outwards shall remaine part of this parish.', WAC F2006 / 37. Sheibell's salary was thus reduced to £60 when St George Hanover Square was made a separate parish in 1724. The 1786 edition of *The Account of the Work-houses in Great Britain* claimed that 'a surgeon attends the House *gratis*, and an Apothecary furnishes them Annually with Advice and Medicines at a moderate Rate', 70.

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£60 per annum'.[68] By 1775 the role of apothecary and surgeon had been split, with George Harding being paid £75 and a surgeon, 'Mr Norton' £57.[69] The surgeon, if necessary, might appoint an assistant.[70] The role of apothecary and surgeon was interchangeable: in 1780 the surgeon, then a Mr Jarvis, received a salary boost when he was chosen 'to be surgeon and apothecary to have the care of the Almswomen inhabiting in the Almshouses at the rate of 12 guineas per annum'.[71] By 1793 the workhouse apothecary, still Mr Harding, was getting in total £120 a year 'not only a very handsome but liberal Salary'[72], double what his predecessor had been getting in 1726, and three times that if one deducts £20 from that £60 to allow for the cost of providing surgical services. He also occasionally received a £20 annual bonus. Harding retired in 1801 at the same salary, at which point the workhouse surgeon, Richard Simmons, re-combined the posts. In 1807 Simmons's total salary was £220, which included £100 for the post of surgeon.[73] By 1812 he was receiving £241 per year, four times what his early eighteenth century predecessor had received. Even allowing for price inflation that still represented a significant real increase.[74] In 1821 Simmons' salary reached an even more substantial £350, a respectable sum, given that this does not exclude extra payments for a range of other services, although he was probably paying for a surgical assistant.

The increases in salary were due to both the increasing workload represented by the expanding capacity and rising admissions of the workhouse, but also reflected explicitly a growth in the extra duties and responsibilities of the apothecary. Since the apothecary provided medicines, part of the salary reflected the amount he provided. The number of paupers under his care, therefore, must have figured in the assessment of his salary, although it would clearly have fluctuated with levels of morbidity and local policy with

68. WAC F2006/225.
69. WAC F2072/f.28r.
70. WAC F2072/27v, 25 July 1775, 'agreed and ordered that Mr. Jarvis be assistant surgeon to Mr Norton, surgeon of this House and that the said Wm Norton do allow the said Mr. Jarvis what he the said Mr. Norton shall think proper for the same'. Norton may have been incapacitated. Jarvis subsequently became the workhouse surgeon on Norton's death in November of that same year, ibid. f. 39r.
71. WAC F2008/57.
72. WAC F2075/50.
73. WAC F2076/84.
74. WAC F2076/230. The Schumpeter-Gilboy consumer price index increased 2.4 fold between 1726 and 1812, the apothecary's salary by 4.0. Between 1812 and 1821 it fell by 59 per cent: B.R. Mitchell, *British Historical Statistics* (Cambridge: Cambridge University Press, 1988), 709-710.

regard to hospitalization and 'out sourcing'. The number of paupers under his care at any one time increased from an average figure of 220 in 1726, at a time when the average number housed was being expanded, to between 600 and 656 in 1774/6 (after a further expansion following its rebuilding in 1772) to just over 700 in 1782. The number of paupers fluctuated thereafter. In 1812 average numbers in the workhouse were just under 600, but there was a (temporary) surge after the end of the Napoleonic wars. Over 800 paupers on average were on the books in 1817.[75] The increase in salary, therefore, did not necessarily correspond mechanically to the numerical size of the apothecary's workload. The £25 hike in 1784, it will be recalled, was avowedly for extra effort involved in bringing home the parish lunatics, and one other increase reflected the apothecaries duties amongst the outdoor poor. The apothecary's duties came to include reporting on the parish lunatics in madhouses as well as assessing the health of workhouse inmates on a regular basis. Summarising the duty of the apothecary and surgeon in 1816, he was:

> To attend at the Workhouse and to visit each Patient therein once every day; and to visit the Out Patients as often as necessity requires; also to visit the Insane Poor monthly; and to attend the Officers when they inspect the Infant Poor in the country.[76]

The apothecary was also to tour the sick wards of the workhouse with the Board of Governors delivering a verbal report, and was further charged with the compilation of regular written reports on the health of both the indoor and outdoor poor. By the early nineteenth century the apothecary was responsible for vaccinating parish children against smallpox.[77] The post of parish surgeon and apothecary had clearly become a post requiring considerable skill and conferring a worthwhile reputation. When the venerable Mr Simmons fell ill in 1805, two eminent local physicians volunteered to fill in for free.[78]

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75. Figures from totals reported in the workhouse accounts and day books. WAC F400X.,F2212, F2213, F4003-6, F4008-F4026.
76. WAC F2077, 24 June 1816, unpaginated.
77. WAC F2076/ 342, 15 march 1815, 'Resolved that all the children in the workhouse who have not already had the small or cowpox be vaccinated by Mr. Simmons and that the parents who may refuse to suffer him to do so, be discharged with their children, and also that Mr. Simmons vaccinate the children at nurse in the country.'
78. During Simmons' illness early in 1805, Dr Maton of Spring Gardens 'very handsomely offered to visit the poor in the workhouse in cases of malignant fever or other epidemic disease and to prescribe for them gratuitously,' and Dr. George Rees made 'a gratuitous offer of his services as regular physician to this workhouse.' WAC F2076/20-1. Rees was thanked in August 1805 'for his attention to the poor', ibid.,

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By 1816, certainly, this well paid workhouse apothecary could claim to respectability and a professional reputation. When Simmons was threatened with dismissal in 1816, after more than twenty four years service, he hoped that 'you will not visit me with so severe a sentence as a dismissal whereby my reputation as a Medical Man, as well as my interest would probably be so materially implicated'.[79]

London's workhouse 'infirmaries' developed at different rates in the eighteenth century, with some of the large parishes in or adjoining Westminster parishes being in the lead.[80] St Margaret's Westminster, was singled out in a survey of workhouses of the 1720s and 1730s:

> 'The Humanity shewn in this House deserves to be noted, for among so great a Number of Poor, many are sickly, or have brought upon themselves the foul

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F2076/34. William George Maton (1774-1835), physician and antiquarian, was at this time physician to the Westminster Hospital. He kept house in Spring Gardens, where he died in 1835. Maton was appointed 'physician-extraordinary' to Queen Charlotte in 1816. Norman Moore, 'Maton, William George (1774–1835)', rev. Peter Osborne, *Oxford Dictionary of National Biography*, Oxford University Press, 2004 [http://www.oxforddnb.com/view/article/18341, accessed 15 Nov 2006]. George Rees (1776-1846) was house surgeon at the London Lock hospital and a distinguished writer on venereal disease and diseases of the uterus and liver. He began practice in Soho Square, but later moved to Finsbury Square. He specialised in insanity later in his career, Norman Moore, 'Rees, George (1776–1846)', rev. Patrick Wallis, *Oxford Dictionary of National Biography*, Oxford University Press, 2004 [http://www.oxforddnb.com/view/article/23282, accessed 15 Nov 2006]

79. WAC F2077, 13 Sept 1816. In the event, the Board voted by a margin of just one to dismiss Simmons for the (unspecified) offence in question, but this decision was reversed at the following meeting. Simmons' case supports Irving Loudon's rehabilitation of poor law medical practitioners: Loudon, *op cit.* (note 19), 231-235 .

80. Siena, *Venereal Disease*, *op. cit.* (note 10), 14 notes that the 'workhouse infirmary, the institution catering to London's poorest, was a largely female institution, setting it off in crucial ways from the other hospitals studied here'. This may be the case, but the existence of such infirmaries cannot be assumed, nor can their size, function and ability to offer cures be assumed to have remained constant over the eighteenth century, as the example of St Martin's demonstrates.

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> Disease, which are well nursed and provided for in an Infirmary taken at a little distance from the Workhouse'.[81]

There no convincing evidence that a separate 'infirmary' ever existed in St Martins. [82] What does seem clear is that, as the size of the St Martin's workhouse increased in the eighteenth century, there was an increasing emphasis on the provision of 'in house' medical care. Sickness and infirmity were, however, just two causes of admission to the workhouse and it is not always clear how segregated the sick were within the workhouse. Some of the ill must have been simply nursed and treated surrounded by the healthy. The fabric of the early modern workhouse was always somewhat 'plastic' and there was a continuous process of piecemeal addition, room and ward conversion and specialization. Nor was specialization of function always sustained. We know, for example, that the 'inoffensive part of the deranged Paupers' housed in a separate lunatics ward, probably from 1784, were redistributed amongst workhouse wards in 1805. What can we say about the provision of dedicated sick rooms in this workhouse?

The initial plans for the workhouse of St Martin's were indeed for building 'a workhouse in the New Churchyard in this parish for Imploying the Poor As also an Infirmary for the sick'.[83] This is the only reference found thus far to the provision of a separate physical structure for a parish infirmary, like that operating in neighbouring St Margaret's, Westminster. The plan seems to have been dropped. Six days later the vestry ordered only the building of a workhouse 'for Imploying the poor of this parish in the New Church Yard', making no mention of an Infirmary. The workhouse was to be for the

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81. *An Account of several work-houses for employing and maintaining the poor,* 2nd edn, London 1732), 61

82. The OED definition of Infirmary is: 'A building or part of a building for the treatment of the sick or wounded; a hospital; esp. the sick-quarters in a religious establishment, a school, workhouse, or other institution'. Sick wards were therefore infirmaries in this sense. The 1732 *of several workhouses* (see above, n. 81) noted a few of these, but not many. St James Westminster, which reported that one of its eight wards was for 'for Lying-in-Women, into which many are brought out of the streets to be delivered' and 'another Ward for an Infirmary'. However, the 'infirmary' in St James does seem to have been more than simply a 'sick ward'. It was, in Hitchcock's view, 'largely exempt from the orders enforced in the rest of the house, being under the authority of the surgeon, apothecary and mistress of the infirmary': Hitchcock, *op . cit.* (note 29), 173. Hanover Square was similar, as was St. Giles & St. George, but we do not know the authority of those who attended the sick: *An Account of several workhouses*, 27, 33.

83. WAC F2006/138-9.

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‘lodging, keeping, maintaining and Imploying’ ‘the poor of this Parish as shall desire to receive Relief and Collection from the said Parish’.[84] There were a number of subsequent additions to the workhouse complex, as funds became available, and leases fell vacant. These later additions seem to have enabled the provision of wards especially for the sick.

A significant move towards ‘medicalisation’ occurred in August 1736. At this date a house on the workhouse site purchased by the parish from a Mrs Legalas was surveyed, and it was ordered, ‘that in the upper [the second] Floor there be a Ward for the Sick another for the small pox and another for the Lying in Women’.[85] Dedicated ‘sick wards’ for men and women were clearly in place in the St Martin’s workhouse in 1775, after an expansion in capacity following a rebuilding.[86] These sick wards were, again, not on the ground floor, since in the second decade of the nineteenth century seriously ill paupers had to be carried ‘up’ to the sick wards.[87]

An increased emphasis on concern for the health of inmates can also be deduced not merely from the growing salary and responsibilities of the apothecary and surgeon, but from the fact that the parish paid for specific pieces of medical equipment, subscribed to specialist medical charities and bought in specialised medical care. The beds provided for the workhouse after the 1772 rebuilding, were modelled explicitly on those used by the hospitals of St George and the Middlesex Hospitals.[88] The workhouse, again, had its own ‘electrifying machine’, although it had broken down by 1795.[89] Otherwise the parish

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84. WAC F2006/140, 144, 148-9.
85. WAC F2006/454.
86. WAC F2072/33r-v.
87. WAC F2077, 28th October 1817, reported the case of a pauper brought into the workhouse in ‘in the last stage of an Asthma’. The ‘said Frederick Abbott was so ill when lifted out of the coach as to be unable to stand or speak and upon his being carried up to the Sick Ward & put to Bed died in about half an hour’. A ground plan of the workhouse c. 1867 shows a ‘Men’s infirm ward’, between a men’s work room and a school on the Hemmings Row side of the workhouse complex. No earlier plan of the workhouse has yet been located.
88. WAC F4102 ‘Minutes of the Committee appointed to oversee the building of the new workhouse’ recorded on 31st January 1771 that the ‘Bedsteads in St George’s and Middlesex Hospitals to be the manner of which the Bedsteads of this workhouse are to be of’.
89. WAC F2075/116, ‘Ordered that the Electrifying Machine be examined by Mr Simmons & to report the expence of putting it in proper order’. For an earlier reference in 1775, see the entry ‘Resolved that Mr Carpenter Overseer pay Mr John Long Two

subscribed to some specialist medical charities towards the end of our period, such as the Rupture Society, the Margate Sea Bathing Infirmary and the London Fever Hospital.[90] It is also known to have paid an oculist 'two guineas for his advice to the poor in this House' in 1776.[91] Although these things are difficult to assess, there also seems to have been increased emphasis on ventilation, light and the cleanliness of inmates towards the end of the eighteenth century. In 1805 it was ordered that:

> That Two Wards be appropriated for the reception of Paupers upon their Admission previous to their being Warded which shall in no case be, until first examined by the Surgeon & properly cleaned, then to be cloathed with the Parish Garments their own to be taken from them cleaned, laid by, tickitted & be restored to them when discharged from the House.[92]

By the early nineteenth century the St Martin's workhouse was providing medical services for paupers from parishes outside London.[93]

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Local medical provision in the West End

Dorothy George, as ever, was right. By the end of our period the parish workhouse was providing a significant level of health care for its pauper population, and clearly supplementing that available from hospitals and voluntary institutions. It was certainly

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Guinea's for [Electrofiing] F2072/f. 35r. The machine cannot have had a very long working life. In 1782 the parish was still 'outsourcing'. The overseers' accounts show that the workhouse apothecary paid 'Mr John Long of Little Compton Street [for] Electrifying Watch House Keepers wife, By Order of the Board' on the 4th December 1782, F581 unpaginated.

90. WAC F2076/ f.253, 20 January 1813, 18 May 1816

91. WAC F2072/f.48r.

92. WAC F2076/19. The same provisions included provisions for the ventilation of wards and airing of beds, keeping the Baths in a 'useful condition', regular cleaning and scouring, and an annual whitewashing (twice a year for the sick wards).

93. The vestry clerk of Ealing, in 1818, for example, wrote to the Board of Governors, 'soliciting permission for a Pauper of that parish being admitted to this Workhouse for the purpose of receiving Medical relief from Dr Armstrong for a Cancer in the Womb & offering to pay all Expenses attendant thereon'. Dr Armstrong must have been an assistant, hired by Simmons., WAC F2077.

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not alone in the extensive medical provision it provided. The total volume of medical care provided by workhouses and parishes must have been very substantial by the end of the eighteenth century, given the large number of metropolitan workhouses that existed, each providing a range of medical provision. As is well known, workhouse infirmaries received more attention from the medical establishment, and from medical reformers, in the nineteenth century.[94] The development and growth of such provision, it is argued here, had deep eighteenth-century roots. This is particularly the case given that London workhouses had potentially a much greater capacity to provide in-patient care than did London's public hospitals.

This article has not discussed the origins of local medical policy. The vestry was well aware of developments in other Westminster parishes, of course, and as the example of the workhouse bedsteads indicates, were clearly in touch with medical practices in London's hospitals. It should also, in this connection, be recalled that the medical expertise available to the parish is likely to have been extensive, and certainly more far reaching than that provided by the workhouse apothecary and surgeon. We have already noted local charitable medical provision, and the voluntary help supplied by local doctors. In fact, many distinguished medical men lived in St Martins, and it is likely that members of the ruling vestry had social contacts with some of them. Occasionally medical men became vestry men. To take one particularly interesting example, the vestry minutes record on the 4th April 1765 the nomination of one 'Doctor William Hebberden' as a vestryman.[95] This is almost certainly William Heberden the elder (1710-1801), the eminent physician, who numbered both Dr Johnson and George III among his patients. Heberden took a house on Cecil Street 'between the Strand and the river' in 1748, and moved to Pall Mall (in neighbouring St James, Westminster) in 1769. In practice, Heberden soon tired of the St Martin's vestry,[96] but he kept his house in Pall Mall for thirty years, and died there in 1801. The local presence of men like Heberden suggest another reason why historians of medicine should pay more attention to medical care in the London parishes. Workhouse sick wards and infirmaries must have provided case histories and informed medical theorizing and writing in just the same way as patients encountered in hospitals.[97]

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94. See, for instance, the *Lancet* enquiry into London workhouses, 1865-66.
95. WAC F2007/324. The nomination was ratified on 7th April.
96. Heberden only seems to have actually attended the vestry three times, 1765-66.
97. For some examples of physicians providing free medical care to London workhouses, see, Hitchcock, *op . cit*. (note 29), 158-60.

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The value of parochial perspectives on aspects of medical care is increasingly recognised by historians. In addition to the local parochial context in which such care was provided, this study can also go some way to providing something regarding the *individual* context of such care. It would certainly be possible in future to provide patient case histories for many workhouse residents, in which periods of care in public hospitals were interspersed with periods in the workhouse, and perhaps, too, payments received as 'out relief'. It was not only patients with venereal disease that absorbed a disproportionate amount of medical relief in the eighteenth century. Historians of medicine must always be alive to the probability that any given admission to a hospital may have been only a brief interlude in what might have been a relatively long 'patient career.

Lastly, this study suggests that the workhouse became, in the eighteenth century, an important receptacle for the sick and diseased poor. Demographers who study London would do well to ponder the distorting effects that this may have had on patterns of disease in the capital.[98] Workhouses were, after all, at least in one sense, essentially gigantic lodging houses and they were new - almost all were founded in the second and third decades of the eighteenth century. They almost certainly housed a disproportionate number of those in the parish who were sick or infirm. Were such institutions sites of local epidemics? Did they act as the foci for localized outbreaks of disease? This chapter would suggest analysis of more workhouses would produce a more nuanced understanding of the impact and spread of disease and sickness in the eighteenth century.

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98. The best study of London's demography, Landers, *Death and the metropolis* (note 8), contains no index reference to any London workhouse despite the emphasis on the importance of the built environment for studying disease patterns.