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Medicine and Society in Wakefield and Huddersfield,  
1780 - 1870

(2 Volumes)

VOLUME I

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Ph.D. Thesis,  
University of Warwick  
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Abbreviations

HPL	Huddersfield Public Library.
HRI	Huddersfield Royal Infirmary, Postgraduate Library.
WDA	Wakefield District Archives (JGC Personal Collection of Mr. John Goodchild, District Archivist).
WYCRO	West Yorkshire County Record Office.
C	Census Enumerators' Books.
<u>PMD</u>	Provincial Medical Directories.
A.R. H.D.	Annual Report, Huddersfield Dispensary.
A.R. H.I.	Annual Report, Huddersfield Infirmary.
A.R. W.D.	Annual Report, Wakefield Dispensary.
A.R. W.I.	Annual Report, Wakefield Infirmary.
Ms.	Manuscript Source (all sources are printed unless otherwise stated).

Parliamentary Papers

SCME 1834	Report from the Select Committee on Medical Education, PP, 1834 XIII (602).
SCMPR 1844	Report from the Select Committee on Medical Poor Relief. Third Report, PP, 1844 IX (531).
SCMR 1854	Report from the Select Committee on Medical Relief, PP, 1854 XII (348).
QRSM 1880	Abstracts of the quinquennial returns of sickness and mortality experienced by Friendly Societies for periods between 1855 and 1875, PP, 1880 LXVIII (517).
PP	Parliamentary Paper or Return.

Newspapers

<u>HHEX</u>	<u>Halifax and Huddersfield Express</u>
<u>HHE</u>	<u>Huddersfield and Holmfirth Examiner</u>
<u>HE</u>	<u>Huddersfield Examiner</u>
<u>LM</u>	<u>Leeds Mercury</u>
<u>WHJ</u>	<u>Wakefield and Halifax Journal</u>
<u>WE</u>	<u>Wakefield Express</u>
<u>WJ</u>	<u>Wakefield Journal and West Riding Herald</u>
<u>WS</u>	<u>Wakefield Star</u>
<u>WRH</u>	<u>West Riding Herald and Wakefield Commercial and Agricultural Journal</u>

Acknowledgements

While collecting material for this thesis I have received assistance from the staff of a number of libraries and record offices. My special thanks go to the staffs of the West Riding County Record Office, the Wakefield District Archives and the Kirklees District Archives (Huddersfield Public Library), in particular Mr. Michael Bottomley, Mr. John Goodchild and Miss Janet Burhouse. John Goodchild, the Wakefield District Archivist, made a large number of items from his private collection available to me. I am also grateful for the assistance of the librarians of the Wellcome Institute Library, the Public Record Office, the British Library (Colindale), the Doncaster Public Library and the Warwick University Library, especially the ladies dealing with Inter-Library Loans. My thanks also go to Dr. C.S. Ward, Consultant Anaesthetist of the Huddersfield Royal Infirmary, for making the Huddersfield Medical Society records available for my use.

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Last, but certainly not least, I would like to thank my family for their support, especially their assistance with proof-reading, and Sebastian for his useful criticism at all stages and for his encouragement.

SUMMARY

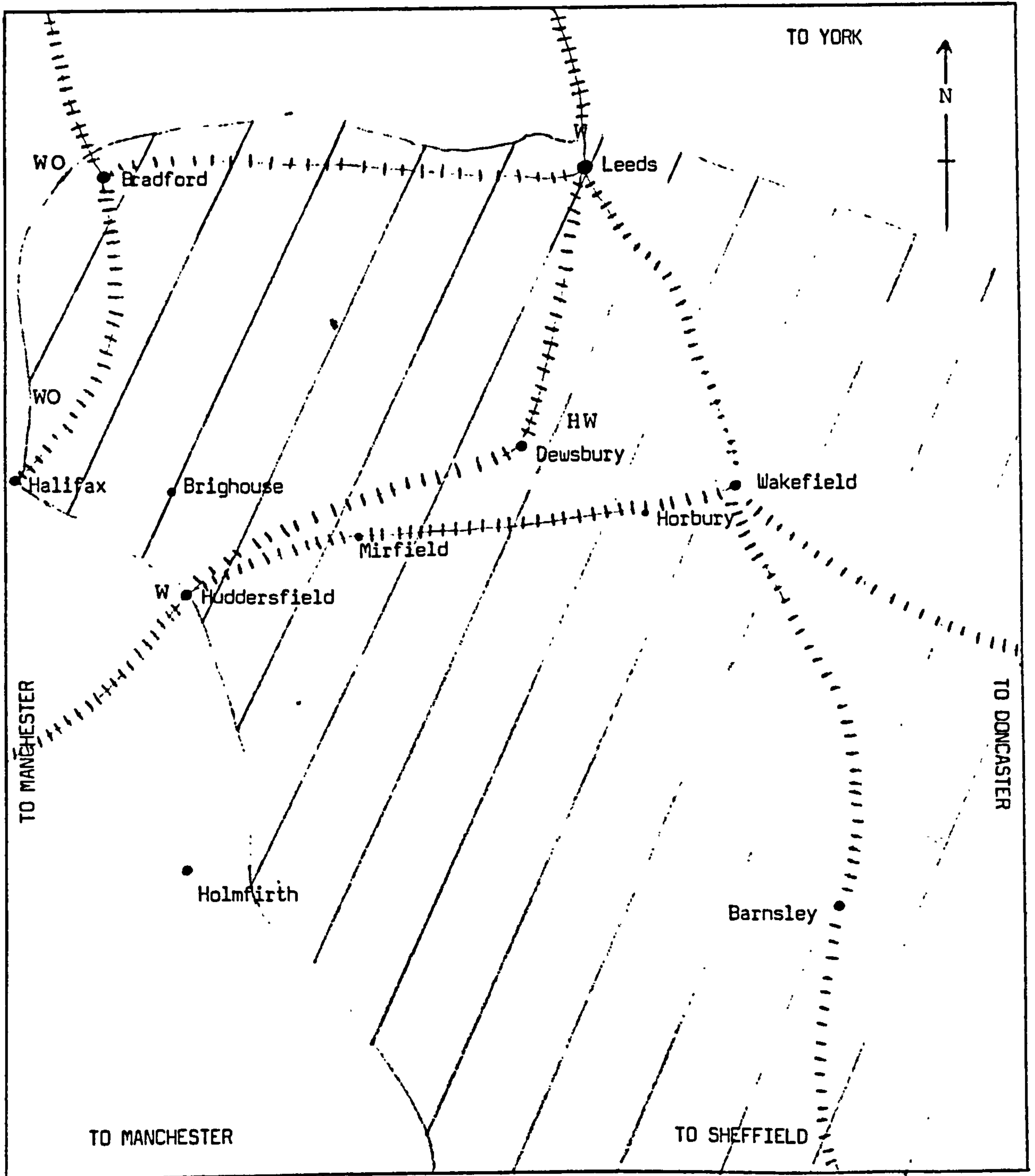
The thesis examines the formation and evolution of medical provisions in Wakefield and Huddersfield between circa 1780 and 1870. The survey covers 'institutional' facilities, namely hospital and dispensary provisions and Poor Law medical services, friendly society facilities for the sick and the development of 'fringe' or 'peripheral' medical practices. The thesis also discusses the structural, professional and social development of medical communities in the two towns.

A wide range of source material was utilised, to include Poor Law material (pre- and post-1834), the records of friendly societies and medical charities, census returns, newspapers, trade and medical directories, and parliamentary reports and returns. The use of such a combination of material gives a better indication of the range of facilities available and their relative importance. It will be suggested that the emphasis medical historians have put on institutional provisions has been misplaced. The importance of previously neglected options, the friendly society and 'peripheral' forms of treatment, will be stressed. Leading on from this, it is possible to suggest that self-help forms of medical relief (compared with those 'provided' by the wealthy classes for the poor) were of greater significance than has previously been assumed.

An attempt has been made to place the development of medical services against the backdrop of the communities that they evolved in. The growth of institutional provisions and the progress of self-help forms are linked to the organisation of the two communities, their class structure and social, civic and economic developments. The leading role of laymen in creating a demand for, and in the setting up and evolution of, medical provisions has also been stressed. It is hoped an analysis of these factors will lead to a clearer understanding of how and why medical facilities developed as they did, and to a greater insight into the relationships between medicine and society.

MAP 1

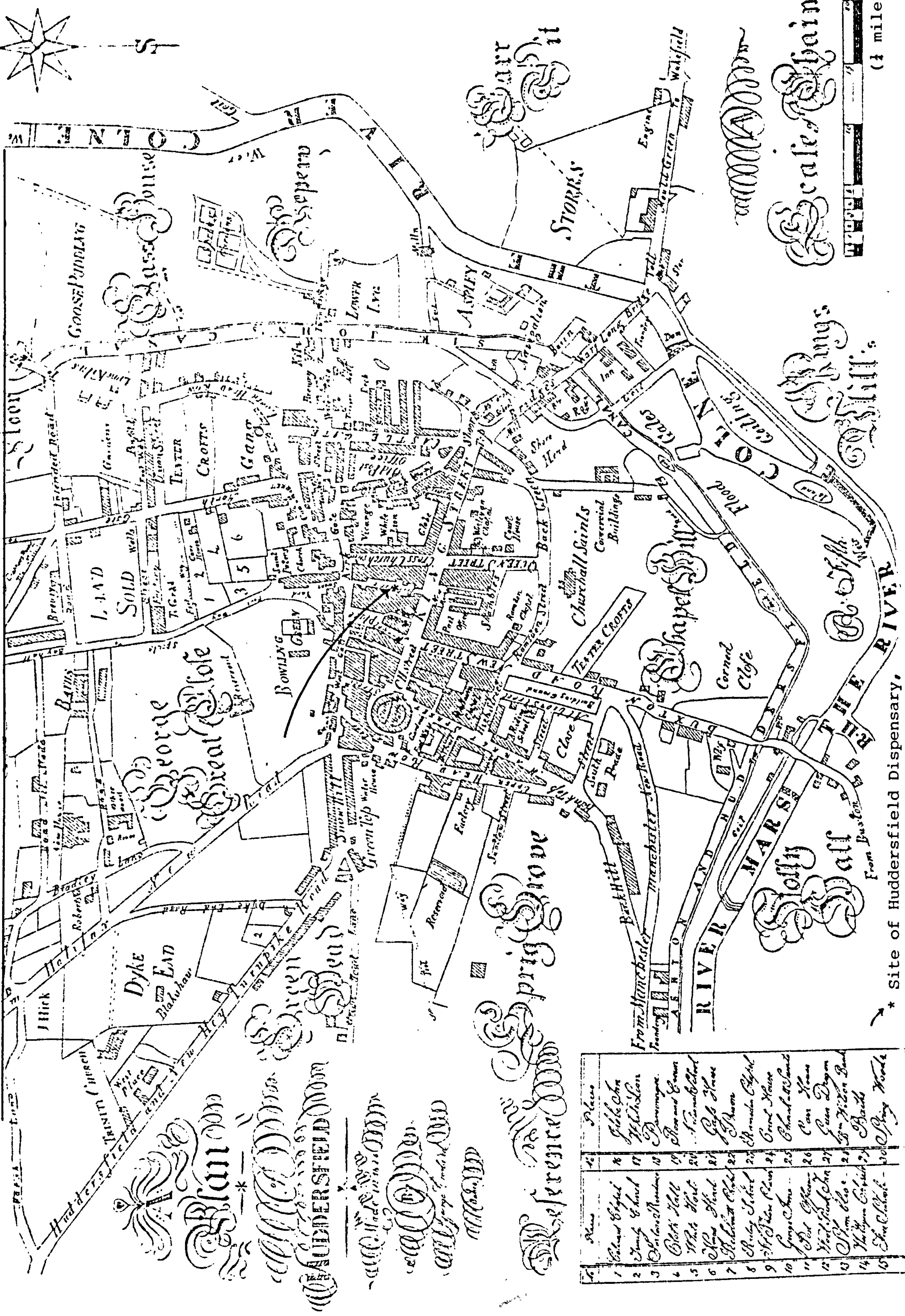
The Industrial West Riding, circa 1880



W Woollens  
WO Worsted  
HW Heavy Woollens

Principal railway links  
Coalfield





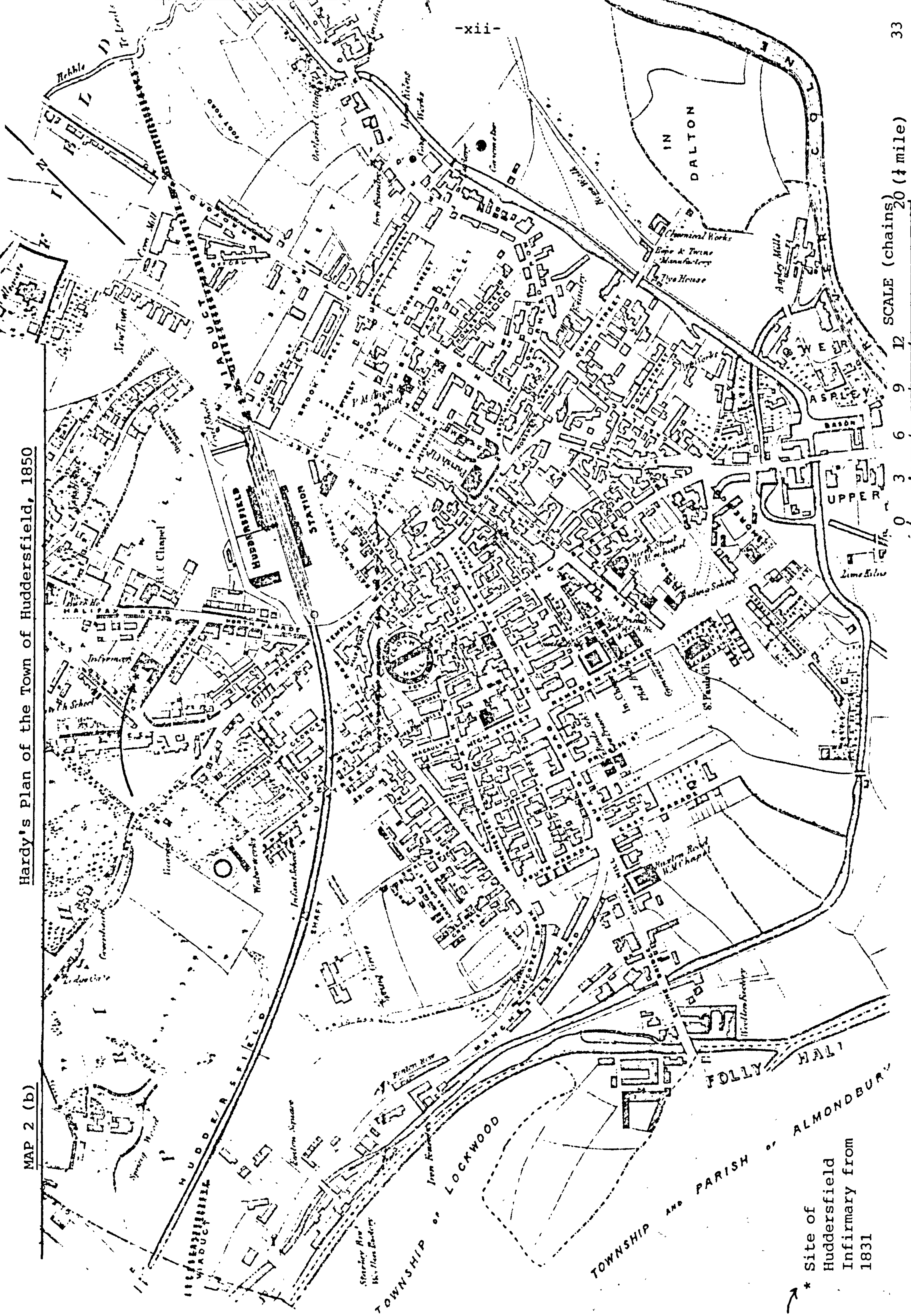
No.	Name	Place
1	Caland Chapel	Public Cha
2	Stung School	W. L. L. L.
3	St. Peter's Church	Parish Church
4	St. John's Hall	St. John's Hall
5	White Hart	White Hart
6	St. James' Hall	St. James' Hall
7	St. Andrew's Church	St. Andrew's Church
8	St. Mary's Church	St. Mary's Church
9	St. Peter's Church	St. Peter's Church
10	St. John's Church	St. John's Church
11	St. Paul's Church	St. Paul's Church
12	St. George's Church	St. George's Church
13	St. James' Church	St. James' Church
14	St. Andrew's Church	St. Andrew's Church
15	St. Mary's Church	St. Mary's Church
16	St. John's Church	St. John's Church

\* Site of Huddersfield Dispensary, 1814-31

Scale of Chains.  
 (4 mile)

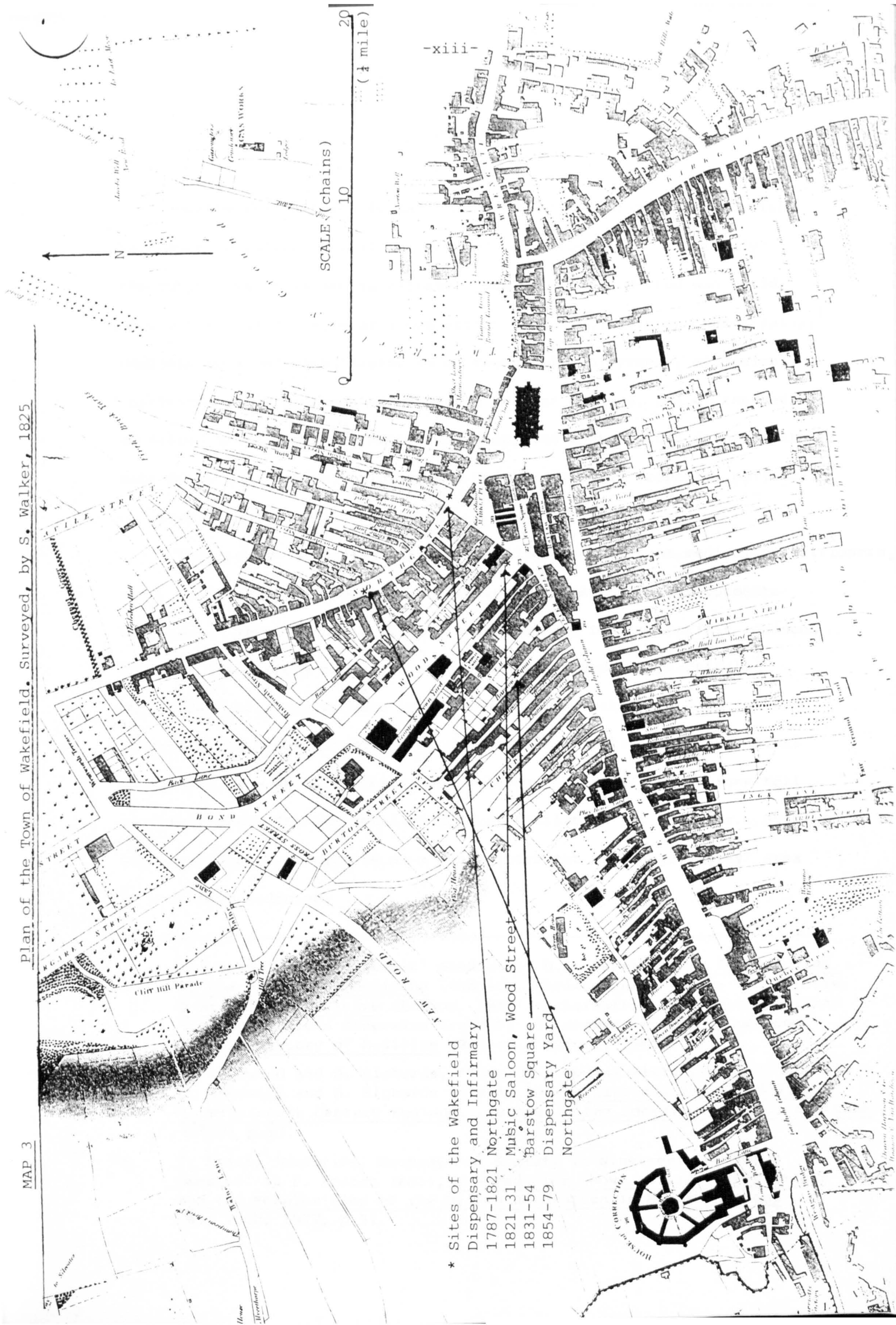
MAP 2 (b)

Hardy's Plan of the Town of Huddersfield, 1850



SCALE (chains) 20 (1/2 mile)

\* Site of  
Huddersfield  
Infirmary from  
1831



-xiii-

SCALE (chains)  
10 20  
(1/4 mile)

- \* Sites of the Wakefield  
Dispensary and Infirmary  
1787-1821 Northgate
- 1821-31 Music Saloon, Wood Street
- 1831-54 Barstow Square
- 1854-79 Dispensary Yard  
Northgate

HOTEL OF CORRECTION

WALKER'S PATENT

## CHAPTER 1

### Introduction

During the last few decades the study of the history of medicine has begun to follow several interesting new directions. Previously the subject was regarded in extremely narrow terms. Method was based on a collection of facts arranged either chronologically or thematically;<sup>1</sup> emphasis remained with 'histories of technical achievement, of medical institutions, of progress of treatment against disease, and of the medical or allied professions'.<sup>2</sup> Most studies implied that medical developments took place in a vacuum, uninfluenced by wider social, economic, political or legislative changes.

The process of moving away from studies of prominent medical practitioners, major medical institutions and theoretical and technical developments has begun. There is now a clearer understanding that scientific advances 'did not immediately translate into advances in medical practice'.<sup>3</sup> 'Great men' in medicine were by no means representative of (and in terms of impact and numbers probably by no means as important as) the medical profession as a whole. Prestigious voluntary hospital foundations tell us little about the sum total of medical facilities for the poor. Studies of institutional provisions as a whole leave out the large, 'grey' area of self-help medicine.

- 
1. For example, the 'classic' studies of H.F. Garrison, An Introduction to the History of Medicine (4th ed., Philadelphia, 1929); D. Guthrie, A History of Medicine (London, 1945) (hereafter all books published in London unless otherwise stated); C. Singer and E.A. Underwood, A Short History of Medicine (2nd ed., Oxford, 1962).
  2. J. Woodward and D. Richards, 'Towards a Social History of Medicine' in J. Woodward and D. Richards (eds.), Health Care and Popular Medicine in Nineteenth Century England. Essays in the Social History of Medicine (1977), p.17.
  3. P. Starr, 'Medicine, Economy and Society in Nineteenth-Century America' in P. Branca (ed.), The Medicine Show. Patients, Physicians and the Perplexities of the Health Revolution in Modern Society (New York, 1977), p.51.



The field of the 'social history of medicine' still covers a great deal of uncharted ground, and much work needs to be done before a greater understanding is achieved concerning the relationship between medicine, history and society. Many areas still suffer from neglect. Pioneering studies, such as Woodward's investigation into the voluntary hospital movement,<sup>4</sup> undertaken in the early 1970s, have tended not to have been followed up. In terms of the 'amount' of research undertaken, emphasis remains with institutional provisions: in England, hospital and Poor Law medical services. Self-help provisions in the form of sick clubs and friendly societies, fringe and folk medicine and self-medication have been almost completely neglected. Even within the field of institutional medicine research has shown a clear bias; towards in-patient hospital facilities and post-1834 Poor Law provisions. The more informal medical service provided under the Old Poor Law, and the numerically more significant out-patient and dispensary facilities have received much less attention. There is still a geographical bias in favour of London and other major population centres. Emphasis to some extent remains with the 'important', 'accessible' and 'famous' rather than with the 'typical'.

Perhaps one of the most serious defects of investigations into medical history has been a failure to examine medical men and services in the context of the community. But in the words of George Rosen:

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4. J. Woodward, To do the sick no harm. A Study of the British Voluntary Hospital System to 1875 (1974).

The social history of health and disease is ... more than a study of medical problems ... It requires as well an understanding of the factors - economic conditions, occupation, income, housing, nutrition, family structure and others - which create or influence health problems, and of the ways in which they operate. 5

Medical services did not evolve in isolation. To take the setting up of hospitals, their establishment was determined only partially by perceived medical needs. Just as important was the motivation of the lay groups who financed these enterprises. As shall be shown in Chapter 4, a wide variety of motivations could influence the setting up of these institutions: civic pride, a desire to control the labour market, fear of epidemic disease, religious impulses and humanitarianism. All had more to do with social and economic rather than medical influences, and with lay rather than medical groups.

P. Branca has suggested that the social history of medicine involves three layers: great medical personalities at the top, patients or prospective patients at the bottom, and the ordinary practitioner in the middle.<sup>6</sup> To this sub-division I would add a further layer, which also occupied something of an intermediate position: the interested layman. The importance of lay, usually middle-class, groups in directing medical services will be stressed throughout the thesis. As suggested above, medical charities were just as dependent upon lay organisational and financial support as upon the co-operation of local medical men. It

- 
5. G. Rosen, 'Social variables and health in an urban environment: the case of the Victorian city', Clio Medica, Vol. 8, 1973, p.1. Quoted in J. Woodward and D. Richards, op.cit., p.15.
  6. P. Branca, 'Towards a Social History of Medicine' in P. Branca (ed.), op.cit., p.92.

was often laymen who campaigned for the establishment of these institutions, and invariably they provided the greatest proportion of financial support and determined policy-making.

The influence of lay groups within medical charities had its parallels in other medical services. Poor Law medical relief was directed by lay overseers and vestries, and after 1834 by the Boards of Guardians. Friendly society and sick club provisions were determined by the initiative of their lay, this time usually working-class, membership. The survival, development and growth of various aspects of fringe medicine was determined by the changing demands of the population for these forms of treatment. In a similar way, the growth of the 'regular' medical profession and changes in practice were not determined solely by intra-professional developments in training, qualifications and ethics. Rather, the evolution of the medical profession was determined very much by changing demands and the creation of new posts, both emanating from lay groups, especially the middle classes. The middle classes not only produced a demand for medical men (in particular the general practitioner); they also helped to fill it. As will be demonstrated in Chapter 7, recruitment of medical practitioners took place in most cases from middle-class groups.

In the past medical historians have made a limited selection and use of available sources, and this explains in part at least the emphasis which has been placed on institutional medicine and eminent personalities. This project will attempt to look at new sources and examine old sources in a new way. For example, while hospital reports have been used quite extensively by historians, little use has been made of subscription lists, which were frequently attached to annual reports. These lists give information on the social and occupational composition of supporters

to medical charities, data which is not normally available elsewhere. The value of subscription lists in providing this information and in giving clues as to the motivations of those funding these institutions will be emphasised in Chapter 4.

Until recently parish documents, in particular overseers' accounts, were not regarded as a viable source for the study of medical history. Here they were found to be a reliable and unique source of information on pre-1834 medical relief. In the last few years census enumerators' books have attracted 'legions of historians and social scientists seeking a long-term historical perspective for their studies'.<sup>7</sup> The Wakefield and Huddersfield census returns proved invaluable (especially when used in conjunction with trade and medical directories) in giving data on the numbers and social composition of medical men. They also provide, albeit in a limited form, information on various groups of fringe practitioners, an aspect of medical history for which data is extremely scarce. More details on sources and the problems implicit in the use of different forms of evidence are given in the appropriate chapters. But it should be emphasised here that the suggestion of R.S. Roberts that 'it is no longer appropriate to rely on any one sort of evidence or any one sort of approach'<sup>8</sup> in the study of medical history has been taken very much to heart in this thesis. While an effort has been made to be selective, a wide range of primary source material has been utilised.

- 
7. W.A. Armstrong, 'The Census Enumerators' Books: a Commentary' in R. Lawton (ed.), The Census and Social Structure. An Interpretative Guide to Nineteenth Century Censuses for England and Wales (1978), p.28.
  8. R.S. Roberts, 'The Use of Literary and Documentary Evidence in the History of Medicine' in E. Clarke (ed.), Modern Methods in the History of Medicine (1971), pp. 36-57.

The selection of Wakefield and Huddersfield, two medium-sized communities, as subjects for the study was in part determined by the methodological approach. It was felt to be possible to look at a large number of sources relating to medical provisions and agencies only within the context of two 'manageably-sized' communities. This also facilitated an analysis of the towns' social and economic developments. Other factors also influenced the selection of Wakefield and Huddersfield. The choice was determined in part by the need to readjust the balance of studies of medical provisions towards the provinces and smaller communities.

Detailed studies of the evolution of medical facilities in urban settings provides information for comparison with other nineteenth-century communities with diverse economic and social backgrounds. But Wakefield and Huddersfield also provide us with an interesting comparative study in their own right. The diverse experiences of the two communities in terms of population growth, industrial development, town functions, political, social and civic activities will be discussed in Chapter 2. Throughout the thesis we will return to the issue of how these factors influenced medical services and personnel in Wakefield and Huddersfield. Within the context of this study it has proved impossible to undertake a wider regional survey. However, an extension of this project to cover more urban and rural communities within the West Riding would be an interesting proposition. The West Riding has after all been depicted as being a microcosm of the country as a whole. The region contained rapidly expanding cities such as Leeds, Bradford and Sheffield; smaller textile towns, Huddersfield, Halifax, Dewsbury and Batley; market and service towns of which Wakefield forms a prime example, and large rural

areas of rich farming country and moorland pasture. A region of such contrasts presumably presented a variety of medical and social problems and methods of dealing with them.

One aim of this project is to sum up the relative importance of the different medical services and providers of medical treatment which emerged during the late eighteenth and nineteenth centuries. This comparison will be returned to in the concluding chapter (Chapter 8). Primarily, it will be suggested that the bias in the amount and accessibility of source material, and leading on from this a bias in the selection of data, has resulted in the least important forms of medical provision being emphasised: that is, institutional forms, hospitals and Poor Law (especially post-1834) medical services.

Chapters 3 and 4 will examine the main forms of institutional provision in Wakefield and Huddersfield. Chapter 3 will look at official provision provided through the medium of the Poor Law. Under both the Old and New Poor Laws medical relief was provided on a very small scale in both communities, although Wakefield, faced with a dearth of other forms of institutional medical relief, moved with greater rapidity towards the setting up of some form of basic health service for the poor. Similarly, only a small percentage of the populations of the two communities gained admission to hospitals and dispensaries. Statistically, the proportion taken as in-patients was negligible. Numerically out-patient and dispensary facilities (comparatively neglected provisions) were of far greater importance. (Their relative significance will be examined in Chapter 8). But it is not on the amount of medical relief offered that Chapter 4 will focus. Rather emphasis will be placed on the motivations of.

those setting up medical charities in the two communities: the social composition of support, the pressures leading to the establishment of these facilities, what their supporters hoped to achieve and their success in fulfilling their ambitions.

As already suggested, institutional provisions were of less significance than self-help and alternative sources of relief, which will be focused on in Chapters 5 and 6. Chapter 5 will look specifically at the type and amount of relief provided by friendly societies in the two communities during the nineteenth century. A wide variety of fringe forms of medical relief were utilised by the populations of Wakefield and Huddersfield, and not just the poorer inhabitants. In Chapter 6 it will be demonstrated how older forms of fringe practice, self-medication, folk healing and the utilisation of midwives, for instance, were bolstered in the nineteenth century by a wide range of new alternatives and personnel, including medical botanists, chemists and druggists, hydropathy and an ever-increasing range of patent medicines. During the nineteenth century use of these alternatives did not as we might expect diminish. Rather they flourished, and apparently provided a large proportion of the population with sources (possibly for many the only sources) of medical relief. Chapters 5 and 6 will switch the emphasis very much to self-help medicine, but throughout the study an effort will be made to give greater emphasis to the role of patients in and their reactions to the various medical services.

Each chapter will look in passing at the providers of the different forms of medical treatment. But it is only in Chapters 6 and 7 that a detailed analysis will be made of these groups. Chapter 6 will look

at those on the periphery of medical life, the unqualified fringe practitioners, who included not only the traditional healers, but also predominantly 'commercial' groups, including the 'market place' quack, the spa doctor and the chemist and druggist. The 'regular' medical profession will be examined in some detail in Chapter 7. Emphasis has been placed on examining the 'medical community' as a whole, rather than any eminent practitioners who might have emerged during the nineteenth century. Chapter 7 will not only look at intra-professional developments, but also at the relationship between supply and demand, expressed in terms of practice-building opportunities and posts. The social position of medical men will also be examined, together with their efforts to improve both their professional and social status.<sup>9</sup>

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9. The thesis has concentrated on the treatment of bodily ailments, rather than mental illness, which is looked at only briefly in connection with Poor Law medical services (Chapter 3). Public health provision has been examined in the context of the development of local government agencies (Chapter 2, Sections II and III), the role of the Poor Law authorities in implementing measures connected to preventive medicine (Chapter 3) and the involvement of the medical profession in this field (Chapter 7, Section IV c)).



CHAPTER 2

Wakefield and Huddersfield: Aspects of their  
Economic, Civic and Social Activities, circa 1780 to 1870

Wakefield is now considered as one of the handsomest and most opulent of the clothing towns, being inhabited by several capital merchants, who have costly and elegant houses. It is large and populous, and possesses a considerable share of business. (J. Aiken, M.D., 1795).<sup>1</sup>

Sixty years ago, Huddersfield - now the centre of the fancy manufacture of England - was a miserable village. The houses were poor and scattered, the streets narrow, crooked and dirty - the people defaced, and wild in their manners, almost to savagery. (G.S. Phillips, 1848).<sup>2</sup>

Little more than a century ago, the population and wealth of Huddersfield did not amount to more than one-half of either Halifax or Wakefield, but now it is equal, if not superior, to the larger of them, ... (W. White, 1837).<sup>3</sup>

Wakefield and Huddersfield, though both situated in the centre of the West Riding woollen district, at a distance of only thirteen miles from each other (see Map I), developed in very different ways during the late eighteenth and nineteenth centuries. By the turn of the century Wakefield had evolved into a regional market and service centre of some importance. It was 'in many civil matters, the capital of the West Riding',<sup>4</sup> having the principal court for the election of Members of Parliament, a registry of deeds and wills, a prison, the office of the Clerk of the Peace, and after 1818 the County Lunatic Asylum, all institutions utilised by the whole Riding. The town had reached something of a peak in its

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1. J. Aiken, M.D., A Description of the Country from Thirty to Forty Miles Round Manchester (1795, reprinted Newton Abbot, 1968), p. 579.
  2. G.S. Phillips, Walks Round Huddersfield (Huddersfield, 1848), p.1.
  3. White, 1837, pp. 360-61. For complete reference to trade directories used throughout the thesis, see Bibliography.
  4. Ibid., p. 323.

material prosperity by the late eighteenth century. The nineteenth century, however, was for Wakefield a period of 'gradual decline'.<sup>5</sup> The stagnation of the clothing industry was perhaps the most serious aspect of this decline, but it was paralleled by a more general quiescence in the community's other economic activities, institutions and social and cultural life.

For Huddersfield the nineteenth century, particularly the first decades, was a period of remarkable expansion and increasing prosperity (at least for a small proportion of the community). The basis for this growth was the woollen industry. Huddersfield (whose involvement in the woollen industry dated back to the thirteenth century) was just as much a product of the textile industry as Bradford and Leeds and the classic cotton mill towns of Lancashire, situated just over the Pennines. Huddersfield's massive population growth and its apparent upsurge in civic pride (reflected in a spate of church building, the foundation of numerous voluntary societies and the initiation of local government and public health reform in the early nineteenth century) was linked closely to the development of, and the wealth produced by, the woollen industry. Wakefield's demise and Huddersfield's fruition were noted as early as the 1830s. In 1832 it was remarked that while Wakefield was still noted for its markets and commercial interests, '... as a town for manufactures it has declined, ...'.<sup>6</sup> Five years later Huddersfield was described as '... a populous, flourishing, and

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5. Reverend C.E. Camidge, M.A., A History of Wakefield and its Industrial and Fine Art Exhibition (London and Wakefield, 1866), p.8.

6. Ibid., p.7.

handsome market town, which has more than doubled its magnitude, and greatly improved its appearance, since the year 1811'.<sup>7</sup> In 1849 an article in the Morning Chronicle remarked that Huddersfield

has sprung up entirely within the last sixty years. Previous to that time it was but an insignificant cluster of irregularly built lanes. The town of Huddersfield is a species of minor capital of the broad and fancy cloth-working districts of Yorkshire;  
.... 8

Wakefield and Huddersfield differed in many ways from each other. While Wakefield remained a bastion of Tory/Establishment interests, Huddersfield developed as a centre of Liberalism and Non-Conformity during the late eighteenth and nineteenth centuries. The formation of governing bodies in the two communities followed very different lines of development. Wakefield was incorporated in 1848; Huddersfield, whose progress in this direction was fettered by the town's landlords, the Ramsden family, not until twenty years later. Both towns experienced upsurges of working-class discontent during the late eighteenth and nineteenth centuries, but they tended to be more severe and protracted in Huddersfield. During this period there were 'fewer explosions of popular violence'<sup>9</sup> in Wakefield than elsewhere in the West Riding.

These differing patterns of development will be looked at more closely in the following pages. This chapter will concentrate on those

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7. White, 1837, p. 360.

8. Supplement to the Morning Chronicle, January 18, 1850. Cited in J.T. Ward, The Factory System (Newton Abbot, 1970), pp. 162, 164.

9. E. Parsons, The Civil, Ecclesiastical, Literary, Commercial, and Miscellaneous History of Leeds, Halifax, Huddersfield, Bradford, Wakefield, Dewsbury, Otley, and the Manufacturing District of Yorkshire (Leeds, 1834), p. 314.

aspects of civic and economic activity which seemed to influence the development of medical provisions (as suggested in Chapter 1). Section I will examine the population growth and economic progress of the two communities, Section II aspects of civic life (local government, voluntary society activity, religion and political life), Section III progress in the field of public health and disease prevention and the final Section manifestations of distress and popular discontent.

### I. Population Growth and Economic Development

The West Riding experienced a remarkable increase in population during the late eighteenth and nineteenth centuries. Between 1700 and 1801 the estimated population per square mile of the Riding more than doubled from 91 to 212.<sup>10</sup> In the next 30 years the population increased from just over half a million to a little under one million.<sup>11</sup> By 1831 only two counties, Middlesex and Lancaster, had more inhabitants than the West Riding. The story of the massive growth of individual towns within the Northern manufacturing districts is well known. In one decade, 1821 to 1831, for example, the population of Leeds increased by 47.7 per cent, that of Sheffield by 40.5 per cent and that of Bradford by 65.5 per cent. By 1831 Leeds had 123,000 inhabitants compared with 53,000 in 1801. Bradford, the fastest growing city in the first half of the nineteenth century, increased its population eight-fold between 1801 and 1851. By 1851 Bradford had 103,778 inhabitants.<sup>12</sup>

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10. R. Porter, English Society in the Eighteenth Century (Harmondsworth, 1982), p. 357.
  11. Comparative Account of the Population of Great Britain in the Years 1801, 1811, 1821, and 1831, PP, 1831, XVIII (348), p. 407.
  12. A. Briggs, Victorian Cities (1963), pp. 86, 140; S.E. Finer, The Life and Times of Sir Edwin Chadwick (1952), p. 213.

TABLE 2:I

The Population of Wakefield and Huddersfield Townships,  
1801-1871

Date	WAKEFIELD		HUDDERSFIELD	
	Population	Percentage Increase Over Preceding Decade	Population	Percentage Increase Over Preceding Decade
1801	8,131		7,268	
1811	8,593	5.7	9,671	33.1
1821	10,764	25.3	13,284	37.4
1831	12,232	13.6	19,035	43.3
1841	14,754	20.6	25,068	31.7
1851	16,989	15.1	30,880	23.2
1861	17,611	3.7	34,877	12.9
1871	21,076	19.7	38,654	10.8
Average Percentage Increase 1801-1871		14.8		27.5

Source: W. Page, The Victoria History of the Counties of England. A History of the County of York (1913), Vol. III, Table of Population 1801-1871, p. 525. (Hereafter all population figures are extracted from W. Page).

Wakefield and Huddersfield shared in this phenomenon. Huddersfield in particular experienced very impressive growth rates. Between 1700 and 1800 Huddersfield grew from a sprawling village into an average-sized town of 7,268 inhabitants. It was in the first decades of the nineteenth century, however, that the town expanded most significantly. The population of Huddersfield grew by over 30 per cent in every decade between 1801 and 1851. Between 1811 and 1821 it increased by 37.4 per cent; in the following decade by over 43 per cent. (See Table 2.I). In the first 70 years of the nineteenth century Huddersfield's population increased five fold (or by an average of 27.5 per cent per decade).<sup>13</sup>

Wakefield's population growth was rather less remarkable. Unlike Huddersfield, which underwent a considerable spatial expansion during the century, Wakefield's population growth was largely contained within the town boundaries which were in existence at the end of the eighteenth century. By the turn of the century Wakefield with 8,131 inhabitants was larger than many of its neighbours, including Huddersfield. But failing to profit by either its late eighteenth century leadership position in the woollen trade or from the coming of the 'railway age', its population increased just two and a half times (an average of 14.8 per cent per decade) between 1801 and 1871. Its growth amounted to half that experienced by Huddersfield.<sup>14</sup>

The population growth of the two communities was linked closely to their very different economic progress during the nineteenth century. By the late eighteenth century the livelihoods of both towns were tied

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13. W. Page, op.cit., p. 525.

14. Ibid.

very much to the clothing industry. The story of Huddersfield's economic development in the nineteenth century was on the whole one of progress. The town capitalised on its early start in the clothing industry, made good use of abundant local supplies of coal and water, developed against serious odds a system of inland navigation and transport and built on both the technical skills of an experienced workforce and the entrepreneurial skills of its merchant manufacturers.

The middle Calder Valley, including its principal town Wakefield, did not share fully in the industrial development of the West Riding in the early nineteenth century, 'and may be regarded as constituting to some degree an enclave of relative economic backwardness'.<sup>15</sup>

Something like a "poor man's frontier spirit", seems to have pervaded the economic atmosphere in the areas dominated by the towns of Leeds, Huddersfield and Halifax in the early nineteenth century, but the business mood of Wakefield appears to have been characterised by a devotion to the preservation of order, stability, and memory. 16

To say Wakefield stagnated during the nineteenth century is perhaps something of an exaggeration. But certainly the town failed to exploit its natural advantages: a plentiful local supply of coal, excellent (by early nineteenth-century standards) transport and communications facilities, including a nodal site on the River Calder, and a head start in both the production and marketing of cloth.

Wakefield had 'enjoyed an uninterrupted course of tranquillity and prosperity' since the civil war,<sup>17</sup> its inhabitants being principally

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15. F.J. Glover, 'The Rise of the Heavy Woollen Trade of the West Riding of Yorkshire in the Nineteenth Century', Business History, Vol. IV, 1961-62, p.3.

16. Ibid.

17. White, 1837, p. 328.

engaged in the woollen trade and agriculture. The town reached its peak of economic prosperity during the eighteenth century. Its woollen trade became especially prosperous, being dominated by three families of 'merchant princes', the Heywoods, Milnes's and Naylor's.<sup>18</sup> The town was particularly important as a 'dressing' and 'finishing' centre. Undyed and unfinished goods were sent to Wakefield before being despatched to London or the continent. A Cloth Hall, specialising in white cloths, was built as early as 1710. Though initially prosperous, by mid-century the Cloth Hall had lost out to fierce competition from Leeds. Wakefield continued to be of importance in the manufacture of broadcloths and 'tammies',<sup>19</sup> throughout the eighteenth century, and in 1778 the Tammy Hall (or Piece Hall) was opened for the sale of tammies, white cloths and blankets. Again the Hall flourished for a short time, but then fell foul of competition. This time the trade migrated from Wakefield to Halifax, and more particularly Bradford.

The failure of Wakefield to expand commercially was blamed by nineteenth-century commentators on its dominance by a local and inert aristocracy. From the mid-eighteenth century onwards Wakefield developed into a sought-after residential town:

... its abundant and cheap supplies of provisions and of every comfort of life, together with the superior appearance of the town, have contributed to render it a favourite residence of persons in the higher classes, unconnected with trade; thus improving the manners of the inhabitants, by uniting to the honest frankness of the manufacturing character, the urbanity and polish of those places where the clack of the shuttle never shocks the ear of the stately citizen ... 20

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18. J.W. Walker, Wakefield. Its History and People (2nd ed., Wakefield, 1939), Vol. II, p. 398.
19. Broadcloths - fine twilled woollen or worsted cloths. Tammies - thin worsted materials in which warp and weft were made from combed wool.
20. White, 1837, p. 323.



Advantages such as these, however, did nothing to forward the town's economic activities or to encourage entrepreneurial initiative. As the Reverend C.E. Camidge, Vicar of Wakefield, suggested in 1866, the town's share in woollen production gradually became smaller because the aristocracy, who had already made their fortunes, refused to permit factories to be established in Wakefield:

... they were well content to ride in their carriages and four, and attend the markets in other towns, but would not have the manufactures brought to Wakefield. Indeed they went so far as to have inserted in the indentures of apprenticeship, that those thus bound should not exercise their trade, etc. within seven miles of Wakefield. 21

The attitude of leaders of the Wakefield community, F.J. Glover suggests, forced small clothiers, who typically purchased small quantities of wool and then worked it up into finished cloth in their own homes, to seek marketing outlets elsewhere.<sup>22</sup> Manufacturers migrated to Leeds, Bradford, Halifax and Huddersfield and to a lesser extent the smaller Calder communities of Batley, Dewsbury and Heckmondwike. As Camidge remarked it was

... but a short-sighted policy, for after a while they (the aristocracy) removed from the town, and left Wakefield to itself without its aristocracy, and without the manufacturing wealth and importance which otherwise would have remained here. 23

In spite of this negative policy, throughout the nineteenth century 'a portion' of the inhabitants of Wakefield took up the woollen and

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21. Reverend C.E. Camidge, M.A., op.cit., p.8.

22. F.J. Glover, op.cit., p.3.

23. Reverend C.E. Camidge, M.A., op.cit., p.8. The early nineteenth century was punctuated with commercial failures. In 1811 the bank of Ingram, Kennet and Ingram failed and there was a severe run on the bank of Townend and Rishworth a year later. In 1825 the collapse of the extensive banking house of Messrs. Wentworth, Chaloner and Rishworth was linked closely to the bankruptcy of the Naylor family's cloth business.

worsted trade,<sup>24</sup> some with much success, and several large worsted mills and dyehouses were established in the town and neighbourhood. By 1832 there were a total of ten woollen and five worsted mills in the Parish of Wakefield.<sup>25</sup> The partial failure of Wakefield's textile industry was tempered by the town's development in other directions: rope manufacture, wire making, brewing and malting, ship building, iron founding and chemicals. By the 1870s the main industries of the town were listed as

... spinning, knitting worsted, cocoa fibre, carpet yarns and china grass. There are rag grinding and flock mills, chemical works, soap works, iron foundries, iron boiler manufactory and a large agricultural implement manufactory, several machine works and many other large establishments. Malting and brewing are carried on to a very great extent. The corn mills are on a very extensive scale. 26

In addition there were many large collieries in the Wakefield area, producing for both domestic and industrial markets. In the year 1872 the Wakefield coal district contained 50 collieries and produced 1,080,195 tons of coal.<sup>27</sup> Wakefield was also surrounded by prosperous farming country. The speciality was market gardening, and Wakefield became a centre of supply for many of its densely populated neighbours.

The chief basis of the town's prosperity, however, was its extensive markets and trade in corn, malt and wool. By the early nineteenth century Wakefield had the greatest corn market in the North of England. The town enjoyed good water transport facilities, and during the century

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24. White, 1847, p. 388.

25. D.T. Jenkins, The West Riding Wool Textile Industry 1770-1835 (Edington, Wiltshire, 1975), p. 24.

26. Kelly, 1877, p. 1158.

27. T. Baines, Yorkshire, past and present: a history and description of the 3 ridings of the great county of Yorks, from the earliest ages to the year 1870, ... (1871-77), Vol. II, p. 465.

excellent railway links were established, which enabled a further development of its commercial functions. The market places were extended several times during the nineteenth century to accommodate the increased volume of trade. A weekly market was held every Friday, when a great deal of business was transacted in corn and wool, the latter coming from all over the country to be disposed of to manufacturers in the surrounding districts. Cattle and sheep fairs were also held, and in the 1860s still ranked as 'the first in the north of England', with an average of 800 cows and 6,000 sheep changing hands in one day.<sup>28</sup>

While Wakefield's story during the nineteenth century was in part at least one of lost opportunities and lack of enterprise, resulting in a retarded rate of material growth, Huddersfield's was one of initiative and dynamism. Huddersfield, situated in the Colne Valley, enjoyed great natural advantages for manufacturing purposes in the form of large coal supplies and numerous streams for water power. Its communications and transport facilities were, however, extremely poor and constituted a major barrier to the development of any commercial enterprise. The first improvement in transport arrangements was the rendering of the River Calder navigable from Wakefield to Halifax in 1780, which established water carriage facilities within a few miles of Huddersfield. Soon after a short canal link was made from the River to Huddersfield, and a direct connection formed with Halifax, Dewsbury, Wakefield, Leeds, York and Hull. In the last decades of the eighteenth century a canal link was established westwards through the Pennines to Manchester and

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28. White, 1866, p. 824.

Liverpool by means of the Huddersfield Canal. This remarkable and costly feat of engineering 'converted the Colne Valley from a blind alley into a corridor between the manufacturing districts of the West Riding and South Lancashire'.<sup>29</sup> The canal was crucial to the great expansion of industry in Huddersfield and the rest of the Colne Valley. Improved road transportation, followed by the coming of the railway to Huddersfield in the 1840s, largely superseded the canal system and further improved communications and channels of trade.

By the late eighteenth century '... the chief occupation of the people, both of Huddersfield and the scattered district around, was the manufacture of cloth. Every house had its loom and its spinning wheel...'<sup>30</sup> In 1768 a large Piece Hall was erected to accommodate small manufacturers by Sir John Ramsden, which was extended by his son in 1780. By 1795 John Aiken remarked that 'the trade of Huddersfield comprises a larger share of the clothing trade of Yorkshire, particularly the finer articles of it'. The town was 'peculiarly the creation of the woollen manufactory, where it has been raised from an inconsiderable place, to a great degree of prosperity and population'.<sup>31</sup> His comments became of increasing validity during the nineteenth century. By the 1830s Huddersfield had become one of the four 'principal seats and emporiums of the Yorkshire woollen manufactures'.<sup>32</sup>

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29. W.B. Crump and G. Ghorbal, History of the Huddersfield Woollen Industry. (Huddersfield, 1935), p.80.

30. G.S. Phillips, op.cit., p.1.

31. J. Aiken, M.D., op.cit., pp. 554, 552.

32. White, 1837, p.360.

Several manufacturers took advantage of the new inventions in the textile industry which appeared around the turn of the century and enlarged their units of production. However, most production remained domestic and small scale well into the nineteenth century. In 1790 there were a total of three wool textile mills in the Parish of Huddersfield, by 1810 fourteen and 1830 32.<sup>33</sup> Crump and Ghorbal describe in their History of the Huddersfield Woollen Industry how by the 1830s wool was manufactured by a whole range of concerns, from numerous small-scale clothiers 'up to considerable firms, who later built the upland mills and weaving sheds around or near their warehouse and domestic premises'.<sup>34</sup> Most of the mills in the area evolved from domestic bases.

In some cases the manufacturer gathered a few hand looms into his warehouse and there formed a loom shop that was the embryo of the modern mill. In other cases the mill grew out of a dyehouse or a finishing shop ... it was mainly the merchant-manufacturer, evolved from the clothier, who amalgamated the three branches of the industry into one organisation. When he gathered round the scribbling mill the warehouse and dyehouse of the clothier and the dressing shops of the croppers, with perhaps a few jennies and hand looms, he created a new unit that soon became known as a factory. 35

The building of mills for woollen cloth production attained high levels in the 1830s, '40s and '50s. Between 1833 and 1838 the number of mills in the West Riding increased from 129 to 606,<sup>36</sup> most of which were erected in districts dominated by Leeds and Huddersfield. Of the latter town a contemporary remarked in the early thirties that 'there are more new mills building (here) than in any other part of Yorkshire'.<sup>37</sup>

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33. D.T. Jenkins, op.cit., p.24.

34. W.B. Crump and G. Ghorbal, op.cit., p.82.

35. Ibid., pp. 84, 90.

36. Report from the Factories Inquiry Commission, PP, 1834, XX (167), Supp. II, 793 et.seq. and Factory Inspectors' Reports, PP, 1839, XLII (42), 272 et. seq. Cited in F.J. Glover, op.cit., p.10.

37. Report from the Select Committee on Manufactures, PP, 1833, VI (690), Q. 1289. Cited ibid., p.10.

Overall cloth manufacture flourished throughout the nineteenth century in Huddersfield, despite several severe trade depressions (of which more in Section IV). Wool dominated production: broad and narrow cloths, worsteds, tweeds, serges, kerseymeres, cords, and so on. In the 1820s and '30s the 'fancy trade' was developed in the town. High quality fancy goods came to be a vital component of the Huddersfield textile industry. The fashion which prevailed in the mid-nineteenth century for coat cloths of light and mixed fabrics was a source of great prosperity to the town, and an injury to the fine broad cloth manufacturers of Leeds and other textile centres. The Huddersfield Cloth Hall, which was extended in 1848, continued to do an immense amount of business throughout the century. It was attended weekly by about 500 manufacturers from the country plus a large number with warehouses in Huddersfield.<sup>38</sup>

By the second half of the nineteenth century cotton production was also on the increase, and a number of silk spinning mills had been established in the district. Although textiles dominated production, other industries developed during the century, in particular engineering, card-making, and the manufacture of dyestuffs and chemicals, in part offshoots of the woollen industry. There were also a number of large collieries in the area.<sup>39</sup> A weekly market for cattle, corn, pigs and

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38. For more on the development of the Yorkshire woollen industry, see D.T. Jenkins, op.cit.; E. Baines, Account of the Woollen Manufacture of England (reprinted from T. Baines, op.cit., 1875), with an introduction by K.G. Ponting (New York, 1970).

39. The 1871 census listed the occupations of the inhabitants of Huddersfield as wool and cloth manufacturers 11,292 males and 6,005 females (all above 20 years), engine and machine makers 334, spindle makers 141, woollen dyers 332, worsted manufacturers 232 males and 84 females, silk manufacturers 108 males and 148 females, cotton manufacturers 938 males and 1,223 females, coal miners 569, stone quarriers 627 and iron manufacturers 404. Cited in T. Baines, op.cit., p.438.

provisions flourished during the nineteenth century. Local agriculture, formerly undeveloped, was given an impetus by the massive population growth in Huddersfield and the surrounding villages, with particular emphasis coming to be placed on wheat and barley production.

## II. Civic Life

By the late eighteenth century Wakefield had reached something of a peak in its civic as well as economic life. By this time its inhabitants had established a number of schooling provisions and voluntary and philanthropic associations, and several important episcopal and dissenting churches had been founded. From around 1797 a newspaper, the Wakefield and Dewsbury Journal, was published in the town (a second paper, the Wakefield Star and West Riding Advertiser, appearing in 1803).<sup>40</sup> Acts for improving the town were passed in the late eighteenth century and during the same period the market place was resited in Westgate. Further civic developments did take place during the nineteenth century, but by this time Wakefield already 'looked back to a rich and colourful past'.<sup>41</sup> An elegant new corn exchange was opened in 1837 and a new market place in 1847. Many important voluntary societies were founded in the early nineteenth century: for example, the House of Recovery (1826), the Mechanics' Institute (1820), and the Philosophical and Literary Society (1826). In 1801 the Assembly Rooms were opened; in the 1820s Public Buildings in Wood Street. Lancastrian, National and Church Sunday and day schools were founded to supplement the existing charity schools (see Appendix 1). There was a renewed spate of church building, particularly by Non-Conformist sects and the first slow steps were taken towards improving the health of the town.

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40. J.W. Walker, op.cit., p.564.

41. A. Briggs, op.cit., p.150.

At the beginning of the nineteenth century Huddersfield on the other hand was in all senses a new community, still little more than a sprawling village, supporting few of the institutions or functions normally associated with town life. In the first decades of the century Huddersfield embarked upon its most important period of urban development, a time marked by a massive upsurge in civic activities and consciousness. These developments were linked very closely to the population growth and economic expansion experienced by the town in the first decades of the nineteenth century. They were also closely associated with an influx of pioneering individuals: 'The Huddersfield notables were men who had come into the town, grown with it, moulded it, had their opportunities and perceptions enlarged by it'.<sup>42</sup>

In the first decades of the nineteenth century the appearance of the town was much improved, the market place rebuilt and modern streets erected. New churches and chapels were founded, most notably the Trinity Church (1819), the Queen Street Wesleyan Chapel (1819) and the Ramsden Street Independent Chapel (1825). A Subscription Library was set up in 1807 and a Philosophical Society in 1825. A National School was opened in 1819, becoming the first schooling provision for poor children in the town. It was followed by a spate of church schools in the 1830s and '40s, and in 1845 a second National School was opened at Seedhill. In 1814 the General Dispensary was established, the Infirmary in 1831. A number of important banks were set up in the town in the 1820s and '30s, and in the late 1830s the Huddersfield College and the Collegiate

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42. C. Binfield, 'Asquith: The Formation of a Prime Minister', The Journal. United Reformed Church History Society, Vol. 2, No. 7, April, 1981, p.219.



School were founded, followed in 1841 by a Mechanics' Institute. In 1820 the first serious step towards improving the government of Huddersfield was taken when an Act for 'lighting, watching, cleansing and improving' the town received royal assent. In 1848 a second Improvement Act was granted to Huddersfield. In 1850 the Conservative Huddersfield Chronicle and West Yorkshire Advertiser became the first newspaper to be published in the town, followed by the Liberal Huddersfield and Holmfirth Examiner in 1851. In 1853 what was to become a highly successful Chamber of Commerce was initiated. In April, 1845 the Leeds Mercury, reporting on the formation of the Huddersfield and Manchester Railway and Canal Company, which aimed to link up Huddersfield with the Manchester and Sheffield line, remarked thus on the optimism of the town:

The 26th of April was a memorable day in the history of Huddersfield and the harbinger of a new and important era in a town of first rate importance, which despite many obstacles has advanced in commercial and social enterprise almost beyond any in the United Kingdom ... . 43

a) Local Government

The formation of institutions for the governance of the two communities followed very different patterns during the nineteenth century. Most significantly, perhaps, Wakefield received its Charter of Incorporation as early as 1848, while the inhabitants of Huddersfield had to wait a further 20 years before they obtained the power to elect a Corporation. Huddersfield was unique for its dominance by the Ramsden family of Byram Hall, Lords of the Manor and owners of the land on which the town was built. The Ramsdens influenced not only the growth and development of the town, but also (as shown later) patterns of voting and religious worship.

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43. LM, May 3, 1845. For a complete list of newspaper abbreviations, see List of Abbreviations.

What was common to the systems of local government in both towns for much of the century was a basic failure to come to grips with problems faced by towns experiencing expansion and change, in particular a significant growth in population. Serious pressure was put on already inadequate services for cleansing the towns, providing water supplies, systems of sewerage and waste disposal and poor relief.<sup>44</sup> The antiquated local government bodies in existence in both towns at the beginning of the nineteenth century were unwilling or legally incapable of adapting to the needs of the communities. The extended authority granted to these bodies during the course of the century only went a small way towards equipping them with the powers required to undertake reform, and could do nothing to overcome barriers of conservatism and inertia.

Up until 1820 the government of Huddersfield was divided between a 'Court Leet' (formally granted to the Ramsden family in the seventeenth century, although in effect it had already been existence for hundreds of years) and the Parish Vestry. While the Vestry had a general power of supervision over the affairs of the Parish (including the administration of the Poor Law), the Court Leet had rather an ill-defined and vague set of powers. Amongst the duties performed by the Court Leet was the appointment of a miscellaneous set of officials, including a Constable, an Inspector of Weights and Measures and a Collector of dead cats, dogs and vermin from the rivers! The Court Leet had no power to levy a rate, and its power was challenged in 1812 and again in 1816 when the inhabitants of the town appointed in Vestry meetings a Constable and an Assistant Constable. Neither the Vestry or the Court Leet had any control over matters of public health.

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44. See Chapter 3 for medical relief under the Poor Law.

The first improvement in the government of Huddersfield occurred in 1820 when an application was successfully made to Parliament for an Act for the better 'Lighting and Watching of the town'. The preamble to the Act remarked that

... the town of Huddersfield is large and populous (approaching 13,000) and a place of considerable trade, and is also a great thoroughfare for travellers, and some of the streets, lanes and other public passages within the said town, are not lighted or watched, and all of them are not properly cleansed, but are subject to various nuisances, ... 45

The Commissioners were to meet every three weeks or in an emergency and were to be responsible for the lighting, gas supply, watching and cleansing of Huddersfield. Some progress was made under the Commissioners. They established an efficient police force and improved the appearance of the town. In 1822 gas was introduced to Huddersfield by a private company under the authority of the Commissioners. But the Commissioners' work was restricted to a small area of the town (to within 1,200 yards of the old cross in the market place). Worse still the appointment of the Commissioners had to be approved by the Lord of the Manor, Ramsden. He, together with several other family members, served on the Board and consequently the town's major landlord also controlled its most important local government body.<sup>46</sup> Another development, albeit a minor one, took place in 1840 when a Board of Highway Surveyors was appointed by the inhabitants of Huddersfield at a Vestry meeting, with powers to keep existing roads in good repair. (After 1846 the powers of the Board of Guardians also began to cover sanitary measures and nuisance control).

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45. D.F.E. Sykes, Huddersfield and Its Vicinity (Huddersfield, 1898), p.385.

46. T. Dyson, The History of Huddersfield and District from the earliest times down to 1932 (Huddersfield, 1932), pp. 452-3.

By the 1840s the inhabitants of the town had become increasingly dissatisfied with their system of local government. In spite of progress in other areas of civic and economic life, local government remained ineffectual. In 1841 a committee of influential inhabitants was formed and meetings held to organise an application for a Charter of Incorporation. A petition in support of the scheme was signed by 2,505 inhabitants representing a rateable value of £23,021. However, opposition to the proposal was organised by a wealthy minority, and a counter-petition set up, which while having only 133 signatures, represented a rateable value of £18,385.<sup>47</sup> The 1841 application for incorporation was refused by the new Tory Privy Council.

A few years later a major step forward was taken with the passing of the 1848 Huddersfield Improvement Act. The government of the town passed to 21 Improvement Commissioners, of which three were appointed by the Ramsdens. The remaining eighteen were elected annually by the ratepayers, with six retiring each year in rotation. The qualifications required by the Commissioners were either £30 rental or possession of £1,000 personally. The electors' qualifications were under £50 rating one vote, between £50 and £100 two votes, and so on up to six votes if rated above £250 per annum.<sup>48</sup>

This Act both widened the constitutional basis of local government and gave the Commissioners much greater powers to institute improvements. However, its application was confined to the old boundary set out in the 1820 Act (which included a population of 24,100 out of a total of

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47. O. Balmforth, Jubilee History of the Corporation of Huddersfield 1868 to 1918 (Huddersfield, 1918), p.7.

48. Ibid.

approximately 30,000 inhabitants). On its circumference many villages and hamlets formed their own local government boards. Moreover, all small ratepayers were excluded from the election process, while the cumulative vote gave larger ratepayers a preponderance in the elections. The Liberal-dominated Improvement Commissioners constituted the local government of the town for 20 years, and although never willing reformers, during this time they performed a number of useful services. They opened a new cemetery at Birkby on the outskirts of town, paid special attention to the cleansing of lodging houses, set up a large model lodging house in 1854 at a cost of £6,000, constructed new streets, laid down eight miles of main sewerage and provided an effective police force.

The fact that the jurisdiction of the Commissioners was confined to only the more central part of Huddersfield, while its outskirts were expanding rapidly, proved to be a major problem. By the mid-1860s the population of the urban area around Huddersfield was approximately 72,000, with over eleven boards administering its local affairs. The necessity of giving one body the powers to govern this large conurbation formed one of the main considerations which in 1867 led to renewed agitation for a Charter of Incorporation. The application was supported by the Improvement Commissioners, who in May, 1867 passed a resolution to authorise their own extinction. A petition in favour of incorporation was signed by 4,933 ratepayers, with a rateable value of £106,782. Just over 2,000 ratepayers with a rateable value of only £16,750 were against the application.<sup>49</sup> This time the poorer inhabitants of the town opposed incorporation, which promised ambitious and expensive proposals for local improvement.

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49. Ibid., pp. 8-9.

In July, 1868, despite this opposition and the resistance of the Township of Bradley (already adequately supplied with water and drainage, and with rates of only 4d in the pound compared with 2s 1d in Huddersfield), the Borough of Huddersfield was incorporated. The Borough embraced a population of 72,455 and contained twelve wards, with fourteen Aldermen and 42 Councillors. The first mayor to be elected was the Liberal Charles Henry Jones, J.P. (great uncle to Asquith, the future Prime Minister). The new Corporation entered enthusiastically into its work. During the first two decades it took over the town's water supply from the Waterworks Commissioners (1869), constructed large new reservoirs (1876 and 1881), took over the privately owned gas works (1872), appointed a Medical Officer of Health (1873) and greatly improved the town's market facilities.

Wakefield had received its Charter of Incorporation 20 years previously, but like Huddersfield the town faced severe problems of organisation and in the implementation of improvements for much of the nineteenth century. Wakefield took its first steps towards putting its government on a sounder basis in the late eighteenth century. On account of the 'very ruinous condition of the streets, lanes, alleys, and passages'<sup>50</sup> in the town a petition was addressed to Parliament, which resulted in the Act of 1771 transferring the government of Wakefield from the Lord of the Manor to a Board of 161 Commissioners. In 1796 a second Improvement Act was implemented. These Acts resulted in minor improvements in the drainage and sewerage of the town and in the state

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50. J.W. Walker, op.cit., p.480.

of the streets and market. Private gas works were set up in 1822, and extended in 1846 and 1855, and water works were established by an Act of 1837.

By the late 1840s, however, there was much dissatisfaction with the governance of the Street Commissioners. In 1847 a committee was appointed to take the necessary steps to apply for a Charter of Incorporation in consequence of the town's defective government as regarded paving, draining, lighting, sanitary regulations and policing. Following the granting of a Charter in 1848 the government of the Borough was shared by two executive bodies, the Corporation and the Street Commissioners. The latter body of 48 Commissioners still carried out the provisions of the two Improvement Acts, and therefore remained responsible for the paving, sewerage, cleansing and lighting of the town, while the Corporation confined itself to police functions! The Commissioners, an oligarchic and self-interested group, were incapable of implementing major policy changes, especially with regard to public health provision.

Spending had increased on street improvements and lighting and watching from approximately £800 to £900 per annum in the early nineteenth century to £1,360 in 1845. But the limitations on the amount of rates to be levied of 2s in the pound, and on money to be borrowed to not more than £5,000, were serious barriers to improvement. The jurisdiction of the Commissioners was, moreover, confined only to a small proportion of the Township. In 1850 out of the 15½ miles of roads and streets contained within the Wakefield Township, only 3½ miles were controlled by the Street Commissioners. The Highway Surveyors managed a further 4½ miles, while the remaining 7½ miles were not subject to any public superintendence. Other townships in the Borough of Wakefield neither contributed to nor derived any benefit from the application of local

Acts. These Acts gave the Street Commissioners only a permissive power to pave the streets and form sewers, and there was no way they could enforce these provisions on private owners of property. Perhaps the most serious obstacle in the way of improvement was the inertia of the Commissioners. While minutes of meetings held in the 1840s show they were well aware that the Improvement Acts were no longer adapted to the needs of the town, there is no evidence that they took any steps to amend the deficiency.<sup>51</sup>

The question of introducing a new Improvement Bill was first mooted in 1845. In May of that year the Commissioners met to receive a proposal from the inhabitants of the town to introduce such a Bill to include the whole Borough of Wakefield which would give the power to levy a general rate. Meetings were held over the next two years, but it was only in 1847 that a committee was appointed to prepare an Improvement Act. The Bill that was finally proposed by the Corporation never passed into law due to opposition within the town and the failure of the Commissioners even to consider the proposals. The Corporation's next move was to petition the Board of Health, setting forth the bad sanitary state of the town, the insufficiency of local acts and the failure of the Street Commissioners to tackle Wakefield's growing problems with any effectiveness. In 1849 a Sanitary Committee composed of Council members examined the town, and drew up a report in May, 1850. In the following year the Board of Health held an inquiry in Wakefield.<sup>52</sup> Finally in 1853 the powers

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51. W. Ranger, Report to the General Board of Health on a Preliminary Inquiry into the Sewerage, Drainage, and Supply of Water, and the Sanitary Condition of the Inhabitants of the Borough of Wakefield in the County of York (Public Health Act 11 & 12 Vict. Cap. 63), 1852, pp. 8-13.

52. Ibid., pp. 13-15.



of the Commissioners passed to the Wakefield Town Council, who were constituted a Local Board of Health. This step did not appear to herald any particular improvement in the governance of the town and, as shall be seen later, progress in the field of public health reform was especially slow and faltering.

b) Charitable and Voluntary Society Activity

Wakefield and Huddersfield, especially the former community, contained a high proportion of middle-class inhabitants throughout the nineteenth century. In Wakefield this group was made up of businessmen and the service sectors of the town. Wakefield's main functions, of marketing and the provision of services for the West Riding were reflected in its occupational composition. Lawyers were a large and thriving group, and there were also considerable numbers of agents, bankers, accountants and members of the medical profession, some of whom were employed by the asylum or county prison.<sup>53</sup> In 1780 54 Wakefield families employed man-servants,<sup>54</sup> an indication of high social status. (The population was then approximately 8,000). By the 1830s the Borough of Wakefield contained about 750 houses of a yearly value of £10 or upwards (out of a population of approximately 13,000).<sup>55</sup> The stability of the middle class in terms of size was reflected in enumerations of registered electors. In 1832 722 inhabitants of Wakefield were qualified to vote (5.9 per cent of the population). By 1865 the figure was 1,189 (6.1 per cent).<sup>56</sup>

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53. For more on the social class and employment of medical men in both towns, see Chapter 7.

54. J.W. Walker, op.cit., p.466.

55. White, 1837, p.324.

56. Poll Book of the Wakefield Borough Election, 1865, p.v, WDA (Local Collection W.324).

Huddersfield reputedly had a high proportion of middle-class inhabitants compared with other textile towns (this group largely being made up of merchants and manufacturers). The registers of electors reveal that proportionally the middle class more than kept up with the town's population growth. In 1847 there were 1,085 electors on the register (3.9 per cent of the population); by 1865 2,172 (5.9 per cent).<sup>57</sup> By 1872 one family in every ten employed at least one female domestic servant.<sup>58</sup> The size and composition of the middle class proved to be more than a determinant of electoral behaviour. It was also crucial to the type and amount of voluntary society and charitable activity in the two communities.

Both Wakefield and Huddersfield developed the usual range of social, educational, religious and charitable organisations common to nineteenth-century towns. By mid-century both towns had their fair share of schooling provisions for the young, adult education institutes, visiting, temperance and benevolent societies and a wide range of social and cultural organisations designed for the better-off and educated members of the community. Wakefield had a head start in the founding of charities and other societies, with a considerable number being set up in the eighteenth century or earlier, institutions typical of the pre-industrial period: almshouses, charity schools, a Free Grammar School and individual benefactions for the poor. Most of these earlier foundations fell under the control of the Governors of the Wakefield

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57. D.F.E. Sykes, op.cit., p.371; C.P. Hobkirk, Huddersfield: Its History and Natural History (2nd ed., London and Huddersfield, 1868), p.3.

58. H. Pelling, Social Geography of British Elections 1885-1910 (1967), p.301.

Charities," a body of fourteen townsmen, distinguishable mainly for their conservatism (political and otherwise) and their support of the Established Church.

In Huddersfield, almost without exception, voluntary societies and charities were founded in the early and middle decades of the nineteenth century. In spite of its later start, Huddersfield was able to catch up and even overtake Wakefield in several areas of voluntary activity. In this sphere, as in economic enterprise, the townsmen of Huddersfield showed more dynamism and initiative than their Wakefield counterparts, and in terms of size and status Huddersfield's societies were frequently superior. Medical charitable activity provides a good example of this trend. The Wakefield Dispensary (1787) was founded almost 30 years before a similar charity was established in Huddersfield (1814). The Wakefield Dispensary received little support from the inhabitants of the town, barely sufficient to enable its survival and certainly too little to allow for an expansion of its facilities. On the other hand, the Huddersfield institution flourished and expanded. The enthusiasm engendered by the Huddersfield Dispensary was sufficient to support the foundation of an Infirmary in 1831. It was not until the mid-1850s, meanwhile, that hospital provisions on a very limited scale were set up in Wakefield.<sup>59</sup>

The dynamism of the inhabitants of Huddersfield and the large amount of support voluntary activity could command was reflected in other fields. Huddersfield's large number of inhabitants created a

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59. See Chapter 4, Section II a) for more on the founding of the Wakefield and Huddersfield medical charities.

greater need for private charities and amenities; the wealth produced by the woollen industry, meanwhile, was available to fund these enterprises. The Huddersfield Mechanics' Institute, for instance, was founded in 1840, mainly through the efforts of one individual, Mr. Frederick Schwann, a successful local manufacturer, Unitarian and Temperance reformer. It soon outgrew its first building and in 1860 a new purpose-built Institute was opened in Northumberland Street at the cost of £4,000. By 1859 the Institute had around 780 scholars and 51 teachers.<sup>60</sup> The Huddersfield Mechanics' Institute was reputedly one of the best in England, and by the 1870s it had around 1,500 members.<sup>61</sup> In a similar way the Huddersfield College, founded in 1838 on the initiative of Mr. William Willans, a leading local Non-Conformist and Liberal, developed into one of the best colleges in the country.<sup>62</sup>

Wakefield also supported a successful Mechanics' Institute, which by 1842 (after a poor start) had 248 members and by 1866, 744. In 1855 the Institute raised sufficient money, chiefly by means of a bazaar, which brought in £3,000, to purchase the Music Saloon for their use.<sup>63</sup> However, it could not match the Huddersfield Institute in either size or reputation. Nor did Wakefield have institutions to compare with the Huddersfield College or other Huddersfield cultural and educational societies.

For our purposes medical charities are of special interest, and a discussion of the Wakefield and Huddersfield Dispensaries and Infirmaries

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60. D.F.E. Sykes, op.cit., p.430.

61. Kelly, 1877, p.419.

62. C.P. Hobkirk, op.cit., p.9; T. Baines, op.cit., pp.434-5.

63. Reverend C. E. Camidge, M.A., op.cit., p.24.

and the Wakefield Fever Hospital will follow in Chapter 4. Apart from these institutions, the provision of medical facilities on a charitable basis was limited in Wakefield and Huddersfield. Both had lying-in charities founded in the early nineteenth century: the Wakefield Female Benefit Society<sup>64</sup> and the Huddersfield Ladies Benevolent Association. These organisations, run by committees of middle-class ladies, aimed to provide linen and other necessities and small payments to lying-in women. Neither apparently provided much in the way of actual medical assistance. Apart from the lying-in charities, several visiting and provident societies, which were often attached to churches or chapels, provided a degree of financial and medical aid to the sick poor. The Huddersfield Provident Union Society, for example, which was connected to the Independent Chapel, was established for the relief of the sick, the support of the aged and to pay for the funeral expenses of those attached to the Chapel. This and similar church-linked societies operated on the basis of providence (with small contributions being made on a regular basis by the poor) and philanthropy (with financial support also coming from wealthier members of the congregation).

The Huddersfield Benevolent and Visiting Society (1830) sought both to provide religious instruction and to relieve distress and sickness. Emphasis was placed very much, however, on the offering of spiritual as opposed to temporal aid. In only a limited number of cases were the Society's officers prepared to give material assistance to the sick or to call in a medical attendant.<sup>65</sup> This balance in favour of spiritual

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64. For more on the Wakefield Female Benefit Society, a combination of philanthropic enterprise and self-help medical relief, see Chapter 5.

65. Address of the Huddersfield Benevolent and Visiting Society. Instituted December 13, 1830, Huddersfield, n.d., c. 1830, HPL (Unclassified).

assistance was apparently typical of most visiting societies. The 'saving of souls' was also the prime objective of the Wakefield Town Mission, although some material and medical relief was provided for the 'deserving' poor. The supporters of the Mission even acquired the services of a gratuitous physician, surgeon and dispenser of medicine. The reports of the Charity placed emphasis on the spiritual rather than the material benefits received by those visited. In the Annual Report for 1852 one of the visitors reported that she had visited thirteen families and ten sick persons:

One of these is that of a man in deep poverty, sinking under the influence of disease. I was thankful, through one of the Deacons of Zion, to get some pecuniary relief for him, and, at the same time, presented to his mind the great things of God. Two others, who are consumptive, are, I trust, progressing in the knowledge of the truth as it is in Jesus, and will be ready whenever their Master calls. 66

Visits to the sick on behalf of the Mission ran into thousands every year, but pecuniary aid and medical treatment appear to have been offered only on rare occasions (as in 1849 when the Mission was made responsible for the distribution of funds to families afflicted by cholera).

c) Religious Life

For much of the nineteenth century the West Riding, although below the national average for church attendance, had large congregations compared with other industrial regions. Out of the West Riding Wakefield and Huddersfield had the highest levels of both church attendance and accommodation. In 1841 Edward Baines recorded high levels of church

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66. The Twelfth Annual Report of The Wakefield Town Mission, 1852, p.8, WDA (Local Collection, Box 4B).

and chapel accommodation in Wakefield and Huddersfield (see Table 2:II). The towns also recorded high figures for general attendance in the 1851 religious census. The national index of attendance on census day, March 30, 1851 was 61. In small towns and rural areas the index was 71.4 and in towns with more than 10,000 inhabitants 49.7. The national index of 61 was exceeded in only fourteen towns throughout the country with over 10,000 inhabitants. All of these, with the exception of Wakefield and York, were South of the Trent. Meanwhile, the index of attendance for towns with a population of more than 10,000, 49.7, was exceeded in just 21 communities, including Huddersfield. Compared with other Yorkshire towns, church attendance in Wakefield and Huddersfield was extremely high. Wakefield's index of attendance of 71.1 was the highest recorded in any Yorkshire town and Huddersfield came third with an index of 59.6. (York fell in between with a figure of 62.3. Leeds had an index of 47.7, Bradford 42.7, Halifax 41.4 and Sheffield 32.1). Wakefield had sittings for 70.9 per cent of its population (24.9 per cent Anglican and 46.0 per cent Non-Conformist), Huddersfield for 51.1 per cent (18.8 and 32.3 per cent). (York again fell between with 65.1 per cent).<sup>67</sup> (See Appendix 2).

Wakefield and Huddersfield had high rates of Anglican and Non-Conformist sittings and attendances. (See Table 2:II and Appendix 2). Out of a total of 29 towns situated in the chief manufacturing districts

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67. B. Greaves, Methodism in Yorkshire 1740-1851, unpublished Ph.D. thesis, Liverpool, 1968, pp. 32-4, 41. Greaves's figures are extracted from the 1851 religious census and may not be completely accurate. However, they do indicate the main trends and patterns of growth amongst each denomination.

TABLE 2:II  
Denominational Summary of Wakefield and Huddersfield in 1841<sup>1</sup>

DENOMINATIONS	WAKEFIELD PARISH - pop. 28,321				HUDDERSFIELD BORO' - pop. 25,068					
	CHURCH AND CHAPEL ACCOMMODATION		SUNDAY SCHOOLS		CHURCH AND CHAPEL ACCOMMODATION		SUNDAY SCHOOLS			
	Sittings before 1800	Sittings since 1800	Total sittings	Total Teachers	Sittings before 1800	Sittings since 1800	Total sittings	Total Teachers		
Episcopalians (Anglicans)	3,534	4,150	7,684	91	806	1,620	3,316	4,936	200	1,672
Baptists		600	600	20	70					
Catholics		400	400	10	86		700	700	10	150
Friends	450		450			600		600		
Independents	950	1,150	2,100	157	1,047		2,800	2,800	126	853
Wesleyan Methodists	471	3,540	4,011	223	1,180		4,710	4,710	174	1,005
New Connexion Methodists							1,088	1,088	176	780
Primitive Methodists		908	908	87	525		650	650	50	170
Unitarians	700		700	8	120					
Various		230	230						190	575
<b>TOTAL</b>	<b>6,105</b>	<b>10,978</b>	<b>17,083</b>	<b>596</b>	<b>3,834</b>	<b>2,220</b>	<b>13,264</b>	<b>15,484</b>	<b>926</b>	<b>5,205</b>
<b>Non-Conformist TOTAL</b>	<b>2,571</b>	<b>6,828</b>	<b>9,399</b>	<b>505</b>	<b>3,028</b>	<b>600</b>	<b>9,948</b>	<b>10,548</b>	<b>726</b>	<b>3,533</b>
Total Accommodation and Sunday School Attendance as a percentage of the population in 1841 (Non-Conformist TOTAL)			60.3		13.5			61.9		20.8
			(33.2)		(10.7)			(42.2)		(14.1)

Source: E. Baines, The Social, Educational, and Religious State of the Manufacturing Districts (1843, reprinted 1969),

<sup>1</sup> Table No. IV., Denominational Summary of Large Towns.  
The figures given here are for Wakefield Parish and Huddersfield Borough.



in 1851 only Wakefield and Huddersfield could claim church attendance in excess of an index of 25 for both Anglicans and Non-Conformists.<sup>68</sup> The Established Church fared especially well in Wakefield throughout the eighteenth and nineteenth centuries. As early as 1724 Defoe had observed that 'here is a very large (Parish) church, and well filled it is, for here are very few dissenters'.<sup>69</sup> In 1851 the Established Church accounted for 49.6 per cent of attendances in Wakefield, Non-Conformists 47.5 per cent and Catholics 2.9 per cent. In Huddersfield (in common with most other cotton and woollen towns of the North) Non-Conformists accounted for the highest proportion of attendances, with 52.8 per cent of the total. Anglican congregations made up 43.3 per cent of attendances, Catholics 3.9 per cent.<sup>70</sup> By the 1870s Huddersfield had nine episcopal churches and over 20 dissenting chapels; Wakefield had seven and more than ten respectively. Both had one Catholic church.

As shown in Table 2:II, the inhabitants of Wakefield and Huddersfield supported a wide variety of Non-Conformist sects, although Methodism came to have the most outstanding influence on the religious life of both communities during the late eighteenth and nineteenth centuries. Before 1800 three Non-Conformist chapels were founded in Wakefield: a Unitarian chapel in 1750 and two Independent chapels in 1782 and 1799. The first Non-Conformist chapels in Huddersfield were the Salendine Nook Baptist Chapel (1739), the Highfield Independent Chapel (1772)

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68. Ibid., p.36.

69. D. Defoe, Tour through England and Wales, Vol. II, p.186. Cited in S.H. Waters, Wakefield in the Seventeenth Century. A Social History of the Town and Neighbourhood From 1550 to 1710 (Wakefield, 1933), p.90.

70. B. Greaves, op.cit., pp. 36, 45.

and the Old Bank Wesleyan Chapel (1775). These were built outside the town boundaries, a result of Ramsden hostility. In 1825 a new Independent Chapel was built in Ramsden Street, with accommodation for 1,400. In 1844 the Wakefield Zion Independent Chapel was rebuilt. By the mid-nineteenth century the major Non-Conformist sects were well represented in both towns: Baptists, Congregationalists, Quakers, Unitarians and Catholics. The setting up of Catholic churches coincided with the influx of Irish into Wakefield and Huddersfield. A Catholic church was opened in Wakefield in 1828. In the same year a Catholic mission was established in Huddersfield, and the Catholic Church of St. Patrick's was completed in 1832. In Huddersfield a number of Protestant businessmen subscribed to the building fund, an indication of the value they placed on Irish labour.<sup>71</sup>

Methodism had an enormous impact on the religious life of Wakefield and Huddersfield. The story of the progress of Methodism in both towns is one of growth and fragmentation. Huddersfield had been strongly Methodist ever since the days when Henry Venn, the Vicar of Huddersfield (1759-77), had encouraged and supported Wesley on his visits to the town. Wesleyan Methodism made considerable progress in the late eighteenth century, but the formation of the New Connexion in 1797, the first major secession, constituted a serious setback to the Wesleyans. In the Huddersfield circuit membership fell from 1,714 to 949 between 1797 and 1799 due to the success of the New Connexion.<sup>72</sup> In 1814 the High Street New

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71. R. Brook, The Story of Huddersfield (1968), p.128.

72. B. Greaves, op.cit., p.237.

Connexion Chapel was opened in Huddersfield with accommodation for 700. It was rebuilt in 1865 with 1,500 sittings. The New Connexion, with its more democratic structure, proved to be very popular in the manufacturing areas, in particular Sheffield, Leeds, Nottingham and Huddersfield, all towns which had radical associations during the nineteenth century. As E.P. Thompson has suggested, it was probably most popular amongst artisans and weavers tinged with Jacobinism, and in Huddersfield members of the New Connexion came to be known as 'Tom Paine Methodists'.<sup>73</sup>

In the decade 1810 to 1820 Primitive Methodism began to make an impact in the town and a Huddersfield circuit was formed in 1824. Primitive Methodist chapels were opened in 1834 and 1847. Yet in spite of the competition, Wesleyan Methodists still made up the largest Non-Conformist congregations in the town. By 1840 there were two Wesleyan chapels in Huddersfield which together had accommodation for 3,500 people. The Queen Street Wesleyan Chapel, with 2,000 sittings, became the largest in the country when it was opened in 1819. By mid-century Huddersfield had the strongest Wesleyan congregation in the West Riding, and certainly the one which had grown most rapidly since 1814.<sup>74</sup> By 1851 the total attendance at Methodist chapels in the town represented 34.7 per cent of all church attendances.<sup>75</sup>

The development of Methodism in Wakefield followed similar lines. Wesley also preached with great success in the town, and the first

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73. E.P. Thompson, The Making of the English Working Class (1963), pp.48-9.
74. E.J. Hobsbawm, Labouring Men. Studies in the History of Labour, (1968), p.29.
75. B. Greaves, op.cit., p.46.

Wesleyan Chapel was opened in 1801. However, the New Connexion movement had little influence in Wakefield. Instead, the nationally unimportant Wesleyan Reformers became a significant force, to some extent taking over the position of the Wesleyan Methodists.<sup>76</sup> The Primitive Methodists also had an important impact, the first Wakefield circuit being formed in 1822, the first chapel erected in 1823. In spite of severe losses from the Wesleyan Connexion around the 1850s (and not all those leaving the Wesleyans joined another Methodist denomination), attendance at Methodist chapels in the town in 1851 accounted for 27.7 per cent of all church attendances.<sup>77</sup>

The story of the growth of Methodism is a remarkable one. Perhaps even more remarkable is the fact that in both Wakefield and Huddersfield the Established Church managed to adapt to the challenge of Non-Conformity and retain a high level of support throughout the nineteenth century. By the late nineteenth century the parish churches of the two communities still held many worshippers. In Huddersfield this was due in part to the influence of the Ramsden family, who acted as patrons to the Parish Church throughout the eighteenth and nineteenth centuries. It was also due to the efforts of Anglicans in both communities to increase church accommodation, in particular the number of free sittings.

In 1816, for example, Benjamin Haigh Allen, a man with close links with the Evangelical Movement and a personal friend of Wilberforce, proposed that a new church should be built in Huddersfield. He argued that the lack of church sittings was aiding the rapid growth of dissent

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76. Ibid., p.39.

77. Ibid., p.46.

in the town. Allen gave the land upon which the church was built, paid £12,000 for its erection and contributed £4,000 for its endowment.<sup>78</sup>

In 1819 the Trinity Church was completed, with accommodation for a congregation of 1,500, one third of which were free sittings. In 1836 the Parish Church was rebuilt. By 1841 there were a total of 4,936 Anglican sittings in the town shared between the Parish Church of St. Peter (1,620 sittings) and four other churches. (See Table 2:II). By 1870 a further four churches had been built in Huddersfield and its out-townships, and by 1872 the Establishment proportion of church accommodation was given as 34.8 per cent.<sup>79</sup> Wakefield made a similar response to the challenge of dissent. By 1841 there were a total of 7,684 Anglican sittings, and between 1839 and 1857 four new churches were consecrated in the town. The Anglican influence was further reinforced in 1888 when Wakefield became the capital of a new diocese.

#### d) Political Activity

Wakefield and Huddersfield were created boroughs by the 1832 Reform Act, obtaining the privilege of sending one representative to Parliament. The towns showed very different patterns of voting behaviour during the nineteenth century. The politics of Huddersfield were dominated on a popular level by Radicalism, in voting behaviour by Liberalism, or rather until the third quarter of the century by Whig interests. Between 1832 and 1868 a total of fourteen borough elections were held in Huddersfield, and a Whig or Liberal candidate was elected at every

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78. R. Brook, op.cit., pp. 129; White, 1853, p.597.

79. H. Pelling, op.cit., p.301.

one of them. (See Table 2:III (b)). The Whig candidates were frequently the nominees of the Ramsden family, and in early contests Huddersfield was depicted as a pocket borough. Whigs obtained much of their support from the merchant manufacturers,<sup>80</sup> and were typically supporters of free trade and opponents of the extension of the franchise and factory reform.

Their challengers were often Radicals, including Michael Sadler standing in 1834, Richard Oastler in 1837 and Richard Cobden in 1857, who in most cases stood on a Tory ticket. The Radical candidates were consistently the favourites of the non-voters, and on some occasions these men, standing for such issues as factory reform, extension of the franchise and opposition to the New Poor Law, did surprisingly well at the polls. In 1837 Richard Oastler came closer than any other Radical candidate to winning the election when he polled 301 votes against his opponent, the Whig W.R.C. Stansfield, who collected 323 votes. In 1859 Edward Aldam Leatham, a junior member of the Wakefield banking firm and a prominent Quaker and Liberal, was elected, in spite of the combined opposition of the Whigs and Conservatives, and 'the sway of the Whig party in Huddersfield was broken for ever'.<sup>81</sup> From 1859 to 1886 Mr. Leatham held the seat save for a period of three years, 1865 to '68, when he was ousted by Thomas Pearson Crosland.<sup>82</sup>

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80. In the 1834 Huddersfield election 74 merchants and manufacturers voted. Out of these 44 voted for the Whig candidate, Blackburne, 20 for the Conservative candidate, Sadler, and ten for Captain Wood, a Radical standing on a Liberal ticket. J.R. Vincent, Pollbooks. How Victorians Voted (Cambridge, 1967), p.111.
81. D.F.E. Sykes, op.cit., p.373.
82. Ibid., pp. 362-83 for politics of Huddersfield.

TABLE 2:III(a)

Parliamentary Contests in Wakefield, 1832-1865

Date of Election	Registered Electors	Successful Candidate (VOTES)	Party	Other Candidates (VOTES)
Dec., 1832	722	Daniel Gaskell, Esq.	Lib-Reformer	Returned without opposition
Jan., 1835	617	Daniel Gaskell, Esq. (277)	Lib-Reformer	Hon. W.S. Lascelles (Cons.) (220)
July, 1837	713	Hon. W.S. Lascelles, (307)	Cons.	Daniel Gaskell, Esq. (Lib.) (281)
July, 1841	837	Joseph Holdsworth, Esq. (328)	Lib.	Hon. W.S. Lascelles (Cons.) (300)
1842	On petition, Mr. Holdsworth was declared unduly elected (as having been, at the time of the election, Returning Officer of the Borough), and Mr. Lascelles seated in his place.			
July, 1847	780	George Sanders, Esq. (392)	Cons.	Geo. W. Alexander, Esq. (Lib.) (258)
July, 1852	848	George Sanders, Esq. (359)	Cons.	W.H. Leatham (Lib.) (326)
March, 1857	967	J.C.D. Charlesworth, Esq.	Cons.	Returned without opposition
April, 1859	952	W.H. Leatham, Esq. (406)	Lib.	J.C.D. Charlesworth, Esq. (Cons.) (403)
July, 1859	On petition, Mr. Leatham was declared unduly elected, and the writ suspended.			
Feb., 1862	1,059	Sir J.C.D. Hay (456)	Cons.	Richard Smethurst Esq. (Lib.) (425)
July, 1865	1,189	W.H. Leatham, Esq. (507)	Lib.	Sir J.C.D. Hay (Cons.) (457)

Source: Poll Book of the Wakefield Borough Election, 1865, p.v, WDA  
(Local Collection W.324).

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In Wakefield the pattern was very different, with a more equal division between support for the Liberal and Conservative parties on the part of both the electorate and non-voters. In 1832 the Liberal and Reformer, Daniel Gaskell, was elected as Wakefield's first representative, holding his seat until 1837, when he was defeated by the Conservative Lascelles. The seat was retained by Conservative candidates until 1865. In 1841 the Liberal candidate, Holdsworth, was elected and then unseated on petition. In 1859 the Conservative deadlock again appeared to have been broken when W.H. Leatham was elected with a majority of three votes. He too was unseated shortly after as a result of a Tory petition. In 1865 Leatham finally won back the seat for the Liberals. From 1832 onwards, however, the vote had been in many cases almost equally divided between Liberal and Conservative candidates, the latter in some cases winning by only a very small majority.<sup>83</sup> (See Table 2:III (a)). Compared with the rest of the West Riding the town had a high Conservative poll, and as late as the 1880s Wakefield was the only constituency in the urbanised West Riding outside Leeds and Sheffield to have an average Unionist poll above 50 per cent.<sup>84</sup>

### III. Public Health and Disease

Descriptions of Wakefield and Huddersfield in local directories and contemporary histories typically fail to match up with other accounts of the condition of the towns, in particular their sanitary states. The appearances of both towns were frequently sketched in glowing colours

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83. Poll Book of the Wakefield Borough Election, 1865, pp.iii-iv, WDA (Local Collection W.324).

84. H. Pelling, op.cit., p.306.

by nineteenth-century observers. In the late eighteenth century an American visitor to Wakefield described it, for example, as

... a clothing town wherein appear evident tokens of wealth and taste in building, the avenues to it delightful, ... the lands here abouts excellent and under the most improved cultivation. The Westgate Street has the noblest appearance of any I ever saw out of London, ... 85

In the late 1860s Huddersfield was described as 'one of the prettiest and cleanest manufacturing towns in the West Riding, - if not the whole Country',<sup>86</sup> 'well paved, drained, and lighted' with 'many fine buildings'.<sup>87</sup>

On the other hand health reports and the accounts of more critical contemporaries pointed to the serious problems of overcrowding in sub-standard dwellings, defective sanitary arrangements and inadequate water supply, problems faced by most of the towns' inhabitants for much of the nineteenth century.

In terms of living and sanitary conditions Wakefield and Huddersfield seem to have fared better than many of the larger manufacturing towns. The horror stories of Bradford, Sheffield and Manchester were duplicated to a lesser extent in these smaller communities. Wakefield and Huddersfield, while facing many of the difficulties common to nineteenth-century manufacturing centres, chief amongst which was a massive population pressure on existing public amenities, experienced them in a much less acute form. The out-townships of Wakefield and Huddersfield continued to support large industrial populations, which tended to reduce pressure on the town centres. Slum conditions remained confined to streets, courts and smaller districts,

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85. J.W. Walker, op.cit., p.477.

86. C.P. Hobkirk, op.cit., p.1.

87. T. Baines, op.cit., p.431.

such as Wakefield's Nelson Street, Westgate Common and East Moor and Huddersfield's 'Hell Square' (at the junction of Upperhead Row and Westgate), Windsor Court and Castlegate, all notorious for their appalling conditions and as sites for serious outbreaks of epidemic disease. (See Maps 2 and 3). Spatial separation between the classes was also less advanced in Wakefield and Huddersfield than in larger manufacturing towns.

Mortality rates in Huddersfield were lower than those experienced by many of its neighbours. In 1822 the number of deaths in Huddersfield was estimated by Dr. Walker as one in 54 of the population (or 18.5 in a thousand), a figure which compared with one in 40 (25:1,000) in Leeds.<sup>88</sup> By 1842 Huddersfield's mortality rate had become more favourable compared with other West Riding towns. Wakefield, on the other hand, experienced relatively high rates of mortality.<sup>89</sup>

TABLE 2:IV

Mortality Rates in Selected West Riding Towns in 1842

	Deaths	Deaths per thousand
Huddersfield	1 in 55.6	18.0
Halifax	1 in 48.3	21.7
Wakefield	1 in 41.1	24.3
Bradford	1 in 39.8	25.1
Sheffield	1 in 39.0	25.6
Leeds	1 in 36.5	27.4
Average for the West Riding (1839)	1 in 47.6	21.0

Sources: G.C. Holland, M.D., op.cit., p.105; W. Ranger, op.cit., Appendix, p.67; First Annual Report of the Registrar-General, PP, 1839, XVI:(187), Appendix.

88. Baines, 1822, p.205.

89. G.C. Holland, M.D., The Vital Statistics of Sheffield (London and Sheffield, 1843), p.105; W. Ranger, op.cit., Appendix, p.67.

The figures cited for Huddersfield in the Registrar-General's Report of 1846 were slightly less promising, although this was a typhus year: one in 49 for males and one in 52 for females,<sup>90</sup> but were still good compared with other manufacturing centres. Mortality rates in Wakefield were subject to large fluctuations, but on the whole were considerably worse than those of Huddersfield, and comparable with those of larger manufacturing centres. In 1841 one estimate put the rate at one death for every 41 inhabitants (24.5:1,000), in 1845 one in 39 (25.5:1,000).<sup>91</sup> Between 1838 and 1848 the number of deaths in Wakefield averaged out to one in 35.6 (28 in a thousand population).<sup>92</sup>

For our purposes one of the most important determinants of the success of local government bodies in the two communities was their impact on problems related to public health. As seen in Section II, Wakefield became incorporated in 1848 and appointed a local Board of Health five years later. Yet progress in this area appears to have been slower than that made in Huddersfield from the mid-nineteenth century onwards under the authority of the Improvement Commissioners. In spite of the apparently greater problems faced by the government of Huddersfield in terms of population pressure, the town received more favourable reports on its sanitary condition than its smaller neighbour. The local government

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90. Supplement to the Morning Chronicle, January 18, 1850. Cited J.T. Ward, op.cit., p.161.

91. W. Ranger, op.cit., Appendix, p.67.

92. WJ, February 23, 1849. Mortality rates calculated for the country as a whole during this period were generally less than 21 per 1,000. For the years 1836-46, for example, Talbot Griffith gives an estimate of 20.8 per 1,000. In 1840 the death rates for Birmingham, Leeds, Bristol, Manchester and Liverpool averaged 30.8 per thousand compared with a national average of 22.9. G. Talbot Griffith, Population Problems of the Age of Malthus (2nd ed., 1967, first published Cambridge, 1926), pp. 36, 186.

bodies of both towns did make some progress during the first three-quarters of the century in the field of sanitary reform (although it was only in the last decades of the century that really concerted efforts began to be made in this area). Progress was, however, at best steady and at worst painfully slow, and the failures of local government in this field had a detrimental effect on the health of the inhabitants of the two towns for much of the century.

Although contemporary descriptions of the town should be taken with a pinch of salt, Huddersfield seems to have fared comparatively well in terms of sanitary and living conditions (especially when we remember the enormous population increase experienced by the town in the early decades of the century). The town, which by nature was 'extremely ill-supplied with water for domestic purposes', received an improved supply from springs situated four miles from the town following the establishment of a Waterworks Company in 1827. The town's first major reservoir was completed in 1829. In 1845 a new Water Act was obtained, which empowered the Commissioners to extend the Waterworks. Between 1846 and '48 around £26,000 was expended in laying pipes and constructing a large reservoir at Longwood.<sup>93</sup> Engels noted in 1844 that Huddersfield 'the handsomest by far of all the factory towns of Yorkshire and Lancashire, by reason of its charming situation and modern architecture, has not yet its bad quarter; ...'.<sup>94</sup> The Second Report into the State of Large Towns and Populous Districts, published in 1845, gave Huddersfield a

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93. White, 1853, p.595.

94. F. Engels, The Condition of the Working Class in England (Panther ed., 1969, first published Leipzig, 1845, first published in Great Britain, 1892), p.74.

comparatively favourable write up. The Report commented that the dominance of the Ramsden family over the town had brought some benefits: most of the streets were of ample width, well arranged and paved, and much of the main sewerage had been attended to.<sup>95</sup>

Despite the joint progress made by the Ramsden trustees and the Improvement Commissioners much remained undone. In 1844 Engels had also reported that

It is notorious that in Huddersfield whole streets and many lanes and courts are neither paved nor supplied with sewers nor other drains; that in them refuse, debris, and filth of every sort lies accumulating, festers and rots, and that, nearly everywhere, stagnant water accumulates in pools, in consequence of which the adjoining dwellings must inevitably be bad and filthy, so that in such places diseases arise and threaten the health of the whole town. 96

The 1845 Report largely concurred with this summary. Neglect of sanitary problems, the Report claimed, resulted directly in outbreaks of fever and a low tone of general health. The Report added that the proprietors of private houses were as usual unwilling to foot the expenses of linking up their property to the main sewer. They also pointed to the existence of many nuisances in the town centre, including the usual array of pigsties, dunghills and open privies.<sup>97</sup>

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95. Second Report of the Commissioners for inquiring into the State of Large Towns and Populous Districts, PP, 1845, XVIII (602), App., Part II, Report on the Condition of the Town of Huddersfield, By James Smith Esq., p.311.
96. F. Engels, op.cit., pp.74-5.
97. See note 95. A similar report published in 1844 also pointed to the severe problem of inadequate ventilation in the dwellings of the poor of Huddersfield. First Report of the Commissioners for Inquiring into the State of Large Towns and Populous Districts, PP, 1844, XVII (572), App., On the obstacles to Improvement from the Expenses and the means of lessening the immediate burthens, and on the Structure of Buildings, Evidence of Mr. Joseph Kaye, Builder, Huddersfield, p.178.

In spring, 1847, during an epidemic of typhus, the Board of Surveyors and Improvement Commissioners appointed an Inspector of Nuisances, William Stocks. Following reports citing several houses belonging to some of the Improvement Commissioners as nuisances, Stocks was dismissed. He had been in office only four months, but during this short period he had served notices on 128 privies, 24 cesspools, 119 rubbish and ash heaps, 27 pigsties, 131 drains, twelve manure heaps, and so on, a total of over 500 nuisances, all requiring to be removed, abated or altered.<sup>98</sup>

At a public health inquiry held in 1848<sup>99</sup> to decide on the necessity of granting Huddersfield a new Improvement Bill, supporters of the Bill complained of the lack of sewerage in the town (only one quarter of the houses in Huddersfield had, critical witnesses claimed, any drainage), various nuisances, inadequate cleansing of the streets and a severe shortage of privies. All these factors resulted in a low state of health, especially amongst the poor, and a high incidence of epidemic disease, in particular typhus fever. Meanwhile, the rapidly increasing population of Huddersfield

... contributed to the erection of inferior cottages destitute of the usual conveniences ... the houses of the poor ... are badly constructed; they are built in rows, with fronts facing in an opposite direction, as if two distinct and parallel rows had been built, and had then been cemented together back-to-back... thorough ventilation is out of the question. The tenants in some of these courts complained bitterly of the misery they endured from the offensive state of these localities, producing, as they said, loss of health and general discomfort. 100

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98. The Minutes of Proceedings on a Preliminary Inquiry on the Huddersfield Improvement Bill, Held February, 1848, Evidence of William Stocks (former Inspector of Nuisances), pp. 16-17, Ms. HPL (C/T/2/35).
99. Ibid.
100. 'The Sanitary Movement. Article III. Proposed Increase to the Town of Huddersfield', LM, December 15, 1849 (Supplement).

As remarked in Section II, the new Board of Commissioners who came into power following the 1848 Inquiry performed a number of useful acts which served to improve public health provision. The 1848 Act gave the Commissioners extensive powers to improve the sanitary state of the town, to lay down sewers, widen roads, pave and clean streets and to prevent and remove nuisances. In 1853 the costs of improvements in progress and in contemplation were estimated at £50,000. In the year ending April, 1852 the Commissioners expended £13,644, in the following year £14,828.<sup>101</sup> Perhaps the most important contribution of the Commissioners during their 20 years in office was the laying of eight miles of main sewers. By the late 1860s, however, much remained to be done. The mortality rate in Huddersfield for the years 1865 to 1868 had risen from totals for the 1840s of approximately 18 per thousand of the population to 24 per thousand.<sup>102</sup> This rate still compared quite favourably with an average given for the West Riding in 1865 of 26.7. (The national average for the decade beginning 1861 was 22.5 per thousand).<sup>103</sup>

After 1868 the newly-established Huddersfield Corporation tackled the sanitary problems of the town with some enthusiasm. A Sanitary Committee was set up in 1868 and the first Medical Officer of Health appointed in 1873. The first report of the Sanitary Inspector, delivered in 1869, alluded to the still defective sanitary state of the town and its detrimental effect on the health of the population. For example,

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101. White, 1853, p.594. The Commissioners were empowered to borrow money to be repaid over 30 years by rates levied on the inhabitants. Owners of property were entitled to claim the same terms or pay at once for private drainage and other work done for them by the Commissioners.
102. The Sanitary Inspector's First Report on the Sanitary Condition of the Borough of Huddersfield, for the year ending August 31ST, 1869 (Huddersfield, 1870), p.12, HPL (Misc. Pamph: Hudd. Corp. Sanitary Dept.)
103. W. Sheardown, Pamphlets (three volumes of extracts from the Doncaster Gazette, c.1840-1870), Vol. 2, p.558, Doncaster Public Library (Local Studies); A. Briggs, op.cit., p.19.



Groups of nuisances, of the most flagrant kind, met your inspector on every hand. In one case I found sixteen houses, with an average population of five in each, say 80 persons, with only one privy and no ashpit- ...

The condition of the River and Canal during the past summer and a portion of autumn has been very bad indeed. The stench arising from both of them has been fearful, and cannot have had otherwise than a very prejudicial effect upon the health of the inhabitants ... it is when the river enters the neighbourhood of the populous districts, and as it passes through the town, that its objectionable and obnoxious condition is most manifest. 104

More optimistically the Report showed an awareness of the need to deal with these defects as rapidly as possible:

Sanitary science has proved that epidemic, endemic, and contagious diseases have their origin in the infraction of those physical laws and conditions upon which life and health depend, and that "a great amount of the sickness and mortality in this country depends upon preventable causes". Believing this I have carefully gone over the Borough with a view to the removal of such nuisances as were most injurious to the public health. 105

The first MOH, Dr. Pritchett, showed a similar awareness of the problems, and his task came to include the inspection of dwellings and water supply and monitoring movements of disease. By July, 1873 Pritchett was able to report that the mortality rate for the preceding month had fallen to an average of 16.2 per thousand for the whole Borough.<sup>106</sup>

The scare resulting from the cholera outbreak of 1849, and to a lesser extent the typhus epidemic of 1846-47, prompted the Wakefield Town Council to apply for a Public Health Act for the town. (During

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104. The Sanitary Inspector's First Report on the Sanitary Condition of the Borough of Huddersfield, pp. 4, 15, HPL (Misc. Pamph: Hudd. Corp. Sanitary Dept.).
105. Ibid., p.4.
106. Medical Officer's Reports to the Sanitary Committee, June 1873 to March 1876. Second Report, July 1873, p.3, Ms. HPL (Unclassified).

the 1849 cholera epidemic it had been left very much to the Board of Guardians to implement sanitary improvements).<sup>107</sup> In 1850 a report made to the Town Council by their recently-appointed Sanitary Committee, concluded

... that the drainage is very defective in several parts of the borough, and more especially in Nelson-street, Westgate Common, and East Moor. In their opinion it is hopeless to expect any permanent improvement in the sanitary condition of these districts until an effectual system of drainage is carried out. To accomplish this object, the powers possessed by the Council or the Street Commissioners are not sufficient. 108 (their emphasis).

The Report linked to the application for a Public Health Act was published in 1852.<sup>109</sup> It pointed not only to the inadequacy of local government control and the ineptitude of the Street Commissioners, but also to poor standards of sewerage, drainage, nuisance removal, water supply and the appalling state of the common lodging houses.

For example, it was reported by one of the medical witnesses, Mr. Milner, that out of nine districts, comprising 2,707 houses and 13,074 inhabitants, only eight yards and courts had 'good' drainage. In sixteen cases it was 'middling' and in 144 'bad'. (The definition of 'bad' was given as referring to an open gutter or water on the surface of a court or street). Out of 13,074 people 650 lived in well-drained localities; nearly 12,500 where drainage was partial or non-existent.<sup>110</sup>

The Report concluded that the town from its general characteristics

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107. See Chapter 3 for more on the involvement of the Boards of Guardians in the field of public health. For the involvement of medical men in public health see Chapter 7, Section IV c).

108. W. Ranger, op.cit., Report to the Town Council by the Sanitary Committee, September, 1850, p.11.

109. Ibid.

110. Ibid., p.44.

of soil, climate and situation (and a general striving for cleanliness by most of its inhabitants) ought to have been 'remarkable' for the general good health of the population,

... but that such is not really the case; for although the mortality of Wakefield is below that of some of the neighbouring towns, it is considerably above that of others; and that the real cause of this excessive mortality is to be found in the generally defective nature of the existing sanitary arrangements. 111

Evidence brought forward relating to specific districts had been especially damning. For example, an inquest held on two cholera victims in September, 1849 returned a verdict of death from Asiatic Cholera. The Jury had added,

That the street called Nelson-street within the borough of Wakefield, in which they lived, for want of drainage, from foul and improperly constructed privies, from the accumulation of filth and matter of an offensive description, the crowding together in the houses of a much greater number of persons than they ought to contain, ... is now, and has long been in a state highly dangerous to the public health. 112

In 1853 the Wakefield Town Council was constituted as the local Board of Health. In spite of this change, and the criticism of the 1852 Report, progress in the field of public health reform was slow. After the struggle to wrest the power to implement sanitary improvements from the Street Commissioners, the Council proved to be just as inept in this field. In 1870 a report was made to the Medical Officer of the Privy Council by Dr. John Netten Radcliffe outlining the 'insanitary state' of Wakefield. Both The Lancet and the Medical Times and Gazette published the Report

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111. Ibid., p.60.

112. Ibid., pp.16-17.

in part. The Lancet<sup>113</sup> expressed particular anxiety that an average-sized and reasonably wealthy town, which in theory should have enjoyed good sanitary conditions, was in such a poor state. The Medical Times and Gazette called the Report 'shocking'.<sup>114</sup> The Report stated that the drainage of Wakefield was still extremely partial, privy accommodation and nuisance removal inadequate, slum housing widespread and the water supply appalling. The water supply of the town was picked out for special criticism. One of the sources of water derived from the River Calder, four miles above Wakefield was, the Report claimed

... simply ponded sewage, with the added refuse of various manufactories, dye, and other works, which pour into the beck streams of many-coloured and various stinking abominations. Below the dam, ... the bottom is littered with stones and rubbish, and where visible through the sewerage (it would be libel to term the liquid water) is covered with a thick layer of foul slime ... the town pours into the current, conspicuously to sight and smell, its own especial collective steams of nastiness. Seeing or knowing this, it is not to be wondered at that many of the inhabitants prefer to run the risk arising from the use of water obtained from surface wells rarely altogether safe from the danger of excrementitious contamination. 115

The Report placed the blame for the defective state of the sanitary arrangements with the local health authority, which was 'grossly in fault'.

Wakefield and Huddersfield were afflicted by the usual range of endemic and epidemic diseases which plagued nineteenth-century towns, chief amongst which were typhus, typhoid and other fevers, diseases

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113. 'The Sanitary State of Wakefield', The Lancet, 1870, Vol. I, p.59.

114. 'The Sanitary Condition of Wakefield', Medical Times and Gazette, 1870, Vol. I, p.86.

115. Ibid.

of the respiratory and digestive organs (diarrhoea, dysentery, tuberculosis, pneumonia, influenza and so on) and diseases of childhood.<sup>116</sup> Deaths amongst children were especially high. Between 1837 and 1847 total deaths in Wakefield from all causes amounted to 3,161. Of these 1,402 (44.4 per cent) occurred amongst children aged under five.<sup>117</sup> (See Appendix 3). Outbreaks of epidemic disease and rises in general levels of sickness were in many cases linked to the poor living conditions and sanitary states of the towns.

One of the chief witnesses to the 1848 Huddersfield Inquiry, Joshua Hobson, radical journalist, Chartist and public health campaigner, cited in his evidence the returns of the District Registrar, relating to the number and cause of deaths in the town. In late 1846 there had been much sickness in Huddersfield, 'chiefly in those parts which are notorious for their want of drainage and their general crowded and filthy conditions'. In the quarter ending December, 1846 the number of deaths in the Huddersfield district had been 306, more than twice the figure recorded for any other quarter since 1841. In 1847 the aggregate total for the whole year was 867 deaths. 97 were attributed to typhus, 91 to phthisis, 32 to scarlatina, 38 to pneumonia, 31 to whooping cough, 25 to diarrhoea, nineteen to smallpox, thirteen to bronchitis and seven to influenza. (Other causes of death were not given).<sup>118</sup>

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116. In 1838, for example, the total deaths recorded from zymotic disorders, diseases of the respiratory organs, brain and nerves and digestive organs in the West Riding were 15,768. The proportion of deaths from these causes amounted to 14 in every thousand of the population, while the proportion of deaths from all causes was 21 in a thousand. First Annual Report of the Registrar-General, PP, 1839, XVI (187), Appendix.
117. W. Ranger, op.cit., Evidence of W.R. Milner, Esq., p.84.
118. The Minutes of Proceedings on a Preliminary Inquiry on the Huddersfield Improvement Bill, Evidence of Mr. Joshua Hobson, pp. 8-10, Ms. HPL (C/T/2/35).

Serious outbreaks of typhus prompted the setting up of the Wakefield House of Recovery in 1826,<sup>119</sup> and in 1847 the Huddersfield Board of Guardians took the unprecedented step of establishing a Temporary Fever-Hospital to deal with typhus cases. In 21 weeks a total of 106 paupers were admitted and treated for typhus fever.<sup>120</sup> A high and constant proportion of cases treated by both the towns' dispensary charities and Poor Law medical officers were of contagious diseases.<sup>121</sup> In some years normally endemic diseases erupted in an epidemic form. In 1837, for example, there was a serious outbreak of influenza in Wakefield (and nationally). John Cryer, a local bookseller, recorded in January, 1837 that

... the Influenza has been general in the town and every part of the neighbourhood. Last Sunday not less than eleven people lay dead of it in different parts of the town; all the places of worship displayed the effects of it. One day last week there was a lessened attendance of fifty children at the Lancastrian school on account of it. So many persons in so small a time were never known to die as within the last few days. 122

In the last two quarters of 1837 32 deaths in Wakefield resulted from diarrhoea and gastro-enteritis and 30 from typhus fever.<sup>123</sup>

Even in a 'normal' year, when no serious outbreaks were recorded, deaths from disease remained high. In 1845, for example, zymotic diseases accounted for 103 out of the 407 deaths recorded in Wakefield. 43 were

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119. See Chapter 4 for more on the House of Recovery.

120. The Minutes of Proceedings on a Preliminary Inquiry on the Huddersfield Improvement Bill, Evidence of Mr. Joshua Hobson, p.8, Ms. HPL (C/T/2/35).

121. See Chapter 4, Section III b) and Chapter 3.

122. J.W. Walker, op.cit., p.545.

123. First Annual Report of the Registrar-General, PP, 1839, XVI (187), App. P.

attributed to measles, seventeen to scarlatina, twelve to typhus and ten to diarrhoea. Tubercular diseases accounted for 73 deaths, lung diseases, including bronchitis, pleurisy, pneumonia and asthma, for 41 deaths and diseases of the brain, spine and nerves 38.<sup>124</sup> Between 1838 and 1848 deaths from zymotic diseases accounted for 24 per cent of all deaths in the Borough of Wakefield.<sup>125</sup> (For further details of causes of death in Wakefield, see Appendices 3 and 4).

In terms of shock and the short-term impact upon mortality rates the cholera epidemics of 1832 and 1849 had a major effect on the two communities, particularly Wakefield, which suffered badly in both outbreaks. In 1849 the number of deaths in Wakefield was pushed up from an average of 376 (over the previous five years) to 499.<sup>126</sup> In 1832 Huddersfield escaped relatively unscathed, while in Wakefield 62 deaths were recorded from the disease, with a high proportion occurring in the House of Correction.<sup>127</sup> The first case of Asiatic Cholera recorded in Wakefield occurred on June 24, 1832. John Scaife, a horse keeper at the Strafford Arms coach office, was taken ill at 6.00 a.m. and had died by mid-afternoon, despite, as one observer claimed, having been attended by sixteen local doctors.<sup>128</sup>

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124. W. Ranger, op.cit., Appendix, p.80.

125. WJ, February 23, 1849.

126. W. Ranger, op.cit., p.15.

127. The total number of deaths recorded from cholera during the 1832 epidemic in the West Riding was given as 1,416. In Leeds the total was 702, Sheffield 402, Hull 300 and York 185. Other towns got off more lightly: only 34 deaths were recorded in Rotherham, 30 in Bradford and 26 in Doncaster. Figures taken from C. Creighton, A History of Epidemics in Britain, Vol. II, (2nd ed., 1965, first published Cambridge, 1894), p.822.

128. J.W. Walker, op.cit., p.543.

The Wakefield Board of Health, set up specifically to deal with the threat of cholera, had apparently made some efforts to prepare for such an occurrence. They had been meeting weekly since April, had taken a house for use as a cholera hospital, attempted to clean up some of the town's worst trouble spots, Westgate Common and Eastmoor, and distributed blankets, clothes and soup to the poor.<sup>129</sup> The wife and children of the first victim were removed immediately to the cholera hospital, the bedding and clothing of the deceased were burnt, the premises fumigated. The body, after a post-mortem examination, was interred on the same evening. The Board and local inhabitants appear to have been optimistic about their chances of containing the disease, which they claimed had been brought to the town by bargemen on the river. The local press warned after all that cholera was most likely to attack persons with 'drunken or vicious habits' and those who resided in the least cleanly localities, who were therefore 'predisposed' to the disease.<sup>130</sup>

Initially the outbreak did confine itself to the House of Correction. The second case to occur was that of a prisoner, James Petty, who became ill on the same day as the first victim and died the following day. By July, 1832 Dr. Crowther reported that there had been 71 cases of cholera in the prison, and that fifteen prisoners had died. The governor of the prison, Mr. Edward Shepherd, also contracted the disease and died on August 19. The total number of cases which had occurred in the institution since June was given as 78, the total number of deaths as 20.<sup>131</sup> Around the same time as the number of cases in the House

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129. WHJ, April 27, 1832; J.W. Walker, op.cit., p.543.

130. WHJ, June 29, 1832.

131. J.W. Walker, op.cit., p.543.



of Correction were falling off, the disease began to make progress in the town itself. Towards the end of August it was reported that since June 24 there had been a total of 115 cases, with 35 deaths.<sup>132</sup> By late September the cholera outbreak was virtually over, although there were a few isolated cases and fatalities in October. Between June and September there had been 153 cases and 56 deaths<sup>133</sup> (75 cases and 36 deaths occurring in the town itself).

In July, 1832 the Leeds Mercury lamented that they had to add Huddersfield 'to the list of infected places'.<sup>134</sup> However, the outbreak in Huddersfield was both short term and mild. By late July the Mercury announced that while 30 cases had been reported in the neighbourhood of the town, few had been recorded in Huddersfield itself. The total number of deaths was given as eleven, out of which seven occurred in the workhouse,<sup>135</sup> situated one mile from the town centre. The disease lingered on until September, but was almost completely confined to the workhouse and a group of houses adjoining it.

The 1849 epidemic took an even higher toll in Wakefield, resulting in 241 deaths, of which a large number occurred in the Lunatic Asylum. Cases of Asiatic Cholera were first reported in the House of Correction in January, but the main attack began in September. During the 1832 outbreak there appears to have been little criticism of local government agencies. In 1849, however, much of the blame for the severity of the

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132. LM, August 25, 1832.

133. WHJ, September 21, 1832.

134. LM, July 21, 1832.

135. LM, July 28, 1832.

attack was laid at the door of the Street Commissioners. The Leeds Mercury, reported that the want of a cholera hospital in the town was much felt 'and the wretched substitute of some cottages in Nelson-street, the most unhealthy and degraded part of the town, is a disgrace to the inhabitants, and a gross injustice to the poorer class of sufferers'.<sup>136</sup> The Board of Guardians proved to be the most active agency during the 1849 outbreak. In the first few months of the year they carried out a big clean-up operation in the town, whitewashing and cleansing many dwellings and removing large numbers of nuisances.<sup>137</sup> By October the epidemic had reached the Wakefield Asylum, and within one month out of the 600 inmates over 100 had died of cholera.<sup>138</sup> The devastating attack was blamed largely on the establishment's 'wretched drainage'.<sup>139</sup>

Huddersfield also suffered more severely in the 1849 outbreak. Again isolated cases of cholera were reported in January, but the main thrust of the attack came in August to October. The epidemic was confined to well-known trouble spots, areas of town where there was a continually high incidence of epidemic disease: Birkby, the vicinity of the workhouse and Johnny Moor Hill at Paddock were very badly affected. Altogether there were a total of 52 deaths recorded from Asiatic Cholera in 1849.<sup>140</sup> Seventeen of the deaths occurred at Johnny Moor Hill. Out of the nineteen houses situated there with a total of 110 inhabitants there were 20 cases of cholera and 32 cases of diarrhoea.<sup>141</sup> The district was notorious for its poor sanitary state:

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136. LM, September 14, 1849.

137. WJ, October 14, 1849.

138. 'The Cholera at the Wakefield Lunatic Asylum', London Medical Gazette, Vol. IX, 1849, p.865.

139. Ibid.

140. C. Creighton, op.cit., p.844. Total deaths in the West Riding during the 1849 epidemic are given by Creighton as 4,151.

141. J. Taylor, M.D., 'On the Mode of Origin and Propagation of the Epidemic Cholera, in Huddersfield and the Neighbourhood, in the Autumn of 1849', Medical Times, Vol. 23, 1851 (pp.256-9, 340-6, 399-402), p.341.

... the drains are very imperfect, the lower rooms damp in various degrees, and the privies badly constructed. The cesspools are open to the air and very offensive. It is the poorest and most filthy part of the village (Paddock), and ... is a place notorious for the prevalence of fever and other forms of disease. 142

#### IV. Distress and Popular Movements

Wakefield and Huddersfield, in particular the latter community and its surrounding villages, were scenes of working-class distress and popular uprisings during the eighteenth and nineteenth centuries. The late eighteenth century and the period of the Napoleonic Wars was punctuated by food riots, in most cases a direct result of distress caused by rising food prices and shortages of basic commodities. In the first decades of the nineteenth century discontent continued to manifest itself in connection with rising prices and periods of trade depression and unemployment. But popular discontent and uprisings came also to be linked more and more to political issues. Both towns were important centres of Luddism, bases for demonstrations in favour of Reform, centres of support for reforming factory legislation, and in the 1830s and '40s strongholds of Radicalism and Chartism. The weavers of the district were especially active in the latter movement. Huddersfield was, in addition, the scene of an almost insurrectionary resistance to the New Poor Law and a noted centre of Owenism and trade union activity.

The turn of the nineteenth century was a period of depression for the working class, and was particularly severe in the West Riding.<sup>143</sup>

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142. Ibid., p.341.

143. See, for example, R.A.E. Wells, Dearth and Distress in Yorkshire 1793-1802 (York, 1977) (Borthwick Papers No. 52).

In 1783 when the price of wheat reached 60 shillings a quarter, there were corn riots in Bradford, Halifax and Huddersfield, the rioters demanding an immediate reduction in the price of corn. In 1795 the population of Wakefield was anonymously invited to impose popular prices on commodities brought to the market. In 1799, following a disastrous harvest, a soup kitchen was opened in Huddersfield to supply the poor at 1d a quart. By this time the distress was so great that in November of the same year gangs of half-starved workers seized the town's corn warehouses, and distributed their contents at what they considered to be a fair price. The women of Huddersfield, meanwhile, rioted over the price of potatoes. By 1799 inflation and shortages had pushed the price of wheat up to £6 15s 0d a quarter, while wages in the woollen industry were only around sixteen to eighteen shillings a week for men and five to six shillings for women: 'The poorer classes lived on barley, bran, and pea meal, when they could get it'.<sup>144</sup> In May, 1800 there were bread riots in Wakefield and again in March, 1801 the authorities feared riots, provoked by rising food prices, would take place in Leeds and Huddersfield. In 1801 famine prices were aggravated by underemployment. In Huddersfield, for example, trade was 'extremely dead'.<sup>145</sup>

Perhaps more serious for the authorities was the fact that protest over prices began to be combined with demonstrations against the constitution and the Combination Acts... In 1800 an anonymous warning to the constables of Wakefield ran 'Take care of your life, damn King George ... and Billy Pitt, may hell be their portion...'<sup>146</sup> In spring, 1801 there was a

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144. D.F.E. Sykes, op.cit., pp. 263-4.

145. R.A.E. Wells, op.cit., p.12.

146. London Gazette, December 27, 1800. Cited ibid., p.19.

protest meeting in Wakefield and other towns in the region, which coincided with the suspension of Pitt's two Acts. In 1802 it was reported to Earl Fitzwilliam, Lord-Lieutenant of the West Riding, that committees opposed to the Combination Acts were meeting in Wakefield.<sup>147</sup> A Wakefield magistrate wrote in 1804 with reference to the Combinations,

So cautious are they now become no general striking or communication with masters is necessary; it is done in a way perfectly intelligible to the masters but so as impossible to be given in evidence to prove a combination. 148

Food riots did in fact continue well into the 1840s in the West Riding, but came to be of less significance compared with protests relating to the introduction of machinery, poor working conditions, low wages and efforts to achieve wider political objectives. High prices and poor wages, exacerbated by trade depression did, however, remain features of working-class life for much of the early nineteenth century. In 1820 a subscription charity was set up in Wakefield to relieve distress amongst its poor; to provide bread, oatmeal and soup at reduced prices. Although the appeal was not widely answered by the inhabitants of the town, enough money was raised to relieve about 4,000 persons for eight weeks.<sup>149</sup> In 1820 many of the inhabitants of Huddersfield were said to be destitute of food and clothing and suffering the 'severest distress'.<sup>150</sup> In January the Earl of Dartmouth donated £300 towards relieving the poor of the town.<sup>151</sup>

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147 E.P. Thompson, op.cit., pp. 518, 548.

148. Ibid., p.562.

149. WHJ, January 28 and April 21, 1820.

150. WHJ, January 14, 1820.

151. WHJ, January 28, 1820.

In the late 1820s and '30s there was a severe depression in the Huddersfield fancy trade. A committee of masters established in 1829 that over 13,000 people out of a population of 29,000 subsisted on 2d a day per head when the wage was divided between all family members. It was estimated that in Huddersfield 660 inhabitants earned 6s 11d per week, 421 3s 6d, 2,439 2s 9d and 13,226 only 1s 3d.<sup>152</sup> This was, however, a 'curious depression', during which the output of cloth exceeded that of any previous period and the condition of the workers was bluntly attributed to 'the abominable system of reducing wages'.<sup>153</sup>

Again in the 1830s and '40s the weaving district of Huddersfield and its environs contained a large population of utterly depressed outworkers, subsisting on the poorest diet. 'They do not know what it is, many of them', declared Richard Oastler, 'to taste flesh meat from year's end to year's end ... and their children will sometimes run to Huddersfield, and beg, and bring a piece in, and it is quite a luxury ...'.<sup>154</sup> As late as 1842 it was estimated that 3,196 out of the 25,000 inhabitants of Huddersfield had an average income of 8d per person per week!<sup>155</sup> Between 1852 and 1853 a young married couple, both Huddersfield handloom weavers, kept an account of their earnings. Over the 104 weeks the woman earned £24 10s 0d or 4s 8½d weekly; her husband £66 7s 7d or 12s 9d weekly, making a total of 17s 5½d per week for their joint labour.<sup>156</sup> A letter written by the same Huddersfield handloom weavers in 1855 illustrates both the low wages and irregularity of work still experienced by mid-century.

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152. O. Balmforth, Huddersfield Past and Present; in its Social, Industrial and Educational Aspects (Huddersfield, 1893), p.10.

153. W.B. Crump and G. Ghorbal, op.cit., pp. 120-21.

154. E.P. Thompson, op.cit., p.319.

155. Report of the Committee ... for the relief of the Distressed Manufacturers (1844), p.19. Cited in E.J. Hobsbawm, op.cit., p.75.

156. O. Balmforth, Huddersfield Past and Present, p.11.

During the last eighteen weeks my work has been as follows: I have had from Mr. Beaumont about 56 yards of weaving at 6d per yard. I had three weeks at Shaw's, of Lockwood, at the power-looms, working partly in the night, they having two sets of hands to complete some orders for the Crimea. Here I earned about 15/- a week. I have also had 30 hours at Benj. Hanson's, at Paddock, at an order from the same quarter, but of an inferior quality of goods. I earned fourteen-pence in that time, short of a half-penny per hour! I was no learner either. I then gave it up as a bad job. I have also had a handloom job for Hanson's which took me more than five weeks to work, yet the earnings only amounted to 51/-, out of which I had to pay for healds and slay ... 16/10, and for winding 7/-, leaving 27/2. [This makes a total of £5 1s 4d for the 18 weeks or 5/7 a week]. ... you must understand that I have been one of the fortunate, for there are very many that have done worse than this ... This has been the hardest winter for weavers in my day, work scarce, provisions high and the weather severe. 157

Wages varied considerably within the woollen industry, and this somewhat complicates the picture. In 1800 Mr. Gott, a Leeds manufacturer and a pioneer of the factory system, estimated that in the woollen industry men could earn 16 to 18s per week, women 5 to 6s, young children 3s, older children (aged fourteen to eighteen) 5 to 6s and old men 9 to 12s.<sup>158</sup> Around 1825 the wages of Huddersfield handloom weavers ranged from 9s to 17s, the wide margin being due to the irregularity and varying qualities of work.<sup>159</sup> Some highly skilled and specialised sectors of the workforce received high wages. For example, in the 1850s slubbers were paid something in the region of 27s per week, mule spinners 28s and tenterers 26 to 30s.<sup>160</sup> For the majority of the workforce, the weavers, piecers, knotters and burlers, they remained low for much of

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157. Ibid., pp. 12-13.

158. J. Mayhall, The Annals of Yorkshire, From the Earliest Period to the Present Time, Vol. I. (1862), p.200.

159. O. Balmforth, Huddersfield Past and Present, p.11.

160. E. Baines, The Woollen Manufacture of England, p.93.

the century. Between 1832 and 1850 the average wages of male woollen weavers increased from 20s per week to just 21s.<sup>161</sup> As late as 1870 female burlers in the Huddersfield area received only 8 to 9s per week, male wool and piece dyers 18s and cloth dressers 20s.<sup>162</sup>

Distress combined with the introduction of machinery into the textile industry culminated in the Luddite uprisings of the early nineteenth century, perhaps the most serious manifestation of popular discontent to affect the West Riding. The Luddite rising commenced in Nottingham in March, 1811 when rioters destroyed stocking frames. Luddism in Yorkshire and Lancashire was triggered off early in 1812 by the example of the Midlands. Wakefield and Huddersfield were both involved in the movement, in particular the latter, which became one of the chief centres of Yorkshire (and indeed Northern) Luddism. In January, 1812 rumours of impending trouble became so great that the manufacturers of Wakefield placed guards in their mills and a nightly watch was established. By February nightly attacks were being made in the Huddersfield district on gig mills and shearing frames. In January, for example, the Oatlands Mill, Huddersfield, which contained the new cropping machines, was set on fire. In late February the finishing shops of Joseph Hirst and William Hinchliffe of Huddersfield were destroyed, and in March machinery was broken at Vickerman's Mills in Huddersfield.<sup>163</sup> Well-organised attacks

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161. G.D.H. Cole and R. Postgate, The Common People 1746-1946 (4th ed., 1961), p.302.

162. E. Baines, The Woollen Manufacture of England, p.115.

163. J. Addy, The Textile Revolution (1976), p.46.



were linked with emphatic threatening letters to local manufacturers who dared to introduce the obnoxious machinery.<sup>164</sup>

Many of the smaller manufacturers in the region, faced with an impotent magistracy and military and the hostility of public opinion, gave way and removed the shearing frames. By April, 1812 it became clear that if the Luddites wished to go further they must attempt to destroy the few substantial mills that were still holding out. In late March two mills near Leeds were successfully attacked and on April 9 Joseph Foster's large cloth factory at Horbury, near Wakefield, was sacked and cropping machines broken by a contingent of 300 Luddites. The next major attack was on Rawfolds Mill in the Spen Valley. Its proprietor, William Cartwright, was determined to crush the Luddites and protected his mill with armed workmen and soldiers. Around 150 Luddites attacked the mills, led by George Mellor, a young cropper from a finishing shop at Longroyd Bridge, near Huddersfield, a recognised 'King Ludd' of the district (and the son-in-law of Captain Wood). The Luddites were forced to retreat, following a number of deaths and injuries on their side.

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164. Thompson cites the case of a letter sent to Mr. Smith, a Huddersfield manufacturer, in March, 1812: 'Information has just been given in that you are the holder of those detestable Shearing Frames, and I was desired by my Men to write to you and give you fair Warning to pull them down ... You will take Notice that if they are not taken down by the end of next week, I will detach one of my Lieutenants with at least 300 Men to destroy them and furthermore take Notice that if you give us the Trouble of coming so far we will increase your misfortune by burning your Buildings down to Ashes and if you have the Impudence to fire upon any of my Men, they have orders to murder you, & burn all your Housing, you will have the Goodness to your Neighbours to inform them that the same fate awaits them if their Frames are not speedily taken down...'. Mr. Smith was then informed that 'there were 2,782 Sworn Heroes bound in a Bond of Necessity' in the Army of Huddersfield alone. E.P. Thompson, op.cit., p.610.

Cartwright's example infused a new spirit into local manufacturers and magistrates. William Horsfall, a manufacturer of Ottiwells, near Huddersfield, for example, armed his workforce and even had a cannon mounted in his mill. He vowed that he would 'ride up to the saddle girths in Luddite blood'. The Luddites struck the mill on April 27, but the attack failed, and Horsfall was assassinated in revenge. When news of Horsfall's death became general, the magistrates redoubled their efforts to capture the leaders of the movement, and millowners stepped up their precautions against attack. The death of Horsfall in fact signalled the end of the Luddite challenge in Yorkshire. The leaders were rounded up, a number were executed or transported, and the movement soon died away.<sup>165</sup>

The death of the Luddite movement was not followed by either an abatement of distress or of popular uprisings. There were sporadic outbreaks of machinery breaking throughout the West Riding, and in 1817 and 1820 there were abortive uprisings in the Huddersfield area. Operatives in the Wakefield and Huddersfield districts were also involved in the Plug Riots of 1842, a year both of great distress and of Chartist agitation. Boilers were plugged and machinery shut down at a large number of Huddersfield mills, including Messrs Brooks, Meltham Mills, Stables of Crosland Mills, David Shaw, Son and Co, Beaumont, Vickerman and Co and John Brook and Sons, Armitage Bridge.<sup>166</sup> This was one of the last instances of law breaking and uprising in the West Riding, and gradually more peaceful forms of protest became prevalent.

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165. Details of the Luddite uprising were taken largely from E.P. Thompson, op.cit., pp. 608-18 and D.F.E. Sykes, op.cit., pp.273-87.

166. All supporters of the Huddersfield Infirmary. For Plug Riots in Huddersfield see D.F.E. Sykes, op.cit., pp. 299-301.

The decades of the 1830s and '40s were ones of almost continual political and popular agitation in the manufacturing districts of the North, movements in which the inhabitants of Wakefield and Huddersfield were very much involved. The early '30s witnessed campaigns for the Reform and Ten Hours Bills, the late 1830s the Anti-Poor Law Movement. In the 1840s came the agitation of the Anti-Corn Law League and the Chartist movement. In May, 1832, for example, a county Reform meeting held at Wakefield by the Leeds Reformers attracted over 100,000 people.<sup>167</sup> Following the passing of the 1832 Reform Act there was a revival of trade unionism in the region. In 1832 the Operative Builders' Union was formed in Huddersfield, becoming the only union in British history to unite all the building crafts in one body.<sup>168</sup> The district was very much involved in the campaign for reforming factory legislation in the 1830s. Short-Time Committees were organised in the spring of 1831 in Huddersfield, Leeds, Bradford and Keighley, and in June of the same year a group of operatives entered into an alliance with Richard Oastler, uniting his particular brand of Tory paternalism to their Radicalism. The Factory Movement was fiercely resisted by a large group of Huddersfield manufacturers.

In 1837 the Huddersfield Short-Time Committee was mobilised against the implementation of the New Poor Law. In Wakefield opposition to the new administration was moderate and short-lived, but in Huddersfield it reached almost insurrectionary proportions. In common with many other Northern towns, ratepayers, Poor Law administrators and populace

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167. D. Fraser, 'The Agitation for Parliamentary Reform' in J.T. Ward (ed.), Popular Movements c.1830-1850 (1970), p.46.

168. G.D.H. Cole and R. Postgate, op.cit., p.261.

objected strongly to the 1834 Act, which threatened central interference, an end to out-relief and the introduction of the hated workhouse test.<sup>169</sup>

Popular resistance combined with the refusal of the Huddersfield magistrates to help launch the new system and the reluctance of Poor Law administrators to implement the required changes. In 1836 a Poor Law Commissioner was burned in effigy,<sup>170</sup> and mobs repeatedly surrounded the meeting place of the Huddersfield Board. On one occasion the meeting was invaded by a crowd led by Richard Oastler to prevent the transaction of further business.

The organisation of the Factory Movement turned its full force against the New Poor Law. In the Huddersfield area every township appointed a committee from which a delegate was sent to a general committee, which planned a campaign for the whole district. The activities of this and other local committees were co-ordinated by the West Riding Anti-Poor Law Committee presided over by William Stocks, a Huddersfield yarn dealer and a long-standing Ten Hours campaigner (and future Inspector of Nuisances). The Huddersfield Board of Guardians was dominated by members opposed to the New Poor Law, and they refused to proceed to the election of a Union Clerk. The new administration was in theory implemented in Huddersfield in 1837, but the foot-dragging resistance of the Guardians and popular mistrust and resentment of the new regime continued for many years.<sup>171</sup>

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169. See Chapter 3.

170. M.E. Rose, 'The Anti-Poor Law Movement in the North of England', Northern History, Vol. I, 1966, p.73.

171. For more on the Anti-Poor Law Movement, see ibid., pp. 70-91 and N.C. Edsall, The anti-Poor Law movement 1834-44 (Manchester, 1971).

CHAPTER 3

Poor Law Medical Relief

Unlike a number of the forms of medical relief to be considered in the following chapters, Poor Law medical services have received a fair amount of coverage by historians.<sup>1</sup> Emphasis has, however, generally been placed on the post-1834 period, following the introduction of the New Poor Law. Moreover, historians have tended to assume that however bad medical provision was during the first years of the New Poor Law administration, it marked the beginnings of a period of improvement on the pre-1834 system. The story of medical relief under the new administration is depicted as one of steady (even at times painfully slow) progress, a result of the appointment of higher calibre medical attendants, better workhouse facilities for the sick, and more generous interpretations of the Orders of 1842 and 1847, which attempted to standardise medical relief. These improvements are said to have culminated in the Metropolitan Poor Law Act of 1867,<sup>2</sup> which although limited to London, 'paved the way for further development in the provinces'.<sup>3</sup>

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1. See, for example, M.W. Flinn, 'Medical Services under the New Poor Law' in D. Fraser (ed.), The New Poor Law in the Nineteenth Century (1976), pp. 45-66; R.G. Hodgkinson, The Origins of the National Health Service (1967); S. and B. Webb, English Poor Law History: Part I, The Old Poor Law and Part II, The New Poor Law (Vols. 7 and 8 of English Local Government) (1927 and 1929, reprinted 1963); J.E. O'Neill, 'Finding a Policy for the Sick Poor', Victorian Studies, Vol. VII, No. 3, March, 1964, pp. 265-83.
  2. This Act required the Poor Law Board to amalgamate the medical services of the metropolitan unions into larger units. The Metropolitan Asylums Board became the unified hospital authority for all of Greater London with respect to the treatment of typhus, smallpox and insanity. It was financed by a Common Poor Fund to which all member unions contributed. For other forms of medical treatment, the London unions were grouped into 'sick asylum districts' in which the sick poor were to be treated in hospitals separated from the workhouses.
  3. M.W. Flinn, op.cit., p.64.

The provision of medical relief for the destitute was selected for special condemnation by the 1834 Commissioners. Amongst other things, they criticised the contract and tender systems of appointment, the low quality of medical personnel and the lack of formality surrounding this form of relief. Yet the report of 1834 'recommended no alteration in the current practice of dealing with the destitute sick by Outdoor Relief and domiciliary medical treatment; and did not even provide for any sick persons in the Workhouses'.<sup>4</sup> The 1834 Commissioners took one step forward and two steps backward with regard to arrangements for medical relief. While condemning the defects of the old system, they failed to suggest what could be put in its place.

In fact medical relief was mentioned in only one clause of the new Act, which gave the Justices of the Peace power to order medical assistance to be given in cases of sudden illness. There was no specific provision for medical relief on a regular basis. The General Medical Order of 1842 endeavoured to standardise practice, especially with regard to the appointment of medical officers. The Order stipulated that medical officers should hold a double qualification, one of which should be from one of the Colleges of Physicians or Surgeons, the other from a University or the Society of Apothecaries. It also laid down maximum limits for the acreage and population of each medical district of 15,000 acres and 15,000 inhabitants. The Order abolished the tender system of appointments, and instructed that medical officers should appoint substitutes and that a list of permanent paupers should be drawn up, consisting of the sick, infirm and old, who were entitled to medical relief at all times. The General Consolidated Order of 1847 regulated comprehensively all aspects of medical relief, although in fact

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4. B. and S. Webb, op.cit., Part II, p.314.

it merely standardised existing practices. Legislatively then little changed during the decades following the introduction of the Poor Law Amendment Act.

In practice progress was even slower than the legal developments would suggest. The 1842 Order was widely evaded. The limits placed on the size and population of medical districts were frequently exceeded, medical appointees were in many cases inadequately qualified, and the guardians ignored the provisions for the permanent employment of medical officers.<sup>5</sup> Outdoor medical relief was strictly minimised, while provisions for the sick in workhouses were at best adequate, at their worst appalling. Little evidence has been given by historians to show that there were any substantial improvements in medical relief until the 1860s, that is, until thirty years after the passing of the new Act.

If conditions for the destitute sick were so poor during the first decades of the new administration, it seems hardly credible that they could have been much worse prior to 1834. This assumption will be discussed with reference to Poor Law medical relief in the Wakefield and Huddersfield areas before and after the enactment of 1834, circa 1780 to 1870. The chapter will be divided into two parts. Section I will look at pre-1834 medical relief, Section II at medical services under the New Poor Law. Under both the old and new administrations the provision of medical relief by the Poor Law authorities was limited in the North, especially when compared with other parts of the country. But in the Wakefield and Huddersfield districts medical services appear to have deteriorated after 1834 in several ways. Medical relief under the New Poor Law was administered more sparingly; the use of other medical agencies, dispensaries,

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5. See, for example, D. Ashforth, The Poor Law in Bradford c.1834-1871. A Study of the relief of poverty in mid-nineteenth century Bradford, unpublished Ph.D. thesis, Bradford, 1979, especially Chapters 5 (ii) and 11.

infirmaries, sick clubs, and so on, as supplements to Poor Law services diminished, as did the range of medical personnel employed. The newly-appointed medical officers got a worse deal with regard to remuneration and work load, which probably was reflected in the standard of treatment they provided.

Several points should be made before proceeding with the discussion of medical services. The first point refers to the problem of evidence. Evidence available on the old administration is of a very different nature to that obtainable for the post-1834 period. Before 1834 the most useful sources are the overseers' account books, which give details of expenditure, including payments to medical practitioners and other medical expenses. The account books were checked by local magistrates and ratepayers, and therefore constitute a fairly reliable source of evidence. Unfortunately, few overseers' accounts have survived for the Townships of Wakefield and Huddersfield themselves, but there is an abundance of material on adjacent townships, which after 1837 came to be included in the new Unions based around Wakefield and Huddersfield.<sup>6</sup> These accounts are supplemented by vestry minute books and medical bills, and contracts, drawn up between overseers and doctors.

The evidence used for the post-1834 period consisted in the main of the Minute Books of the Huddersfield Board of Guardians,<sup>7</sup> nineteenth-century parliamentary inquiries into the provision of medical poor relief,<sup>8</sup>

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6. With the exception of the Township of Mirfield which, although situated mid-way between Wakefield and Huddersfield, came to be included in the Dewsbury Union after 1837.
  7. The Minute Books of the Wakefield Board of Guardians are no longer extant.
  8. Especially the Report from the Select Committee on Medical Poor Relief. Third Report, PP, 1844, IX (531) and the Report from the Select Committee on Medical Relief, PP, 1854, XII (348). Hereafter referred to as SCMPR 1844 and SCLR 1854.



accounts of the Boards of Guardians, correspondence between the central administration and the Wakefield and Huddersfield Boards, and local newspapers. The minute books and accounts, while detailing the salaries paid to medical officers, and the sums spent annually on vaccination, midwifery cases, subscriptions to medical charities and lunacy accounts, gave little further evidence of the 'kind' of medical treatment provided. There are few details of the number of visits medical men made to the sick or of the kinds of medicines and other relief they dispensed. Any supplementary relief in the form of extra food, alcoholic stimulants, bedding, fuel or additional money payments to the sick are not listed separately, and are therefore indistinguishable from other payments for out-relief.

Poor Law administration in the North, not least the provision of medical services, was unique in several ways during the nineteenth century. The increasing cost of poor relief in the early part of the century, together with the massive population growth of the region, prompted Poor Law administrators in many West Riding townships to tighten up their systems of relief. During the first few decades of the nineteenth century many townships set up select vestries with up to 20 elected members, 'substantial householders', plus the vicar, churchwardens and overseers as ex-officio members. The select vestries differed little in function or composition from the Boards of Guardians set up after 1834. Some townships also appointed salaried officers to supervise poor relief, the most usual appointee being the assistant overseer.<sup>9</sup> A Select

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9. Sturges Bourne's Act of 1819 gave powers to parishes to appoint a salaried assistant overseer and to establish a select vestry to control poor relief. The adoption of the Act was most widespread in the North.

Vestry was established in Huddersfield in the early nineteenth century.

In Wakefield there was no select vestry, but poor relief was administered by a committee of ratepayers, which dated back to before 1819.<sup>10</sup> Meanwhile, several neighbouring townships had set up select vestries by the third decade of the century: for example, Mirfield in 1819, Dewsbury in 1820 and South Crosland in 1828. The inhabitants of South Crosland, which by the late 1820s had a population of only around 2,000, also appointed a standing overseer at a salary of £24 per annum in 1828.<sup>11</sup> By 1830 the West Riding had a total of 161 select vestries, with about one quarter of the Riding's townships having opted to implement this administrative change.<sup>12</sup>

Payment of relief was carefully regulated under the new administrations, and the cost of poor relief fell in the West Riding in the decades prior to 1834. It also tended to be lower than other counties. By 1831 poor relief in the West Riding cost 5s 7d per head of the county's population compared with 18s 3d in Suffolk, 16s 6d in Wiltshire and 15s 4d in Norfolk. Between 1817 and 1822 the cost of poor relief in the Riding had fallen by 31 per cent. Expenditure dropped further from a figure of £252,000 in 1833 to £180,000 in 1837.<sup>13</sup> By 1834 many Northern townships had adopted the system of using the workhouse as a deterrent to the idle and dissolute;

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10. M.E. Rose, Poor Law Administration in the West Riding of Yorkshire (1820-1855), unpublished D. Phil. thesis, Oxford, 1965, p.16.
  11. Account Book of the Overseers of the Poor of South Crosland, 1814-1830, Ms. HPL (CP/SC/OP).
  12. M.E. Rose, Poor Law Administration in the West Riding of Yorkshire (1820-1855), p.19; M.E. Rose, 'The New Poor Law in an Industrial Area' in R.M. Hartwell (ed.), The Industrial Revolution (Oxford, 1970), p.124.
  13. A. Ure, Philosophy of Manufactures (1835), p.477. Cited in M.E. Rose 'The New Poor Law in an Industrial Area', p.126; M.E. Rose, Poor Law Administration in the West Riding of Yorkshire (1820-1855), p.36.

others made relief to the able-bodied dependent upon their performing tasks of work. In Huddersfield, for example, the able-bodied were employed in street cleaning, and the workhouse deterrent was also utilised before 1834.<sup>14</sup>

By 1834 poor relief in the West Riding was on the whole well administered and cheap, and well adapted to local patterns of poverty. Poor Law administrators in this and other Northern regions saw no reason why the 1834 Act should be any concern of the North. The 1834 Commissioners had after all been most concerned with the corrupt and inefficient administration of poor relief in the agrarian South, and had largely ignored the special problems of the Northern manufacturing districts.<sup>15</sup> Chief amongst these problems were seasonal and large-scale periods of unemployment, which followed in the footsteps of trade depression, particularly in the textile industry. Large numbers of normally independent workers were thrown temporarily onto the poor rate or public and private charity. The normal practice adopted by the overseers in these periods was to make small payments of out-relief to tide the unemployed over the period of depression. Under these circumstances the last thing the Poor Law administrators in the North wanted was to bring this large group into the workhouse, depriving them of their independence and causing them to become a permanent burden on the poor rate. (The size of the problem can be judged by

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14. M.E. Rose, Poor Law Administration in the West Riding of Yorkshire (1820-1855), pp. 30, 35. This policy was continued after 1837. In 1839, for example, at the request of the Street Commissioners, workhouse paupers were employed in cleaning the streets. The Guardians were allowed £50 per annum in return for this service. Minute Book of the Huddersfield Board of Guardians, Vol. 2, June 14, 1839, Ms. HPL (P/HU/M).
15. For more on the background to the 1834 Act, see A. Brundage, The Making of the New Poor Law 1832-39 (1978).

the fact that during 1842, a year of 'severe and widespread distress', more than 11,000 people, over one-tenth of the population of the Huddersfield Union, were in receipt of parish relief).<sup>16</sup>

The policies of Northern administrators were at complete variance with the ideology of the 1834 Act, which placed emphasis on the principle of 'less eligibility' and the workhouse test. The 1834 Act deterred guardians from paying out-relief to the able-bodied, insisting that this group, on application for assistance, should be brought into the workhouse. This important diversion in both opinion and practice brought the manufacturing districts of the North into fierce conflict with the Poor Law Commissioners, and resulted in massive opposition to the new Act by both the Poor Law administrators and magistrates and the working class. The 1834 Act was opposed in Wakefield and Huddersfield, but resistance was especially strong in Huddersfield.<sup>17</sup> The medical profession of both Wakefield and Huddersfield forwarded petitions opposing changes in the system of providing medical relief to the poor. The inhabitants of Huddersfield sent a petition appealing for a total repeal of the Poor Law Amendment Act to the Poor Law Commissioners, as did several other local townships, including Horbury, Almondbury, Deighton, Lindley, Linthwaite and Mirfield.<sup>18</sup>

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16. D.F.E. Sykes, op.cit., p.301.

17. See Chapter 2, Section IV.

18. Report of the Select Committee on the Poor Law Amendment Act, PP, 1837-38, XVIII (518), Part III, p.245.

The final point to be made here, and the most important for our purposes, is that medical relief in the North, including the West Riding, was given only on a small scale throughout the nineteenth century. The introduction of the Poor Law Amendment Act made little difference to the amount of medical relief provided for the poor of this area. In 1843 the cost of Poor Law medical relief in the West Riding was calculated at 1d per head of the population. This was less than anywhere else in the nation. The average for the country was 2½d per annum, and the cost of medical relief was highest in Essex at 6d per head.<sup>19</sup> The low cost of medical poor relief in the North was referred to in every parliamentary inquiry on the subject during the nineteenth century. The reasons given for this phenomenon never varied: the existence of a strong network of medical charities, including many dispensaries, and of large numbers of friendly societies and medical clubs, and a greater tendency on the part of the poor to resort to quack medicine and the druggist.<sup>20</sup> The low cost of medical and indeed all other forms of poor relief was also attributed to the more independent character of the Northern labourer, who was unwilling to look to the parish for medical assistance. In 1839 Mr. Power, Assistant Poor Law Commissioner for the West Riding of Yorkshire and Lancashire, stated that the low cost of medical relief under the old administration in his region was due to

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19. SCMPR 1844, Evidence of G.C. Lewis, Poor Law Commissioner, p.76, Q.846.

20. See Chapters 5 and 6.

A close spirit of economy in relieving the poor on the part of the assistant overseers and vestries: a great degree of hardihood and independence in the mass of the people; the existence of numerous clubs and societies, providing against the contingency of sickness, and embracing large numbers of the operative classes; and to these may be added a disposition on the part of the medical men to make moderate charge upon the township for attending upon pauper patients, properly distinguishing between the latter and a more wealthy class of patients, and not presuming too far upon the competency of the township to supply the difference. 21

A further reason for the low cost of medical relief in this region, and one referred to rather less by contemporaries, was that despite the dislocations caused by trade depressions in the North, it was far wealthier than many Southern and Midland regions. Overall there was less poverty and fewer permanent paupers.

#### I. Medical Relief under the Old Poor Law

In 1839 Mr. Power summed up the provision of medical poor relief in the West Riding and Lancashire under the Old Poor Law thus:

... with scarcely any exception, through the whole district, the medical relief, of which any distinct account could be found in the township books, bore an extremely small proportion to the population, and to the general expenditure on the poor. 22

As already stated, low expenditure on medical relief in the North was a common denominator before and after the introduction of the Poor Law Amendment Act.

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21. Report of the Poor Law Commissioners on the Further Amendment of the Poor Laws, PP, 1840, XVII (253), App. B, Reports of Arrangements for Medical Relief, No. 6, III, Mr. Power's Report - Lancashire and the West Riding of York, pp. 164-65.
  22. Ibid., p.164.

In evidence given to the 1844 Select Committee Report on Medical Poor Relief it was maintained that before 1834 the amount spent on medical relief in the North was one-sixth of that expended in Southern and Midland counties.<sup>23</sup> In the Wakefield and Huddersfield areas (and probably throughout much of the North) Poor Law medical relief was the least important form of medical provision in existence for the poor throughout the nineteenth century. In Wakefield, Huddersfield and their surrounding townships medical relief did not normally exceed five per cent of total poor relief expenditure, or 2d per head of the population.

The 1844 inquiry and other nineteenth-century reports on poor relief also described the complete absence of 'systematic' medical relief in the Northern manufacturing districts. It is true that arrangements for the medical relief of the destitute varied from township to township in the North. But by early in the nineteenth century many townships had developed rudimentary systems of dealing with this particular problem, which were reasonably well adapted to both their large populations and the pattern of poverty in the region. Provisions existed on a small scale for the relief of the sick in the workhouse. However, in common with other forms of relief, most medical assistance was given to the outdoor poor, those who could normally manage on their wages, but who in times of depression and unemployment, or in special circumstances, such as the birth of a child or the sickness of a family member, were forced to turn to the parish.

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23. SCMPR 1844, Evidence of G.C. Lewis, p.8, Q.13.

In the first place, medical relief was provided through the payment of doctors' bills on behalf of paupers and others thought eligible for this kind of assistance. This was organised in various ways. In some cases the parish would pay doctors for individual patients, usually after a bill had already been run up. In January, 1815, for example, the Overseers of South Crosland paid Thomas Jessop two guineas 'his bill for Doctoring Matthew Oldfield' and £4 5s to Joseph Taylor for 'Doctoring and attending upon Joseph Thornton'.<sup>24</sup> Another method was to allow a number of doctors to run up yearly or half-yearly accounts for their treatment of the destitute. In 1812 the Mirfield Overseers paid three local medical practitioners almost £78 for attendance during the year: Dr. Taylor £13 8s, Dr. Kitson £23 15s and Dr. Green £40 15s.<sup>25</sup> For those of the poor believed capable of paying something towards their medical expenses, the parish authorised part payment of medical bills. Finally, a few parishes, usually larger ones, chose to appoint a doctor under contract to supply medicine and advice to all those deemed eligible by the overseers. The method of relief adopted varied from parish to parish, and not infrequently the different methods of paying for medical assistance existed together within one parish. In some cases a contract surgeon was appointed, and at the same time individual bills were paid to other medical practitioners.

Medical contracts drawn up under the Old Poor Law were apparently very much alike. In them the doctor agreed to provide medical attention and drugs for a specified time in return for a fixed payment. Certain

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24. Account Book of the Overseers of the Poor of South Crosland, 1814-1830, Ms. HPL (CP/SC/OP).

25. Township of Mirfield, Overseers Accounts, 1805-1826, Ms. HPL (P/M).



items were commonly excluded: smallpox vaccination, midwifery cases and broken bones. For the last two, fixed prices per case were often agreed upon. In June, 1773, for example, the Wakefield Overseers drew up the following contract with Benjamin Stocks, apothecary:

June 3<sup>d</sup> 1773 "Agreed w<sup>th</sup> M<sup>r</sup> Ben<sup>n</sup> Stocks to Serve this House and all out Pentioners, w<sup>th</sup> medicines, & to Deliver all the Women that requires his assistance, within this House, for Twenty Guineas a Year; it is allso agreed That he be allow for attendg all persons w<sup>th</sup> Broaken Bones; and half a Guinea for Delivering each Person out of the House, that the Overseers appoint him to attend as Witness our Hands the Date above ... 26

By the second decade of the nineteenth century the Overseers of Mirfield, a large clothing village with 5,000 inhabitants, situated midway between Wakefield and Huddersfield, had also made it their usual practice to employ a contract surgeon. Competition between Mirfield practitioners for the post was keen. In 1813 the Overseers decided that Mr. Kitson was entitled to

... the greatest proportion of medical assistance allowed to Poor Persons and paid by the Parish on the Ground that he has resided longer in the Township and pays a greater proportion of Poor Rates than either of the others and also is ready and willing to come forward with the first in the Parish in any Subscription tending to relieve the distress of the Poor . 27

In later years the Overseers fluctuated between the policies of appointing a single contract surgeon for the poor and dividing the contract up

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26. Accounts of the Overseers of the Poor of Wakefield Township, 1738-1790, Ms. WDA (JGC). This appears to be a generous payment for a contract surgeon, and compares well with figures of £2 to 13 guineas a year cited for Warwickshire parishes between the years 1750 to 1800. J. Lane, 'The Provincial Practitioner and his Services to the Poor, 1750-1800', The Society for the Social History of Medicine Bulletin 28, 1981 (June), p.11. (Extracts from overseers' account books, vestry minute books, etc. are transcribed as they appear in the original document.)
  27. Township of Mirfield Vestry Minute Book, Vol. I, 1758-1834. Meeting of November 4, 1813, Ms. HPL (P/M).

between the various applicants. Either way competition for the post no doubt enabled the Overseers to keep medical costs down, although compared with post-1834 appointments the Mirfield Overseers were not ungenerous. In 1816 Mr. Kitson was paid £50 for attendance on the poor. He was paid separately for journeys out of town and midwifery cases. In 1818 Mr. Parker was paid £30 for the year, and in 1820 Mr. Hoyle £22 10s. In 1822 it was resolved that Messrs. Kitson, Parker and Hoyle should take the contract 'in rotation at the sum of Forty Pound pr year for the term of three years'.<sup>28</sup> The contracts were in theory to cover most medical assistance, the exception being midwifery cases: 'women wanting assistance at delivery Shall have a Choice in the Doctor'.<sup>29</sup> In practice, however, the Overseers appear not to have forced the poor to obtain medical relief from the contract surgeon. In 1818, for example, although the contract was given to Mr. Parker, at least three other regular practitioners ran up medical bills, which were settled by the Overseers.<sup>30</sup> The most liberal Overseers, usually in small townships, paid paupers small sums, presumably to enable them to seek medical assistance where they chose. In July, 1795 the Overseers of South Crosland paid 8s 6d to 'William Beaumont wife for Husband Doctors Bill'. In 1800 they paid Nancy Taylor and Sarah Dyson 3s and 4s 6d respectively 'to go to Doctor with'.<sup>31</sup>

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28. Ibid., Meetings of March 7, 1816, March 26, 1818, October 29, 1820, May 2, 1822.

29. Ibid., Meeting of December 23, 1813.

30. Ibid., Township of Mirfield, Overseers Accounts, 1816-1818, Ms. HPL (P/M)

31. Account Book of the Overseers of the Poor of South Crosland, 1790-1801, Ms. HPL (CP/SC/OP).

In most cases the overseers had little choice in their selection of medical men, especially if they wished to resort to one residing in their particular township. Basically they employed the nearest available medical men, always surgeons,<sup>32</sup> supplementing their services with 'specialists' from Wakefield and Huddersfield in more serious cases. During the first decades of the nineteenth century, for example, the Overseers of Stanley Township, near Wakefield, ran up medical bills to three Wakefield surgeons, Messrs. Mitchell, Statter and Stott.<sup>33</sup> All three were well-established practitioners with successful surgical/general practices. In Mirfield the Overseers rotated medical appointments between the village surgeons, of which there were generally three or four at a time. Before 1834 pauper patients were usually treated by the same medical personnel as private patients.

The most usual cases treated by Poor Law medical appointees were of broken limbs and other injuries, fevers, children's diseases and chronic diseases of old age, rheumatism, dropsy, chest infections, and so on. Regular medical men shared obstetric cases with the midwife, the midwife probably attending over half of all pauper confinements. Common items of medical expenditure listed in the account books were for the setting of fractures, bleeding, ointments, salves and a wide variety of pills and medicines, plus charges for visits to the sick. In most townships and in most years midwifery expenses (together with the costs of maintaining lunatics) topped the list.

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32. The title 'doctor' is used with great frequency in Poor Law accounts. Only very rarely does it refer to a medical man possessing a medical degree. The title serves as a useful indication of a qualified medical man.

33. Stanley Township Accounts, 1795-1801, Ms. WDA (JGC).

The attendance of regular, qualified doctors was supplemented by the services of a wide range of 'fringe' practitioners. Indeed one of the most interesting aspects of medical relief under the Old Poor Law was its variety. Payments are recorded in the overseers' accounts to a large number of fringe personnel, including local healers, bonesetters, doctresses, and most commonly midwives. Payments were also made to enable the poor to visit more distant specialists, spas, and in a few cases the seaside. In October, 1784 the Mirfield Overseers paid 2s 6d to the 'Boansetter for Bet. Swift', in October, 1787 one guinea 'To Jonas Law wife for setting Kellit Leg' and in April, 1795 10s 6d 'To Milnes Wife for Cureing John Child Children'.<sup>34</sup> In the early nineteenth century the Overseers of South Crosland, near Huddersfield, authorised payments to enable the sick of their Township to visit the Whitworth<sup>35</sup> and Denby doctors, and 'pd Samuel Holstead wife to go to Blackpool for the benefit of her eyes'.<sup>36</sup> In 1788 all eight delivery cases paid for by the Huddersfield Overseers were attended by midwives.<sup>37</sup> It is difficult to be precise about the degree to which fringe medical personnel were employed. The status of medical practitioners is not always clear from entries in account books. In some cases regular medical men were distinguished by the title 'doctor', in other cases they were referred to simply as

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34. Township of Mirfield, Overseers Accounts, 1772-1803, Ms. HPL (P/M).

35. See Chapter 6, note 16.

36. Account Books of the Overseers of the Poor of South Crosland, 1790-1801, 1814-1830, Ms. HPL (CP/SC/OP).

37. Huddersfield Town Book, 1783-1793, Ms. HPL (P/HU/M). See Chapter 6, Section IIb for more on midwives and their activities.

'Mr' or even by their first names, Thomas Jessop, Joseph Taylor, and so on. . But it appears that up until the early decades of the nineteenth century at least half of the pauper deliveries, in and out of the workhouse, were attended by midwives. Meanwhile, up to one-quarter of all medical complaints were treated by fringe personnel.

Medical relief by qualified and unqualified practitioners was further supplemented by local medical charities. The overseers ran up bills or paid subscriptions to the infirmaries at Leeds and York to enable them to send more serious cases to these establishments for treatment. As early as 1751 the Overseers of the Wakefield Township paid £1 2s 6d to 'Wm Webster for admittance into the Infirmary & for expenses to carry him to Yorke'.<sup>38</sup> In 1810 the Mirfield Overseers paid 4s for 'Sheard Betty to go to Infirmary', in 1818 8s for 'Jno Muffitts Son to go to the Infirmary' and in 1820 1s 6d to Wm Wilman for the same purpose. The Mirfield Overseers also paid out large sums to maintain a blind boy at the Liverpool School for the Blind. In 1815 the payments totalled £5 and by 1817 £12.<sup>39</sup>

Removal of sick paupers to a distant medical institution was an expensive business for the overseers. In addition to paying either a subscription or a bill for maintenance, travelling expenses were incurred, plus charges for providing the patient with clothing, linen and other necessities, and in some cases funeral costs. Because of the expense, the sick poor were normally only sent to an infirmary as a last resort,

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38. Accounts of the Overseers of the Poor of Wakefield Township, 1738-1790, Ms. WDA (JGC).

39. Township of Mirfield, Overseers Accounts, 1805-1826, Ms. HPL (P/M).

in most cases after considerable sums had already been spent on medical attendance, drugs and nursing. In December, 1821, for example, the Overseers of Horbury, near Wakefield, made arrangements for William Procter's wife to be sent to the Leeds Infirmary. She apparently had been ill for some time, and the Overseers had already spent several pounds on nursing and medical attendance:

December 24, 1821	£	s	d
Rebecca Coope for attending W. Procter's Wife		6	6
Journey to Leeds Infirmary with a Recommendation for Wm Procter's Wife		2	6
Letter from Leeds Infirmary			5
Wm Procters Wife		1	0
Expenses to Leeds Horses Cart with Wm Procter's Wife		5	0
To Bedgown making for W. Procter's Wife			6
Wid. Chappell for making Lint Shoes for W. Procter's Wife		1	4

In this case, the treatment received at Leeds Infirmary appears to have been successful, and in January, 1822 a payment of 3s 9½d was recorded to 'Samuel Bains for W. Procter's Wife from Leeds'. No further expenses were recorded in the Overseers' account books for Mrs. Procter.<sup>40</sup>

The rigid admission policies maintained by many medical charities acted as a further limitation on the transference of paupers to these institutions. Almost without exception medical charities received more applications for admission than they could handle. Infirmaries operated very much on a 'first come first served' basis, or restricted admissions to more serious and acute complaints. Some excluded paupers altogether. Despite these limitations, overseers found it beneficial to continue to subscribe to medical charities up until the mid-1830s. \*In 1830,

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40. Horbury Overseers Account Book, 1821-1834, Ms. WDA (JGC).

for example, the Ossett Overseers paid a six guinea subscription to the Leeds Infirmary,<sup>41</sup> and in 1835 the Wakefield Township's subscriptions to the Leeds Infirmary and Ilkley Bath Charity together totalled £13 5s 3d.<sup>42</sup>

Following the establishment of medical charities closer to home, the Wakefield Dispensary in 1787, the Huddersfield Dispensary in 1814 and Infirmary in 1831, and the Wakefield House of Recovery in 1826, local parishes frequently opted to subscribe to them. However, the policies of these charities regarding the admission of paupers varied considerably during the late eighteenth and nineteenth centuries. During the 1790s the Overseers of the Wakefield Township paid an annual subscription of £30 to the Dispensary.<sup>43</sup> This apparently accounted for the bulk of medical relief paid for out of the rates in this decade, the Dispensary being expected to treat all sick paupers in return for this large subscription. By the early nineteenth century, however, this policy had been dropped, and the Wakefield Overseers no longer subscribed to the Dispensary. Nor apparently did the Overseers of the Wakefield Township or any other local townships take advantage of the provisions for the admission of paupers to the Wakefield House of Recovery. After 1837 the Wakefield Board came to make quite extensive use of this facility. A number of local townships subscribed to the Huddersfield Dispensary and Infirmary. In return for a subscription of three guineas overseers obtained the privilege of having one in-patient or two out-patients on the charity's

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41. Receipt of Subscription of Six Guineas to Leeds Infirmary from the Overseers of Ossett, July 13, 1830, WDA (JGC).
  42. The Annual Statement of the Receipts and Payments of the Overseers of the Poor of the Township of Wakefield, 1834-1835, WDA (JGC).
  43. Accounts of the Overseers of the Poor of Wakefield Township, 1738-1790, Ms WDA (JGC); Third A.R. W.D., 1790-91. (See List of Abbreviations), WYCRO (C235/1/37-41) (The same location applies throughout, unless otherwise stated).

books at a time.<sup>44</sup> The townships taking advantage of this facility were generally those with small populations, who perhaps found charitable subscriptions relieved them to some extent from the necessity of employing medical officers. By 1831 four townships subscribed to the Infirmary: Farnley Tyas, Netherthong, Heckmondwike and Linthwaite. The Overseers of the Huddersfield Township appeared not to have been subscribers.<sup>45</sup>

The largest item of expenditure in the category of medical relief during the nineteenth century was payment for the care and maintenance of lunatics. Because mental illness was usually either long term or permanent, it constituted a specially expensive category of relief. Up until the early nineteenth century the usual practice with regard to lunatics was to maintain the least harmless and disruptive in either their own homes or in lodgings, or, if no other alternative could be found, in the parish workhouse. The more dangerous cases were sent to local private asylums or to Bethlem. In 1775, for example, the Overseers of Horbury Township moved Jno. Hoyle from the Workhouse to 'Bedlam'.<sup>46</sup> These more expensive alternatives were, however, avoided where possible. By the early decades of the nineteenth century the weekly cost for maintaining a pauper lunatic in a private institution could amount to 9 to 12s.<sup>47</sup>

In 1818 the West Riding County Lunatic Asylum was established at Wakefield, and it became more usual for local overseers to send violent

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44. Rules and Regulations of the Huddersfield and Upper Agbrigg Infirmary, 1834, p.8, HPL (B.362).
45. First A.R. H.I., 1831-32. (See List of Abbreviations), WYCRO (Unclassified) (The same location applies throughout, unless otherwise stated).
46. The Accounts of Matthew Ash Overseer of the Poor of Horbury for the Year 1775. Printed as K. Bartlett, A Year in the Life of Horbury 1775 (Wakefield, n.d.), WDA (Local Collection).
47. S. and B. Webb, op.cit., Part I, p.30.



or troublesome cases to this institution for incarceration and/or treatment. By the early nineteenth century the maintenance of lunatics at Wakefield had become a huge financial burden on the ratepayers. By the 1820s the Overseers of Horbury Township spent something in the region of £20 per annum for the maintenance of lunatic paupers at Wakefield.<sup>48</sup> In 1830 the Overseers of Ossett, near Wakefield, paid £8 8s 6d for the maintenance of just one patient in the Wakefield Asylum for 26 weeks, at the rate of 6s 6d a week.<sup>49</sup> Expenses for the maintenance of lunatics belonging to the Mirfield Township amounted to between £60 and £80 per annum by the 1830s, accounting for well over half of all medical expenses.<sup>50</sup> By 1835 Wakefield Township's lunatic asylum account came to a massive £233. Total expenditure on medical relief during the year amounted to £358, with asylum fees making up 65% of the total.<sup>51</sup>

Another common method of providing medical relief for the pauper, or at least near-pauper, in the North was through the payment of admission fees and subscriptions to sick clubs and friendly societies. The preponderance of friendly societies in the Wakefield and Huddersfield districts made this a viable alternative for overseers,<sup>52</sup> and the practice seems to have been fairly widespread. The Horbury Overseers, for example, kept up the friendly society subscriptions of a small number of individuals

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48. Horbury Overseers Account Book, 1821-1834, Ms. WDA (JGC).
  49. Ossett Overseers West York Lunatic Asylum Half-Yearly Account for January to June, 1830, WDA (JGC).
  50. Township of Mirfield, Overseers Accounts, 1832-1839, Ms. HPL (P/M).
  51. The Annual Statement of the Receipts and Payments of the Overseers of the Poor of the Township of Wakefield, 1834-1835, WDA (JGC).
  52. See Chapter 5, Section I.

during the 1820s.<sup>53</sup> In 1820 the Mirfield Overseers paid a total of £3 5s for club subscriptions on behalf of ten individuals, which accounted for almost ten per cent of the year's total medical expenses of £36.<sup>54</sup>

Payment of friendly society subscriptions relieved overseers from the responsibility of paying out-relief to the sick, as friendly societies made provision for the payment of a small weekly dole to sick members. By early in the nineteenth century a few societies also made provision for the medical attendance of sick members via a club surgeon.<sup>55</sup> Payment of friendly society subscriptions by the overseers may have been, as Gosden<sup>56</sup> suggests, largely confined to the preservation of the membership rights of sick and aged members, who were likely to become a large burden on the poor rates. But overseers may also have been willing to keep up the subscriptions of members faced with temporary financial difficulties, or even have paid subscriptions on a more permanent basis. For a payment of something in the region of 10s a year, the overseers could relieve themselves from the burden of paying out-relief (and in some cases for medical attendance and drugs) to the more likely candidates for sick relief.

Under both the pre- and post-1834 administrations in the North only a very small proportion of relief was provided in the workhouse. In normal circumstances only the old, infirm and helpless were taken into the workhouse. In the Wakefield and Huddersfield areas the old

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53. Horbury Overseers Account Book, 1821-1834, Ms. WDA (JGC).  
54. Township of Mirfield, Overseers Accounts, 1772-1803, Ms. HPL (P/M).  
55. See Chapter 5, Section III.  
56. P.H.J.H. Gosden, The Friendly Societies in England 1815-1875 (Manchester, 1961), p.199.

poor houses were usually small and ill adapted for the admittance of more than a small number of paupers. During the 1780s there were generally between 25 and 35 paupers at any one time in the Mirfield Workhouse; by the 1820s, between 20 and 30.<sup>57</sup> Expenditure on indoor relief was also low. By the early nineteenth century the Mirfield Overseers normally spent something in the region of £300 to £400 on indoor relief compared with £1,500 to £2,000 on out-relief. Medical relief to indoor paupers was also comparatively limited. If a contract surgeon was employed, the contract normally included attendance at the workhouse and the delivery of female indoor paupers. Otherwise medical attendance was provided for in the same way as outdoor medical relief through the payment of individual doctors' bills. The most common medical expense in the workhouse was for midwifery cases. Other bills were run up for the bleeding of indoor paupers, the treatment of injuries, for leeches and a variety of pills and potions. In 1778, for instance, the Mirfield Workhouse Diary and Account Book recorded expenses totalling only £2 2s 9d for medical relief:<sup>58</sup>

		£	s	d
Jan <sup>ry</sup> 12	To Rose Gooder for laying Elin Thornton		2	6
Feb <sup>ry</sup> 27	To Mr. Ismay for churching <sup>59</sup> Elin Thornton		1	0
Aprill 23	To Roas Gooder for laying Ann Vevers		2	6
	To D <sup>r</sup> Ladley for cuering Else Firth of veneral diseas		15	0
June 30	D <sup>r</sup> Lee for bleding Jo Smith			3
Aug <sup>st</sup> 24	To a Bottall of D <sup>r</sup> Lee for Mer <sup>m</sup> Holdsworth		1	6
			<hr/>	
			2	2 9

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57. Township of Mirfield, Overseers Accounts, 1772-1803; Workhouse Expenses Book, 1804-1830, Ms. HPL (P/M).
58. Township of Mirfield, Workhouse Diary and Account Book, 1777-1779, Ms. HPL (P/M).
59. A service of thanksgiving performed after childbirth.

In 1802 the total expenses for the medical relief of indoor paupers in the Mirfield Workhouse came to £2 3s 4d, including 19s for midwifery cases:<sup>60</sup>

		£	s	d
Jan 18	Itch Salves		1	0
March 27	To Molly Holroyd for Delivering Mary Sykes		2	6
April 15	To Inman Leg Setting & a Rubbing Bottle . . . .		3	6
	To Jona <sup>n</sup> Milner Horse to Carry Inman to Lockwood. 61			8
April 29	To Doctor Taylor for Ben. Inman leg Dressing Bottle & Salve		2	0
	To a Box of Pill 6d To Drugs for Eye Waters 4d			10
June 12	To Doctor Taylor for Jane Hirst Arm & Inman Leg		3	6
June 21	To Doctor Taylor for Jo Smith Thum 2s 6d our Exps 3d		2	9
June 23	To Doctor Kitson for Delivering Eliz <sup>h</sup> Sykes		10	6
Aug 16	To Gibson of Bradley for Curing Crabb Hand 62		2	0
Sept 7	a Rubbing Bottle 6d			6
Oct 16	To Churching of Secker		1	0
	To Molly Holroyd for Delivering Do		2	6
Oct 21	To Doctor Jubb as per Bill		6	10
Dec 8	To Quick Silver 6d			6
Dec 31	To Amy France for Delivering Ann Fawcet		2	6
			<hr/>	
			2	3 1

The total cost of medical relief, both in and out of the workhouse, generally amounted to very little. In 1788 the medical bills run up by the Huddersfield Overseers accounted for just over three per cent of outdoor relief.<sup>63</sup> In 1811 expenditure on medical relief made up

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- 60. Township of Mirfield, Overseers Accounts, 1772-1803, House Book, Ms. HPL(P/M)
  - 61. Presumably for treatment at the Lockwood Spa. For more on spas in the Wakefield and Huddersfield areas, see Chapter 6, Section II e).
  - 62. Most likely an unqualified local healer. In this set of accounts most qualified medical men were referred to as 'doctor'.
  - 63. Huddersfield Town Book, 1784-1793, Ms. HPL (P/HU/M).

less than four per cent of indoor and outdoor relief in the Mirfield Township.<sup>64</sup> In 1835 the Wakefield Overseers expended just over £358 on medical relief out of a total expenditure of £6,037 (5.9 per cent). If we deduct the amount of £233 spent on the maintenance of lunatics in the Wakefield Asylum, the amount spent on medical relief falls to just over two per cent of expenditure.<sup>65</sup>

Cost-conscious overseers were also anxious to find ways to reduce expenditure on the sick. This explains their willingness to make the treatment of sick paupers the responsibility of sick clubs, medical charities and contract surgeons. It also explains in part at least why overseers were ready to employ fringe personnel to treat the sick. In rural districts lacking a qualified resident doctor, resort to local fringe practitioners may have been the only alternative to sending for a more distant (and therefore more costly) medical attendant. In many cases the poor may well have preferred the ministrations of a local healer, and there was a long tradition of seeking assistance from these individuals.<sup>66</sup> Of more importance to the overseers, however, was the fact that fringe practitioners often cost less than a regular doctor. In the late eighteenth and nineteenth centuries, for example, midwives charged between 2s 6d and 5s for a delivery, compared with a surgeon's fee of 10s 6d or a guinea for more complicated cases. Meanwhile, local healers or bonesetters generally made more moderate charges for treatment than a regular practitioner. Broken limbs were an expensive item, and when treated by a regular medical

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64. Township of Mirfield, Overseers Accounts, 1805-1826, Ms. HPL (P/M).

65. The Annual Statement of the Receipts and Payments of the Overseers of the Poor of the Township of Wakefield, 1834-1835, WDA (JGC).

66. See Chapter 6, especially Section II b).

man would cost as much as 10s to a few pounds. This item was normally excluded from medical contracts. Bonesetters, who often charged something in the region of a few shillings, were frequently employed to treat this category of complaint.<sup>67</sup>

While overseers attempted to pare medical costs to a minimum, they do seem to have been aware of the long-term advantages of providing effective medical relief. A large short-term outlay on medical treatment could prevent sick or injured persons from becoming a permanent burden on the poor rate. In individual cases medical relief could be both humane and generous. Payments for medical attendance and medicines were frequently backed up with extra assistance: the payment of out-relief, the provision of food, alcoholic stimulants, fuel, clothing and bedding, and in many cases attendance by a nurse, often a female pauper. Payments to nurses for washing and attending on the sick were frequent items in overseers' accounts. These forms of assistance, although not strictly medical, were vital supplements to medical relief, which was often more generous than is first apparent. In the year 1788-89, for example, the Huddersfield Overseers expended only £7 3s 8d on medical assistance; for midwifery cases, doctors' bills, medicine, and so on. In addition to this a further £8 0s 10d was spent on supplements to medical care: out-relief 'for being poorly', rum, funeral and lying-in

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67. In some cases fringe practitioners may have been remunerated according to the success of their treatment. The accounts suggest that payments could be dependent on the practitioner effecting a cure, rather than merely giving treatment.

expenses. The supplementary expenses included the large payment of £2 3s 10d for '16 Weeks pay at 2s to Samuel Burn for a Child Nursing at Burstal and other Expenses'.<sup>68</sup>

Midwifery expenses normally included not only the cost of a midwife or a surgeon to attend at the delivery, but also the payment of a lump sum towards the expenses of buying clothes and other necessities for the child. The usual payment was half a guinea to a married couple and a guinea to an unmarried woman. Additional out-relief was often paid, especially to the unmarried, together with grants of extra food, blankets or alcoholic beverages. Expenses for 'churching' were also paid by the overseers. If the child died at birth or soon after, which was a frequent occurrence, the overseers undertook to pay the funeral expenses. In May, 1784, for example, the Huddersfield Overseers paid in addition to expenses for a midwife, 5s for a filiation order for Sarah Denby and one guinea for her month's lying-in. In 1785 they paid 2s to Dame Tomlinson for delivering Hannah Finsley, 5s in out-relief and a week later 1s 4d for 'Finsley Child Funeral'.<sup>69</sup>

Considerable sums were spent on individuals or families, some of whom seem to have been almost continuously afflicted with sickness. Between May, 1784 and March, 1785 the Overseers of the Huddersfield Township expended large sums on the Hudson family, assisting them with childbirth expenses and sick relief for Nat. Hudson, who appears to have been a constant burden on the poor rate:<sup>70</sup>

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68. Huddersfield Town Book, 1784-1793, Ms. HPL (P/HU/M).

69. Ibid.

70. Ibid.

			£	s	d
1784	May 9	John Marsall Wife midwife for Nat. Hudson Do.		2	0
	May 16	Rachel Hudson Going to Church after Lying in			9
	"	Rachel Hudson Shoes		3	6
	May 30	Itch Salve & Brimstone for Nat. Hudson			7
	July 25	A Godfrey Bottle for Rachel Hudson child			6
	Aug 15	Natt Hudson to Whitworth Doctor		5	0
	Sept 5	Nat Hudson wife Bleeding			3
1785	March 14	Nat. Hudson 2yd flannel		2	0
	March 28	Self and Wife Bleeding			4
	"	to Doctor for Nat		2	0
				<hr/>	
				16	11

Large sums were also spent on individual treatments. In 1801, for example, the Overseers of Mirfield Township spent almost £3 on medicines, wine, brandy and bleeding for a female workhouse inmate, Betty Oates (out of total medical expenses of £16 12s 5d).<sup>71</sup> In September, 1817 Mr. Wilks, surgeon to the Huddersfield Dispensary, was paid £9 by the Overseers of Mirfield Township 'for attending Mathew Hirst and cutting of [sic] his Leg'. In March, 1819 they paid Mr. Wooler, surgeon, £9 15s 3d for attendance on one patient, Sam. Gile.<sup>72</sup> In this case the accounts do not specify what the treatment was for, although it is likely this was also a primary operation. In late 1797 and early 1798 the Mirfield Overseers ran up several doctors' bills totalling £1 2s 5d treating Fanny Hirst, an indoor pauper, who died in January, 1798:<sup>73</sup>

			£	s	d
1797	Dec 5	To Doctor for Fanny Hirst		5	6
1798	Jan 19	To Fanny Hirst from Denby Doctor		4	5
	Jan 23	To Fanny Hirst hurrying to Church		2	
	"	To Hearse & Church Dues		2	9
	Feb 14	To Doctor Kitson as p. Bill for Fanny Hirst			
				<hr/>	
				12	6
				<hr/>	
				1	7 2

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71. Township of Mirfield, Overseers Accounts, 1772-1803, House Book, Ms. HPL (P/M)
72. Township of Mirfield, Overseers Accounts, 1805-1826, Ms. HPL (P/M).
73. Township of Mirfield, Overseers Accounts, 1772-1803, Ms. HPL (P/M).



There are three striking features about pre-1834 medical relief in Wakefield and Huddersfield and other local townships. The first characteristic is the small amount of outlay on this form of relief in comparison to both total expenditure on relief and costs per head of the population. The second feature is that where medical relief was given it was frequently generous and personal, backed up with payment of out-relief and the provision of nursing attendance and other forms of assistance. The final feature worth noting is the wide variety of medical relief given to the sick, which included not only treatment by regular doctors and payments for drugs, leeches, appliances, and so on, but also provisions for attendance by unqualified personnel, midwives and nurses, and for admittance to local medical charities and friendly societies.<sup>74</sup>

## II. Medical Relief under the New Poor Law

The Poor Law Amendment Act of 1834 has been described by historians as a distinct watershed in the provision of medical services for the poor, marking the beginning of an improved and widening range of facilities. The Wakefield and Huddersfield Unions were both created in 1837. The Wakefield Union embraced seventeen townships under the direction of a Board of 22 Guardians. Huddersfield Union comprised the four parishes of Huddersfield, Almondbury, Kirkburton and Kirkheaton, which included a total of 32 townships and a massive population of 100,000. The Board

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74. For a discussion of medical services under the Old Poor Law in Berkshire, Essex and Oxfordshire, circa 1720 to 1834, see E.G. Thomas, 'The Old Poor Law and Medicine', Medical History, Vol. 24, No. 1, January, 1980, pp. 1-19.

of Guardians consisted of 36 persons (including five elected for Huddersfield). By 1853, the Township of Chevit had been added to Wakefield Union, and the population totalled 48,900. By this time the Huddersfield Union included 123,843 inhabitants.<sup>75</sup> The Wakefield Union covered over 34,662 acres, the Huddersfield Union, again a massive 68,640 acres.

From 1837 onwards the Wakefield Board of Guardians was dominated by farmers from the country districts, with a smattering of manufacturers, merchants, tradesmen and professional men. The Huddersfield Board was more divided, although farmers were also an important element, reflecting the rural character of the scattered Union. Manufacturers, however, became an increasingly significant group. In 1850 farmers dominated the Board: out of the 41 Guardians elected there were fourteen farmers, ten merchants and manufacturers, six tradesmen, four professional men, two gentlemen and one vicar (plus three whose occupations were not recorded and one vacancy). By 1870 manufacturers had become numerically the most important group. Their numbers had doubled to 20. By this time there were eight farmers on the Board, seven gentlemen, two tradesmen and two estate agents (plus one vacancy).<sup>76</sup> By 1870 many of the townships in the Huddersfield Union were represented by leading business and civic figures.

The application of the 1834 Act in Wakefield and Huddersfield did lead to some major changes in the provision of medical services, although apparently not in the right direction. Perhaps the most distinctive

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75. White, 1837, pp. 324,361; White 1853, pp. 345, 594.

76. Minute Books of the Huddersfield Board of Guardians, Vol. 7, April 19, 1850, Vol. 13, April 22, 1870, Ms. HPL (P/HU/M).

feature was a narrowing of the range of facilities and personnel utilised under this category of relief. The introduction of the new Act did not result in any significant rise in expenditure on medical relief. Rather the reverse when we take into account the large population increases of the Wakefield and Huddersfield Unions. In the year 1834-35, for example, the medical expenses of the Wakefield Township totalled £358. By 1858 its half-yearly expenditure for this category of relief came to £192 (or approximately £400 for the whole year). Spending on certain items had actually fallen. In 1834-35 the amount spent on surgeons' salaries and bills totalled a little over £86 (1½d per head of population). By 1858 the salary bill for the Township amounted to just £40 per annum, plus £7 for supplementary bills (just over ½d per head of population). The expenses for the maintenance of lunatics in the Wakefield Asylum, meanwhile, only increased from £233 to around £300.<sup>77</sup> As late as 1863 the total medical expenses of the Huddersfield Township amounted to £296 or less than 2d per head of the population. Excluding expenses for the maintenance of lunatics of £126, the amount spent per head of the population fell to 1d (excluding payments of out-relief to the sick). The proportion of the total expenditure of the Township spent on medical relief was 2.7% (excluding the maintenance of lunatics 1.6%).<sup>78</sup>

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77. The Annual Statement of the Receipts and Payments of the Overseers of the Poor of the Township of Wakefield, 1834-1835, WDA (JGC); Township of Wakefield. Statement of the Accounts, For the Half-Year Ending Twenty-Ninth September, 1858, WDA (Local Collection, Box 8).
78. A Statement of the Accounts of the Huddersfield Union, 1861-1873. The Township of Huddersfield in Account with the Huddersfield Union, for the Year ended March 25th, 1863, HPL (P/HU/Cfo).

Certain forms of medical relief which had been utilised under the old administration disappeared altogether with the introduction of the new Act. After 1837 the newly-appointed district medical officers became the sole suppliers of medical relief. The practice of allowing doctors to run up individual bills for the treatment of paupers ceased, except in very exceptional cases, as did the employment of fringe practitioners. The Poor Law medical officer took over the majority of obstetric cases, which under the old administration had been very much the preserve of the midwife. The system of keeping up friendly society subscriptions on behalf of the poor also ceased, although the framers of the new Act hoped that the streamlining of medical services after 1834, the principle of 'less eligibility' and the restriction of medical relief to paupers would encourage the working classes to take up friendly society membership.<sup>79</sup> All in all the provision of medical relief under the new administration became more formalised and far more strictly regulated.

The chief agent in the provision of medical relief under the new system was the Poor Law medical officer.<sup>80</sup> After 1837 the Wakefield and Huddersfield Unions were divided up into seventeen and twelve medical districts respectively, and a medical officer appointed for each district to supply all medical attendance and drugs to those considered eligible by the guardians and relieving officers. In 1842 the Huddersfield Union was re-divided into sixteen medical districts. The Huddersfield Board

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79. See P.H.J.H. Gosden, op.cit., pp. 205-10.

80. For more on Poor Law medical officers, their duties and conditions of appointment, see R.G. Hodgkinson, 'Poor Law Medical Officers of England 1834-1871', Journal of the History of Medicine, Vol. 11, 1956, pp. 299-338.

of Guardians appointed medical officers on a fixed salary basis. The Wakefield Board used the tender system up until 1842.

Under the old administration it seems that doctors, even those not employed under contract, had some say in deciding who was eligible for medical treatment. In many cases the overseers paid bills which had already been run up by the medical practitioner. The medical man was not only allowed to judge the medical eligibility of cases, but on occasion he advised the overseers as to the suitability of those in receipt of medical assistance for other forms of relief. In 1833, for example, Thomas Martin, surgeon, sent a note to the Overseers of Honley Township certifying the eligibility of one of his medical cases for relief.<sup>81</sup>

This is to Certify to the Committee & Overseers of Honley that I have attended Jon<sup>n</sup> Crosland of Gully in Wooldale for nearly 3 Weeks, of an Inflammation of the Lungs and Dropsy, & that he is a fit person for reliefe from the Township. I think that he will not require it long, as witness my Hand this 29th  
Mar: 1833

Tho<sup>s</sup> Martin  
Surgeon

Under the New Poor Law the medical officers lost all powers that they might have had to authorise medical treatment. This became the preserve of the newly-appointed relieving officers, who based their decision on the financial position of the applicant rather than on any medical criteria. If the medical officer took it upon himself to give medical assistance without an order from the relieving officer, he ran the risk of not being remunerated for his services. Similarly, the recommendations of medical officers for extra food, alcoholic stimulants, fuel and clothing

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81. Honley Civil Township Records. Certificate from Thomas Martin, Surgeon of Holmfirth, re Jonathan Crosland of Gully, Wooldale, March 29, 1833, Ms. HPL (CP/HO/QP/72).

had to be passed by the relieving officer. This system not only led to a shift in emphasis from medical to social and financial criteria in determining who should obtain medical relief, but also to the substitution of a slow and cumbersome method of directing relief. The sick pauper now had to apply first to the relieving officer to obtain an order for medical relief and take the order to the medical officer, who was then, and only then, authorised to attend the patient. In practice this often led to delay in obtaining medical treatment.

The formalisation of medical relief under the New Poor Law does not seem to have resulted in improved relationships between the medical officers and Boards of Guardians. Under the old system relationships between doctors and overseers appear on the whole to have been good. Under the new administration the relationships between the two parties seem to have been at best unfriendly, at worst positively acrimonious. The Minute Books of the Huddersfield Board of Guardians devote more space to disputes over salaries, the payment of medical bills, the size of medical districts, and so on, than to any other aspect of medical relief.

Following the implementation of the 1842 Medical Order the Huddersfield Union was divided into sixteen medical districts. Salaries ranged from £40 for the Huddersfield North District, including the workhouse (with a population of 25,016) to £12 for Marsden District (with a population of 2,400). Complaints concerning remuneration were frequent and in some cases led to the resignation of medical officers. Between the implementation of the Order in 1843 and 1850 five medical officers resigned and there were four disputes over salaries (and four vacancies resulting from the deaths of medical officers). In 1847 an attempt was made by the Guardians to make all medical appointments annual, which would give

them greater control over salaries, but this move was overruled by the Poor Law Commissioners.<sup>82</sup> However, the Guardians were able to keep several of their medical appointees subject to annual re-election until the late 1860s, in spite of an order of 1855 by which the Poor Law Board made it 'imperative' upon the Huddersfield Guardians to make future appointments permanent.<sup>83</sup>

The most serious dispute during this period arose between the Huddersfield Guardians and the medical officer for the Huddersfield North District, Mr. T.R. Tatham.<sup>84</sup> The dispute, which began in 1847, was widely reported in the local press and leading medical journals, Tatham receiving much support from The Lancet. The argument centred around two issues: the inadequacy of Tatham's salary and his claim for extra remuneration in respect of his duties in attending the Temporary Fever Hospital during the 1846-47 typhus epidemic. The dispute over Tatham's salary was finally resolved in July, 1847, following a great deal of quibbling on the part of the Guardians. His salary was doubled from £40 to £80,<sup>85</sup> for which Tatham was expected to administer relief in a district with a population of over 25,000, plus the Huddersfield Workhouse.

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82. Minute Books of the Huddersfield Board of Guardians, Vols. 4 to 7, especially February 17 and March 17, 1843, December 24 and 31, 1847, January 21, 1848, Ms. HPL (P/HU/M).
83. Ibid., Vol. 8, March 2, 1855.
84. A detailed account of the dispute is contained in the pamphlet Mr. Tatham's Case against The Huddersfield Board of Guardians (Huddersfield, 1848), HPL (Tomlinson Collection).
85. Minute Book of the Huddersfield Board of Guardians, Vol. 5, July 16, 1847, Ms. HPL (P/HU/M).

The second area of contention took much longer to resolve; the dispute, lasting from February, 1847 to June, 1848. Over this period Tatham won the support of the press and the medical profession, and even some backing from the Poor Law Board. The case resulted in much adverse publicity for the Huddersfield Board of Guardians. Tatham claimed expenses of over £100 for his attendance at the Temporary Fever Hospital and his treatment of over 160 typhus cases, many of which had been sent from other medical districts in the Union.<sup>86</sup> The Board, after much consideration, offered Tatham £42, which they claimed would 'amply remunerate' him for his extra services.<sup>87</sup> Tatham eventually obtained legal assistance and took the case to court. The court found in Tatham's favour and the judge strongly condemned the behaviour of the Huddersfield Guardians. The judge was, however, unable to order them to compensate Tatham because of a technical detail, the Guardians having failed to note in their minutes the request that Tatham attend at the Fever Hospital.<sup>88</sup>

The Guardians of both the Wakefield and Huddersfield Unions attempted to keep their wage bills for medical officers to a minimum. In 1856 the wage bill for all seventeen medical districts of the Wakefield Union amounted to only £214 (including £40 for Wakefield District and the Union Workhouse) and that of the Huddersfield Union to £488 (£80 for the Huddersfield North District and £27 for Huddersfield South).<sup>89</sup> Expenditure on salaries

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86. Mr. Tatham's Case against The Huddersfield Board of Guardians, Letter No. 14, To the Board of Guardians for the Huddersfield Union, dated September 24, 1847, p.15, HPL (Tomlinson Collection).
87. Minute Book of the Huddersfield Board of Guardians, Vol. 6, December 31, 1847, Ms. HPL (P/HU/M).
88. For more on the efforts of the medical profession to improve the status, conditions of service and remuneration of the Poor Law medical officers, see P. Vaughan, Doctors' Commons. A Short History of the British Medical Association (1959), Chapter 2; F.B. Smith, The People's Health 1830-1910 (1979), pp. 346-62.
89. A Return 'of the Medical Officers under the Poor Law Acts, ...', PP, 1856, XLIX (434).



in both Unions in this year averaged out to approximately 1d per head of the population. In defence of the Guardians the change over from the old to the new administration did result in increased expenditure in some areas of medical relief. Before 1837, for example, the amount charged for the setting of fractures was worked out in individual cases between overseer and surgeon, and usually amounted to something in the region of 10s to £1, or to several pounds in more exceptional cases. After the implementation of the 1842 Order the fee was fixed at £1 for the treatment of dislocations or fractures of the arm, and £3 for simple fractures or dislocations of the leg.<sup>90</sup>

In most cases the Guardians kept within the limits of 15,000 acres and a population of 15,000 laid down for medical districts by the 1842 Order. The Boards of Guardians did have more difficulty complying with the regulations regarding qualifications and residence requirements. In the remoter and smaller medical districts it was often impossible to find a resident medical man with the stipulated qualifications, who was willing to accept the small salary offered. But on the whole the medical officers seem to have been reasonably well qualified, differing little from the calibre of men appointed under the old administration. Indeed, in some cases the same doctor was appointed district medical officer as had served under the Old Poor Law.

The Wakefield and Huddersfield posts attracted an especially good calibre of medical men, in spite of the low salaries and the heavy work load associated with these positions. The appointments provided good introductions to the communities and brought medical practitioners into contact with a potential group of clients, the Boards of Guardians

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90. Minute Book of the Huddersfield Board of Guardians, Vol. 4, February 17, 1843, Ms. HPL (P/HU/M).

and their connections. For a younger man Poor Law appointments, especially to the Wakefield and Huddersfield medical districts, offered opportunities for acquiring experience and building up a professional reputation. Surgeons to the Huddersfield medical districts included William James Clarke, Samuel Knaggs, George Winter Rhodes and T.R. Tatham. All had obtained the double qualification of M.R.C.S./L.S.A. All built up successful private practices in the town and were later elected honorary surgeons to the Huddersfield Infirmary.<sup>91</sup> Of these four only T.R. Tatham was unable to fulfil his professional ambitions in the town. He left Huddersfield for Nottingham in 1863 following disputes with the Poor Law Guardians in the late 1840s and with the committee of the Huddersfield Infirmary in the early '60s.<sup>92</sup>

In Wakefield members of old, established medical families, often junior members, dominated Poor Law medical posts, some of them holding two or more appointments. Although in terms of remuneration Poor Law posts offered little, monopolisation of these appointments could help prevent outsiders from setting themselves up in practice in the town. In 1841 the Wakefield Board advertised for tenders from local medical practitioners for the various townships in the Wakefield Union, 'which proposals must state a gross sum for which the Candidates will undertake to attend all sick Paupers residing within the respective Townships'.<sup>93</sup> Mr. Ebenezer Walker was appointed medical officer for Ardsley East and Alverthorpe-with-Thornes; Mr. John Burrell for Walton and Sandal Magna. Mr. William Statter (nephew of Squire Statter, who

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91. Provincial Medical Directories (hereafter referred to as PMD), 1848, 1852, 1856, 1860, 1870.
92. For more on Tatham's dispute with the Huddersfield Infirmary Committee, see Chapter 7, Section IV a).
93. WJ, March 12, 1841.

served under the Old Poor Law) was chosen as medical officer for Warmfield-cum-Heath, Messrs. William and Samuel Holdsworth for Stanley and Mr. Edward Taylor, a member of one of the town's most eminent surgical families, was appointed medical officer for Wakefield Township and the Union Workhouse.<sup>94</sup> During the 1850s the medical officers to the Wakefield medical district and Workhouse were Messrs. Ebenezer Walker and Henry Horsfall, members of two influential surgical families.<sup>95</sup>

The worst difficulties were experienced by the Huddersfield Board in their efforts to fill posts in more isolated parts of their enormous and scattered Union. In part these were problems of their own making. They showed a keen reluctance to offer acceptable salaries for districts which, while not usually densely populated, covered large areas and could involve much travelling and inconvenience for medical appointees. In many cases there was only one candidate for these appointments, which offered salaries of something in the region of £15 to £20 per annum. As a consequence these posts were often filled by local men (although sometimes they did not reside in the district itself) who did not fill the requirements concerning qualification as laid down in the 1842 Order. The usual problem was that candidates only possessed one of the required qualifications of L.S.A. or M.R.C.S. (or a medical degree), but not both. In 1843 no less than seven of the medical officers appointed in the Huddersfield Union were not duly qualified according to the 1842 Medical Order, most of them holding the L.S.A. alone.<sup>96</sup>

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94. WJ, March 19, 1841.

95. For more on the dominance of medical families in the two towns, see Chapter 7, Section II e).

96. Minute Book of the Huddersfield Board of Guardians, Vol. 4, March 17, 1843, Ms. HPL (P/HU/M).

In many cases it was clearly impossible for the Board of Guardians to appoint medical men who were both duly qualified and resident in the appropriate district. Usually the Poor Law Commissioners (and after 1847, Poor Law Board) were willing to compromise. In 1845, for example, Mr. John Roberts was appointed medical officer to the Linthwaite district of the Huddersfield Union. John Roberts was not duly qualified according to the 1842 Order. The Guardians justified his appointment on the grounds that except for his son, James Roberts, who was already medical officer for Slaithwaite, he was the only resident medical man in the district. The Board considered it desirable that the poor should have a medical officer resident amongst them, and stressed that Roberts was 'an old Established and qualified Practitioner'. The appointment was approved by the Poor Law Commission.<sup>97</sup> In some cases appointments were made conditional upon medical practitioners acquiring the necessary qualifications. By the 1860s the situation regarding qualifications had improved. Only one or two medical officers were not fully qualified by this time.

Of course qualifications tell us little about the fitness of medical men to fulfil their duties, their conscientiousness or their compassion towards the poor. Complaints against medical men, usually on grounds of neglect, did occur, although taken over the period examined, 1837 to 1870, they were infrequent and not usually of a serious nature. In some cases, however, they did lead to the dismissal of medical officers, as in 1841 'in consequence of great dissatisfaction being felt by Paupers requiring Medical Relief in the District of Mr. Machill'.<sup>98</sup> In 1848

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97. Ibid., Vol. 5, January 31, 1845.

98. Ibid., Vol. 3, June 11, 1841.

Mr. Joseph Hesslegrave, medical officer to Marsden, was dismissed on the order of the Poor Law Board, following his failure to attend on two paupers, one of whom had died. However, when his post was re-advertised, Hesslegrave applied, forwarding to the Board of Guardians a memorial on his behalf from several of Marsden's most influential ratepayers. Hesslegrave was re-elected to Marsden district, and the appointment approved by the Poor Law Board.<sup>99</sup> In 1858 Mr. Roberts, medical officer for Golcar, was merely reprimanded by the Guardians for his refusal to attend upon the children of Rebecca Taylor, in spite of receiving a note from the relieving officer. Three of the children had died from scarlet fever, without having been attended by a medical practitioner.<sup>100</sup>

Many of those appointed in the Wakefield and Huddersfield Unions in the late 1830s and '40s were young and newly-qualified practitioners. Some apparently saw Poor Law appointments as a first step in their professional careers, and soon moved on to better posts and practices. As already suggested, these men frequently obtained appointment to the Wakefield or Huddersfield districts, or to one of the larger and more accessible medical districts of the Unions. Others, who while often obtaining their appointment when recently qualified, also hung onto them for many years, some until their retirement from practice or death. These were typically men, who while building up a respectable practice in the villages or small townships in which they resided (and sometimes obtaining other professional appointments, most usually as certifying factory surgeon), never aspired to the best medical appointments or town practices. Often

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99. Ibid., Vol. 6, October 20, December 1 and 29, 1848.

100. Ibid., Vol. 9, May 7, 1853.

they were the only medical practitioners in their localities and it was natural that they should not only provide a service to paying members of the community, but also to the destitute via the Poor Law agencies.<sup>101</sup>

Because both the Wakefield and Huddersfield Unions adopted the practice of paying their medical officers a fixed salary rather than by case, there is little evidence on the total number or the type of cases treated by Union medical officers. There is no reason for supposing the nature of cases differed much from those treated under the Old Poor Law except, as shall be demonstrated later, the number of obstetric cases attended by medical officers declined substantially. Treatment of injuries, including fractures, and fever cases probably still accounted for most of the medical man's workload. Between March, 1843 and March, 1844 Mr. T.R. Tatham claimed he had treated 127 patients in the Workhouse and 180 out-patients, making a total of 307 for the year, or 1.2 per cent of the population of his medical district. Altogether Tatham maintained that during the year he had made a total of 1,633 visits to the sick. His salary was then £40 per annum, which in this year averaged out to 2s 6d per case, and less than 6d per visit, including expenses for medicine.<sup>102</sup> In the year 1844-45 Tatham attended 325 cases (1.3 per cent of the population of his district) and in 1846-47, when typhus was prevalent in the neighbourhood, 582 cases (2.3 per cent).<sup>103</sup> The number of medical cases and vaccinations for the half year ending March, 1861, expressed as a percentage of the population of the Huddersfield Township and Union as a whole, is given in Table 3:I.

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101. For more on medical appointments, see Chapter 7, Section I d).

102. For a full account of Tatham's expenditure for the year 1843-44, see Appendix 5.

103. Mr. Tatham's Case against The Huddersfield Board of Guardians, Letters No. 2, 4 and 7, To the Board of Guardians for the Huddersfield Union, dated 1844, February 26 and July 2, 1847, pp. 7-8, 10, HPL (Tomlinson Collection).

TABLE 3:I

Medical Cases and Vaccinations in the Huddersfield Township  
and Huddersfield Union during the Half-Year ended March, 1861

Districts	Medical Cases			Estimated Percentage of the Pop- ulation receiving Poor Law medical relief p.a.	Vaccinations	Estimated Percentage of the Population Vaccinated per annum
	Workhouse	District	Total			
Huddersfield (North District)	48	284	332		204	
Huddersfield (South District)		136	136	3.0	70	1.8
Paddock District (Huddersfield)		56	56		40	
Huddersfield Union	105	1172	1277	1.94	1551	2.36

Source: A Statement of the Accounts of the Huddersfield Union, 1861-1873. Medical Cases and Vaccinations during the Half-Year ended March, 1861. HPL (P/HU/Cfo).

Between March, 1850 and May, 1851 Mr. E. Walker, surgeon to the Wakefield medical district, claimed to have treated a total of 791 cases, almost five per cent of the population of 16,500 within his district. Meanwhile, his salary of £40 averaged out to just over 1s per case. Walker also specified the type of illness treated, which had consisted

in the main of fever cases. Over fourteen months there had been 207 cases of continued fever, 95 of diarrhoea, 31 of whooping cough, 30 of smallpox and 416 'other diseases' (which presumably included some injuries and surgical cases).<sup>104</sup>

Workhouses tended to remain very much as they had been under the Old Poor Law in the West Riding: small, uncomfortable, often insanitary, and in general sloppily organised. Wakefield, however, opted to build a purpose-built workhouse in 1851 at the cost of £8,000, with room for 360 paupers. The workhouse was usually only half full, accommodating between 150 and 200 paupers at a time (or approximately 0.4 per cent of the Union population of almost 50,000 in the 1850s). However, this was a considerable increase on the numbers accommodated in the old workhouse in George Street. On census day, 1851, for example, a total of only 67 paupers had been resident in the old workhouse.<sup>105</sup> The new workhouse, situated in Park Lane, and described as 'a large and handsome brick building',<sup>106</sup> had hospital wards for the admission of pauper invalids, including fever cases.

In Huddersfield the Guardians fiercely resisted the attempts of the central administration to persuade them to embark on a programme of workhouse building. Rather the Board continued to rely on five old parish poorhouses, situated in Huddersfield, Golcar, Almondbury, Honley and Kirkheaton, which together had accommodation for only approximately 250 inmates (or 0.2 per cent of the Union population of 124,000 in the

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104. W. Ranger, *op.cit.*, Appendix, p.87. For a full breakdown of cases treated by Mr. Walker in the different districts of the Wakefield Township in this year, see Appendix 6.

105. Census Enumerators' Books (hereafter referred to as C.) Wakefield, 1851.

106. White, 1853, p.345.



1850s). As early as the year 1849 a committee selected from the Board of Guardians of the Huddersfield Union had reported on the inadequacy of workhouse arrangements. All five workhouses were inconvenient, cramped, poorly constructed and damp, 'a very inferior substitute for a good Workhouse'. They also provided insufficient accommodation. The Committee recommended the building of one Union workhouse, which they believed would provide both a more effective and cheaper alternative.<sup>107</sup> It was not until 1862 and 1872, however, that new and improved workhouse facilities, with provisions for the sick, were opened at Deanhouse and Crosland Moor, both near Huddersfield.

Provisions for sick inmates were very limited in the Huddersfield Union workhouses, and conditions in general appear to have been bad. During the 1846-47 typhus outbreak Mr. Tatham reported that fever patients were lying three to a bed in the Huddersfield Workhouse,<sup>108</sup> and conditions were so overcrowded that patients had to be removed to other Union workhouses and the Temporary Fever Hospital. The Commissioners in Lunacy complained repeatedly during the 1850s and '60s about conditions in all the Union workhouses, but Huddersfield in particular, for lunatics, the sick and indeed all other occupants. In 1848 the Leeds Mercury reported on the shocking conditions in the Huddersfield Union workhouses. The Huddersfield Workhouse was in every respect, the report claimed,

wholly unfitted for a residence for the many scores that are continually crowded into it, unless it be that we desire to engender endemic and fatal disease. And yet, this Huddersfield poor-house is by far the best in the

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107. Report of the Committee inquiring into the necessity of erecting a New Union Workhouse, February 23, 1849, Ms. HPL (P/HU/Cfo).
108. Minute Book of the Huddersfield Board of Guardians, Vol. 5, December 11, 1846, Ms. HPL (P/HU/M).

whole union. It is a palace itself compared with some of the hovels into which the poor are crammed in other parts of the district. 109

Another newspaper report of 1848 stated that typhus victims in the Huddersfield Workhouse

lay in overcrowded wards, often for weeks, on bags of straw or shavings crawling with lice, without a change of linen or bed clothes. Forty children shared one room, eight yards by five, and were crowded from four to ten in a bed. The Guardians, divided in town and country factions, and at loggerheads with their medical officer, failed to inform themselves of the state of the workhouse or to take any remedial action. 110

During the same year the Poor Law Board ordered their Inspector to Huddersfield to examine the state of the Workhouse. Mr. Tatham reported to the Inspector that during the typhus epidemic

... owing to the contaminated state of the wards, patients who had been convalescent had relapses of fever and have since died; by the contaminated state of the wards I mean the water closet which was completely full for three or four weeks, and in April it overflowed and ran down the walls into the passage below; another cause of contamination was the children who were rubbing in [sic] for the itch; ... the hospital was extremely filthy, the floors were filthy. I don't think they had been washed down throughout the hospital, from the time of its being opened; marks of uncleanness presented themselves nearly everywhere; ... 111

In 1857 a special committee appointed by the Guardians reported that the lack of classification in the hospital wards of the Huddersfield Workhouse led to 'abandoned women' with diseases of a most 'loathsome character' being mixed up with idiots, young children and even lying-in

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109. LM, February 5, 1848.

110. Newspaper cuttings enclosed in Huddersfield Correspondence, May to June, 1848, PRO, MH12/15070.

111. PRO, MH12/15070, July, 1848. Quoted in M.E. Rose, Poor Law Administration in the West Riding of Yorkshire (1820-1855), pp. 171-72.

cases. The hospital accommodation was crowded, damp, insanitary, and 'utterly unfit' for lodging sick inmates.<sup>112</sup> The Guardians took some steps towards improving conditions during the 1850s and '60s, but they were slow and unenthusiastic reformers, and little was done to ensure better standards for the workhouse sick until the last quarter of the nineteenth century.

A report on West Riding workhouses by Inspector Cane on behalf of the Poor Law Board in 1867 stated that arrangements for the reception of infectious diseases, medical attendance, nursing and general care of the sick, as well as ventilation, drainage and water supply, and the bedding, food and clothing of inmates, were most unsatisfactory. In Huddersfield there was an entire insufficiency of accommodation, especially for the sick. Here 'puddings were boiled in the same copper as the foul linen was washed and boiled in'. There was an insufficiency of pauper nurses, who were unable to even read the labels on medicine bottles, yet who were trusted to administer drugs.<sup>113</sup>

In a similar way little was done to improve provisions for lying-in women. The conditions in the Huddersfield Union workhouses for this class of inmate were appalling for much of the century, especially as they tended to become more overcrowded. After 1842 midwifery cases had to be paid for separately. The Huddersfield Guardians pared expenses to a minimum, paying medical officers the lowest rate of 10s per case, and only on very rare occasions agreeing to pay extra for especially

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112. Minute Book of the Huddersfield Board of Guardians, Vol. 9, May 8, 1857, Ms HPL (P/HU/M). For more on workhouse conditions for the sick see N. Longmate, The Workhouse (1974), Chapters 16 and 17; A. Digby, Pauper Palaces (1978), Chapter 9; B. Abel-Smith, The Hospitals 1800-1948 (1964), Chapters 4 - 6.

113. Inquiry instituted by the Poor Law Board, April 15, 1867. Cited in R.G. Hodgkinson, The Origins of the National Health Service, p.525.

long and difficult deliveries. Between June, 1843 and June, 1844 only 87 deliveries were attended by medical officers for the whole Union. According to the medical officers' accounts for 1850, only twelve domiciliary deliveries were attended by them during this year.<sup>114</sup>

The policy of the Wakefield and Huddersfield Boards of Guardians regarding the maintenance of lunatics remained very much as it had been under the Old Poor Law, with paupers being removed to an asylum only as a last resort. Efforts were made by the Guardians to maintain pauper lunatics in the workhouse to save on expenditure. The 1851 census enumerators' books recorded fourteen 'pauper idiots' as resident in the Wakefield Workhouse and five in the Huddersfield Workhouse.<sup>115</sup> By 1861 the number in the Huddersfield Workhouse had increased to fourteen (twelve per cent of the 113 inmates).<sup>116</sup> The census returns also recorded small numbers of 'pauper idiots', 'imbeciles' and persons 'slow in intellect' who resided in lodgings or with family and who were supported by the rates. Troublesome or violent paupers were removed to the County Asylum at Wakefield or if this was full, to the Lancashire or Cheshire County Asylums or one of several private asylums.

The principal private asylums utilised were Haydock Lodge in Lancashire and Fisherton House in Wiltshire. The Haydock Lodge Asylum catered specially for the massive overflow of pauper lunatics from the county asylums of Lancashire, Cheshire, Staffordshire, Leicestershire and the West Riding of Yorkshire. By 1846 it was licensed to receive 400 pauper inmates.<sup>117</sup>

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114. Minute Book of the Huddersfield Board of Guardians, Vol. 4, September 8 and November 24, 1843, February 2, April 26 and August 2, 1844, Vol. 7, April 19, July 26 and October 18, 1850, January 24, 1851, Ms. HPL(P/HU/M)
115. C. Wakefield and Huddersfield, 1851.
116. C. Huddersfield, 1861.
117. W. Ll. Parry-Jones, The Trade in Lunacy. A Study of Private Madhouses in England in the Eighteenth and Nineteenth Centuries (1972), p.58.

Payments for the maintenance of lunatics remained the largest item in the category of medical expenditure, and became more and more costly as the century progressed. In 1850, for example, the Huddersfield Union spent almost £600 on the maintenance of lunatics at the Wakefield Asylum alone. Out of this the Township of Huddersfield expended £125 for the care of eight pauper patients.<sup>118</sup> By the 1860s expenditure had increased to well over £1,000 per annum. In 1860, for example, 57 of the inmates of the Wakefield Asylum were chargeable to the Huddersfield Union at a cost of £1,290.<sup>119</sup> In 1861 the cost of maintaining lunatics in asylums amounted to £1,432 or six per cent of expenditure. By 1868 the lunatic asylum account of £2,614 made up approximately ten per cent of Union expenditure.<sup>120</sup> By 1858 the Wakefield Union expended just over £300 on the maintenance of lunatics in asylums. This compared with an expenditure of £1,325 on out-relief and a total expenditure of £3,754 for the year. The maintenance of lunatics therefore accounted for eight per cent of all expenditure.<sup>121</sup>

The Guardians of the Wakefield and Huddersfield Unions kept up some subscriptions to medical charities in order to gain access to the special services they could provide. However, subscriptions were generally small scale, and relationships between the Boards of Guardians and administrators of the charities were poor for much of the century. The Wakefield Dispensary (and after 1854 Infirmary) had a policy of

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118. Minute Book of the Huddersfield Board of Guardians, Vol. 7, August 23, 1850, February 21, 1851, Ms. HPL (P/HU/M).
119. Ibid., Vol. 10, March 23, 1860.
120. A Statement of the Accounts of the Huddersfield Union, 1861-1873. Summary of Receipts and Expenditure by the Guardians during the Half-Year Ended 25TH March, 1861, Analysis of Common Charges For the Year ended 25th March, 1868, HPL (P/HU/Cfo).
121. Township of Wakefield. Statement of the Accounts, For the Half-Year Ending Twenty-Ninth September, 1858, WDA (Local Collection, Box 8).

excluding paupers. If patients in receipt of poor relief were admitted to the Wakefield Dispensary and Infirmary the usual practice was to discharge them immediately or transfer them to the Workhouse or the medical officer for Wakefield. In 1854-55, for instance, ten pauper patients were removed to the Workhouse.<sup>122</sup> In the Annual Report for the year 1859-60 the committee warned subscribers against letting their tickets of recommendation fall into the hands of 'improper objects': '... amongst other classes, those who may have been in the receipt of parish relief, ought to be supplied with medical aid, not from this institution, but by the Surgeons appointed by the Board of Guardians'. The committee also suggested that those not in receipt of parish relief might still apply first to the relieving officer, who was in a position to authorise grants of food, clothing and fuel, etc. to the sick, a facility the Infirmary was unable to provide. They concluded that with increased care in the distribution of tickets the institution could confer its benefits on '... the most deserving of the poor, and avoid the risk of being used merely as a relief of the general poor rate'.<sup>123</sup>

The officers of the Huddersfield Dispensary and Infirmary were prepared to admit paupers for treatment on the payment of an annual subscription by Boards of Guardians. However, the Infirmary Board was involved in a number of disputes with the Guardians of both the Wakefield and Huddersfield Unions over the payment of maintenance expenses, the

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122. 68th A.R. W.I., 1854-55.

123. 73rd A.R. W.I., 1859-60, Annual Address, p.1.

size of subscriptions and the removal of deceased paupers.<sup>124</sup> The Huddersfield Board of Guardians kept up their subscription of five guineas per annum to the Huddersfield Infirmary for much of the century, which entitled them to keep two in-patients or four out-patients on the books at a time. The Wakefield Board of Guardians, unable to obtain admission to the Wakefield Dispensary and Infirmary, paid subscriptions in some years to the Huddersfield charity, although their contributions were spasmodic. The Wakefield Guardians also took advantage of provisions for the admission of pauper patients into the Wakefield House of Recovery in return for a weekly payment of several shillings for maintenance. In 1838 the Wakefield Board of Guardians paid out £4 13s for the maintenance of two paupers suffering from typhus fever (for a total of thirteen weeks, averaging out at 7s a week per patient).<sup>125</sup> During 1847, 50 out of the 71 patients admitted to the House of Recovery were sent by the Guardians of the poor.<sup>126</sup> The Wakefield Board also subscribed to the Leeds Infirmary

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124. In 1843 there was a dispute between the Huddersfield Board of Guardians and the Infirmary Committee over the payment of weekly maintenance for pauper patients. In 1851 the weekly charge was lowered from 5s to 2s 6d. A year later the Board of Guardians resolved to refuse to pay any weekly maintenance for paupers. In 1853 the intransigence of both sides resulted in the death of Eliza Bowker, who was turned away from the Infirmary, 'whilst suffering from a dreadful calamity', because her father had received 5s from the relieving officer. Finally, in 1854 the rule concerning the admission of paupers was modified to allow for the immediate admission of emergency cases without the usual recommendation and financial undertakings from the Guardians. Minute Book of the Huddersfield Infirmary, Vol. II, Meetings of the Monthly Board, June 23, 1851, p.201, October 4, 1852, p.227 and November 7, 1853, pp. 254-5, Special General Meeting, July 7, 1854, p.272, Ms. WYCRO (Unclassified) (The same location applies throughout)
125. Thirteenth Report of the Wakefield House of Recovery, for the year 1838, WJ, February 1, 1839; Wakefield House of Recovery. Register of Patients, 1826-54, Ms. WYCRO (C235/5/1).
126. Wakefield House of Recovery. Register of Patients, 1826-54, Ms. WYCRO (C235/5/1).

and Ilkley Bath Charity, while the Huddersfield Guardians sent a limited number of patients to the Manchester Eye Institution, the Doncaster Deaf and Dumb Institution and the York and Liverpool Schools for the Blind. However, taken together these subscriptions amounted to very little. In 1850 the Wakefield Union paid out £18 12s to charitable institutions.<sup>127</sup> In 1860 the Huddersfield Board spent approximately £25 on subscriptions and the maintenance of paupers in medical charities.<sup>128</sup>

One area of potential achievement, which while not linked directly to medical relief, had very close associations, was in the field of preventive medicine. The Poor Law Unions came to provide the first administrative coverage of the whole nation. It was not until 1888 through the county councils that local government agencies came to provide a similar coverage. For this reason the Boards of Guardians were soon utilised by central government to implement a number of reforms associated with health. The first, and perhaps most successful, imposition of this kind was vaccination. In 1840 an Act was passed which provided via the Poor Law agencies a vaccination service for the entire population. The district medical officers were to act as vaccinators, being paid a separate per capita fee of 1s 6d. In 1841 a further Act was passed emphasising the non-pauperising nature of the vaccination service, and finally in 1853 vaccination was made compulsory. Public vaccinators were appointed in the Wakefield and Huddersfield Unions in 1840. In

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127. Wakefield Union. Extracts from the Half-yearly Abstract of the Separate Accounts of each Township, ... for the Half-year ending 29th September, 1850, WDA (JGC).

128. Minute Book of the Huddersfield Board of Guardians, Vol. 10, 1860 (subscriptions and payments to medical charities), Ms. HPL (P/HUM).



1858 approximately £30 was spent on 400 vaccinations in the Wakefield Township alone.<sup>129</sup> Between October, 1840 and June, 1841 1,222 vaccinations were performed in the Huddersfield Union.<sup>130</sup> This set the pattern, and in the future large numbers of people were vaccinated annually by the Poor Law medical officers. By the 1860s usually over £200 was expended per annum on vaccination fees in the Huddersfield Union on over 2,500 vaccinations.<sup>131</sup>

By the Nuisance Removal and Diseases Prevention Act of 1846 the guardians became responsible for controlling nuisances and epidemics outside the boroughs. In Wakefield the Board made some effort to remove nuisances, especially before and during the 1849 cholera epidemic. Their efforts in this direction were applauded both in the local press and by witnesses to the 1852 public health inquiry. In the first months of 1849 the Wakefield Board attempted to improve the sanitary state of the town. They were in fact responsible for cleaning up some of the worst areas of Wakefield and for instituting lime-washing programmes. In several instances they applied the provisions of the Nuisance Removal and Diseases Prevention Act.<sup>132</sup> Their efforts in this direction were, however, hampered by the intransigence of the Street Commissioners, and their powers were insufficient to enforce the removal of nuisances or to take more drastic action; for example, in the provision of sewers.

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129. Township of Wakefield. Statement of the Accounts, For the Half-Year Ending Twenty-Ninth September 1858, WDA (Local Collection, Box 8).
130. Minute Book of the Huddersfield Board of Guardians, Vol. 3, June 4, 1841, Ms. HPL (P/HU/M).
131. Ibid., Vols. 10 to 13 (vaccination accounts).
132. WJ, October 5, 1849.

After 1853 the duties of the Wakefield Board of Guardians in the field of public health diminished, following the setting up of the Wakefield Board of Health.<sup>133</sup>

In 1848 the Huddersfield Board of Guardians constituted themselves as a Sanitary Committee, and the medical officers were requested to make inspections of their districts and report any nuisances. In December, 1848 an assistant was employed to serve notices respecting nuisances. Large numbers of nuisances were reported to the Board by both the medical officers and local inhabitants. A rather smaller number of nuisance notices were served, and in a few cases the assistant overseers directed to arrange their removal. Although some nuisances were either removed or abated, the Guardians merely scratched the surface of the problem. They proved to be half-hearted sanitary reformers, and a nationwide lack of response by the Boards of Guardians was reflected in the 1855 Nuisances Removal Act, which removed the guardians' responsibility in the field of preventive medicine. The government was, however, forced to restore these powers to the rural guardians in 1860. After 1860 there was some confusion concerning the jurisdiction of the Huddersfield Board of Guardians in the area of nuisance removal, but they attempted to avoid responsibility where possible. By this time many local townships had set up their own Boards and these, together with the Improvement Commissioners, appear to have taken over most duties with respect to nuisance removal and sanitary reform.

The Huddersfield Board of Guardians' forays into the control and treatment of outbreaks of epidemic disease were also marked by a

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133. See Chapter 2, Section III for more on public health and its reform in Wakefield and Huddersfield.

lack of enthusiasm and parsimony. During the 1847 outbreak of typhus fever the Guardians reluctantly committed themselves to setting up a temporary fever hospital, complete with a temporary nursing staff, largely made up of paupers. When cholera broke out in 1849 at Paddock, near Huddersfield, the Board of Guardians reacted, by their standards at least, with some speed. They ordered that a temporary cholera hospital be built, carried out house to house visitations, printed notices on how to avoid the cholera and authorised medical men to treat those thought to be suffering from the disease at the expense of the Board.<sup>134</sup> The bill presented by medical men for the treatment of cholera cases totalled almost £270,<sup>135</sup> which caused something of a panic amongst the Guardians. They rescinded the order regarding free medical treatment in October, and when local medical men began to demand the payment of bills, the Board began to quibble about charges run up for persons in 'good circumstances'. The Guardians issued notices to the public requesting that those of them able to pay for medical assistance should do so, instead of allowing the expense to be charged to the poor rates. They also threatened to make public the names of all those refusing to comply with the above request! The cholera hospital was hastily sold in November. The expenses run up by the Guardians during the epidemic totalled just over £500, which they regarded as something of a financial disaster, although it represented only a fraction of total expenditure for the year.<sup>136</sup>

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134. Minute Book of the Huddersfield Board of Guardians, Vol. 6; September 21 and 24, 1849, HPL (P/HU/M).

135. Ibid., Vol. 7, November 30, 1849.

136. Ibid., Vol. 7, Meetings of October to November, 1849.

Concluding Remarks

The most crucial point to be re-emphasised here is that spending on medical relief was low under both the Old and New Poor Law administrations in the areas around and including Wakefield and Huddersfield, and probably throughout much of the North. The most significant change wrought by the introduction of the Poor Law Amendment Act of 1834 was not linked to the amount of medical relief, but to the ways in which it was administered. The wide variety of medical agencies resorted to before 1834 has already been pointed to. Under the Old Poor Law (and other historians have noted this tendency)<sup>137</sup> there is evidence to suggest that where medical relief was given, it could be both humane and generous. Pre-1834 townships were frequently small, and close personal links were maintained between paupers and the relief agencies. Old Poor Law administrators showed an awareness of the need to treat short-term illness or injury 'as an insurance against persistent illness and ultimate dependence but also in order to maintain a standard of provision which had become accepted as the necessary minimum'.<sup>138</sup> The Old Poor Law administrators seem also to have been aware of the needs of the poor. In an age when medical treatment was in most cases merely palliative, they understood the importance of providing as a supplement to medical aid, additional food, alcoholic stimulants, fuel, bedding, nursing attendance and extra financial assistance.

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137. See, for example, E.G. Thomas, op.cit.; J. Lane, 'Disease, Death and the Labouring Poor, 1750-1834: the provision of parish medical services in Warwickshire under the Old Poor Law', unpublished paper, University of Warwick, May, 1980.

138. G.W. Oxley, Poor Relief in England and Wales 1601-1834 (Newton Abbot, 1974), pp. 65-66.

In many cases economy and humanity coincided, an occurrence which presumably satisfied both the rate payer and the relieved. The payment of friendly society subscriptions, especially on a temporary basis, for example, offered a cheap form of insurance to the overseers. For the poor it offered in some sense at least 'independence' and avoidance of pauperisation. Meanwhile, resort to the midwife or fringe practitioner provided a cheap alternative to the overseers, and in many cases a preferred form of treatment to the poor. The payment of medical bills on an individual basis could, especially in the case of smaller parishes, cost less than the employment of a contract surgeon. It gave the poor, meanwhile, the freedom to choose their own medical attendant. There is some evidence, as Power suggested,<sup>139</sup> that medical men not only provided pauper medical attendance to help keep out competition, but that they felt some kind of obligation to keep their bills to a minimum.

After 1834 many of these old forms and practices were swept away. The employment of fringe personnel and midwives ceased immediately, as did the payment of friendly society subscriptions and the provision, even in a very basic form, of domiciliary nursing facilities. The practice of paying subscriptions to medical charities continued (and was sanctioned by an Order of the Poor Law Board in 1851), but subscriptions were small scale and poor relationships between the Boards of Guardians and committees of these charities worked against the development of real co-operation. It is likely that severe accident cases and other emergencies made up the usual pauper admissions to medical charities (which in turn deprived Poor Law medical officers of extra fees). One continuum under both

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139. Poor Law Commission, Ninth Annual Report, PP, 1843, XXI (468), p.11.

the Old and New Poor Laws, was that most medical assistance was given as out-relief rather than in the workhouse.

The imposition of vast administrative units in place of the old townships also appears to have had negative effects. The inauguration of the New Poor Law was marked, especially in Huddersfield, by resistance and opposition. During the first years of the new administration the Huddersfield Board of Guardians showed a particular reluctance to implement the orders of the Poor Law Commission. The Poor Law Commissioners in some cases attempted to enforce their orders; in others left well alone and allowed the Guardians a large degree of autonomy. On the whole orders relating to medical relief appear to have been followed, but the interpretations of the Board of Guardians were not marked by generosity.

The formation of the Wakefield and Huddersfield Unions to a large extent destroyed the relationship which had formerly existed between pauper and relief agency. Policies were implemented and orders for medical relief given without regard to individual cases. Under the New Poor Law medical relief was meant for the destitute alone, not for all the needy. The only group entitled to apply directly to the medical officer for assistance (without applying first to the relieving officer) were the aged, infirm, permanently sick or disabled paupers who were included on medical relief lists, drawn up by the medical officers in response to the 1842 Medical Order. This list was restricted to paupers. The system which had existed under the Old Poor Law of giving medical relief to those who were in temporary need or who while applying for medical aid, did not require other forms of relief, disappeared under the new regime. Application for medical relief after 1834 implied pauperisation. Accounts of medical relief under the New Poor Law have tended to stress the parsimony of the Boards of Guardians. The post-1834 period was

also marked by a hardening of attitudes on the part of the Poor Law medical officers. Under the Old Poor Law there is a suggestion that medical men kept their charges down, perhaps in some cases treated poor patients free.<sup>140</sup> After 1834 Poor Law medical officers (now after all appointees of a centralised Board rather than a select group of local inhabitants) sought not only increased status, but also higher rates of remuneration. The offering of medical relief gratis may have continued, but was hardly encouraged by the attitude of the Boards of Guardians (especially in Huddersfield) and their acrimonious relationships with the medical officers.

By 1870 Wakefield and Huddersfield showed very contrasting levels of progress in the provision of medical relief, with Wakefield moving with far greater rapidity towards the establishment of a modern, non-pauperising health service. The Wakefield Board of Guardians opened their enlarged and improved workhouse facility as early as 1852. The first indication of the impact of the new Union Workhouse, with its facilities for the sick, was the closure of the House of Recovery in 1854. The officers of the charity, which was intended for a far wider social group than paupers, felt that their role in the provision of a hospital service for fever cases had been superseded by workhouse provisions.<sup>141</sup> The importance of workhouse facilities for the sick was also reflected in the employment of a medical officer whose duties covered workhouse attendance only.

In Huddersfield the Guardians were reluctant to enlarge their workhouse facilities for any class of pauper, or to take on the responsibilities

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140. Many parliamentary inquiries into medical relief indicate this tendency: for example, witnesses to both the SCMPR 1844 and SCMR 1854. See also Chapter 7, Section I b).

141. See Chapter 4 for more on the Wakefield House of Recovery.

of providing a hospital service. In the 1840s the Huddersfield Workhouse, which offered the most generous provisions for the sick, could only accommodate at a maximum 40 patients.<sup>142</sup> There was no separate workhouse medical officer and the level of nursing attendance remained low, usually being provided by paupers and even 'idiots'. Despite the campaigns of the medical officer to the Huddersfield North district, Mr. Tatham, and the Poor Law Commission and Board, facilities were not extended. In 1862 a new Union workhouse, Deanhouse, was finally opened. The number of sick paupers this new facility could accommodate was estimated by the medical officer as 22.<sup>143</sup> As late as 1866 Deanhouse was only capable of accommodating 44 sick paupers.<sup>144</sup>

A higher proportion of the population of Wakefield received medical treatment via the Poor Law. In 1844 Henry Rumsey estimated that 2.9 per cent of the population of the Wakefield Union received Poor Law medical relief, an average of 1,282 per annum. In the Huddersfield Union an average of 1,600 patients, 1.47 per cent of the population, were treated annually by Poor Law medical officers. The medical officers of the Wakefield Union also had smaller medical districts. In 1844 the average population to each medical officer was 3,952 in Wakefield, 6,807 in Huddersfield.<sup>145</sup> With small fluctuations, the figures cited by Rumsey for 1844 probably provide an accurate indication of the amount of medical relief provided by the two Unions up until the final quarter of the nineteenth century.

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142. Minute Book of the Huddersfield Board of Guardians, Vol. 6, May 19, 1848, Ms. HPL (P/HU/M).
143. Ibid., Vol. 11, December 12, 1862.
144. Ibid., Vol. 12, September 21, 1866.
145. SCMPR 1844, Evidence of H.W. Rumsey, Esq., Appendix, Schedules 1, 2 and 3.



The more favourable results for Wakefield may have been a reflection of a more liberal attitude on the part of the Wakefield Board with regard to their responsibilities and spending on medical relief. However, in a similar way to the Huddersfield Board, they do seem to have been anxious to pare medical costs (for example, medical officers' salaries) to a minimum. A more likely explanation is that the small scale of Wakefield medical charities (to be discussed in the following chapter), combined with the reluctance of the committee of the Dispensary and Infirmary to admit paupers, forced the Wakefield Guardians into action. In Huddersfield the existence of hospital and dispensary provisions on a larger scale may have relieved the Guardians to some extent from their responsibilities in the field of medical provision. In 1844 Rumsey calculated that 5,905 persons were treated by the Huddersfield Dispensary and Infirmary. In Wakefield the total number admitted to the Dispensary and House of Recovery in the same year amounted to only 728, or one-eighth of the Huddersfield figure.<sup>146</sup>

The importance of medical charities as a relief on Poor law agencies, however, should not be exaggerated. Medical charities were designed to treat a different class of patient, and even subscribing Boards of Guardians were only able to maintain a few patients at a time in these institutions. On the other hand, the role of the friendly society and alternatives to 'institutional' medicine, the chemist and druggist, the quack doctor and local fringe practitioner, has probably been underestimated,<sup>147</sup> not only as a relief on Poor Law medical services,

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146. Ibid.

147. See Chapters 5 and 6.

but as a viable alternative to many sectors of society. There does seem to have been a decline in the 'quality' and range of Poor Law medical relief offered after 1834. But medical relief under both the old and new administrations was insignificant in terms of the proportion of the population relieved and compared with other forms of medical provision.<sup>148</sup>

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148. For more on the comparison of Poor Law medical facilities with other forms of medical provision, see Chapter 8.

CHAPTER 4

The Medical Charities of Wakefield and Huddersfield:  
Case Studies in Charitable Motivation

And now, great Architect of earth and skies,  
Deign on our work of Charity to smile!  
To thee the incense of our prayers shall rise,  
That we may raise the top-stone of our pile,  
Unmarked by injury, in those that toil.  
Oh! may our hearts with streams of kindness flow,  
Rich as the waters from the fount of Nile -  
Making the sick man's frame with health to glow,  
And cheering those that droop beneath the weight of woe!

Lines Written on Witnessing the Laying of the Foundation Stone of the  
Huddersfield and Upper Agbrigg Infirmary, June 29, 1829.

By William Dearden (Huddersfield, 1829). \*

The 'philanthropic spirit' of the Victorian age was expressed in a large number of organised charities, which dealt with an ever-widening range of social problems: the relief of poverty, the education of the poor, the abolition of vice and intemperance, the care of orphans and the aged, the spread of the Christian gospel and the provision of medical care. This phenomenon has resulted in a considerable outpouring of historical research on both individual charities and charitable work in specific fields. Explanations of the motives of those behind these philanthropic enterprises, their expectations and the services they hoped to provide, however, remain unsatisfactory. David Owen in English Philanthropy, 1660-1960<sup>1</sup> has provided us with the most broad and comprehensive study of charitable enterprise to date. But he fails

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1. D. Owen, English Philanthropy 1660-1960 (1965). For a useful criticism of Owen's study, see B. Harrison, 'Philanthropy and the Victorians', Victorian Studies, Vol. IX, No. 4, June, 1966, pp. 353-74.

\* HPL (HC OLT).

to grapple with questions concerning the social origins of the philanthropic (with the exception of leaders in the field of charity), their interests and aspirations.

There is little consensus of opinion amongst historians as to the dynamics behind charitable work. The explanations that have been offered tend to refer to an assortment of influences: humanitarian impulses, religious motivation, social pressures from an unruly working class, paternalistic ideals, and a preference for voluntary, as opposed to state, action. Derek Fraser, for example, suggests that charity can be seen as a response to four types of motivation: a fear of social revolution, a humanitarian concern for suffering, a satisfaction of some psychological or social need, and a desire to improve the moral tone of the recipients.<sup>2</sup>

Alternatively, Best argues that through several centuries the wealthy classes had developed an ethos of what he labels 'prudential charity'. By the nineteenth century large sums of money had been invested in the establishment of institutions designed to relieve the most unbearable pressures of poverty, to form in the poor a law-abiding and politically quietist frame of mind, and to open to the more capable or morally deserving of them some means of self-elevation.<sup>3</sup> R.J. Morris, meanwhile, suggests that the development of voluntary societies, including charitable organisations, can be seen as an attempt by the middle classes to solve

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2. D. Fraser, The Evolution of the British Welfare State (1973), pp. 115-23.

3. G. Best, Mid-Victorian Britain 1851-70 (1971), pp. 153-4.

the problems of industrial towns in the nineteenth century. Through these societies the middle classes endeavoured to cool class conflict between themselves and the poor by mitigating distress and spreading middle-class values. These activities also provided a basis for the unification of the middle class otherwise divided by sectarian, social and party splits.<sup>4</sup>

In recent years historians have attempted to explain philanthropy, and a whole range of other ruling-class activities, by structuralist theories relating to society as a whole. Chief amongst these are the 'harmony model' of paternalism and the 'conflict model' of social control. Paternalism centred around the phrase that 'property has its duties as well as its rights'. The wealthy, socially superior and conscientious paternalist was to perform three principal sets of duties: ruling, guiding, and helping the poor (including acts of benevolence).

In the last decade social historians have approached 'a whole range of the activities of power groups as exercises in devising mechanisms of social control which conditioned and manipulated the propertyless masses into accepting and operating the forms and functions of behaviour necessary to sustain the social order of an industrial society'.<sup>5</sup>

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4. R.J. Morris, Organisation and Aims of the Principal Secular Voluntary Organisations of the Leeds Middle Class, 1830-1851, unpublished D.Phil. thesis, Oxford, 1970.

5. F.M.L. Thompson, 'Social Control in Victorian Britain', Economic History Review, 2nd Series, Vol. XXXIV, No.2, 1981, p.189. Thompson's article provides us with both a summary and a criticism of some of the arguments used by social historians who over the last decade have embraced the concept of social control with particular reference to working-class education and leisure, and law and order. See also A.P. Donajgradzki (ed.), Social Control in Nineteenth Century Britain (1977). For paternalism see, for example, D. Roberts, Paternalism in Early Victorian England (1979); P. Joyce, Work, Society and Politics. The culture of the factory in later Victorian England (1980).

Supporters of the theory share in the basic assumption that the social order was maintained, not just by legal systems and the police, but through a wide range of social institutions, including leisure, education, charity, religion, poor relief, and so on. The mechanisms of both paternalism and social control negate the role of the working classes in creating their own values and institutions. Both theories are of importance, not just because of the number of historians who have adopted them, but because of the debate they have aroused. The themes of paternalism and social control shall be taken up later in this chapter (Section III). It will be argued that while these theories could explain in part the motives of the philanthropic, they were secondary to more practical considerations.

Studies of charitable enterprise have concentrated on London and other large cities to the detriment of smaller communities with their differing social structures and patterns of poverty. Investigations to date have also favoured national movements or major charities. Studies of medical charities, for example, have been almost entirely devoted to the oldest and most famous eighteenth-century foundations, and are heavily concentrated on large population centres, in particular London.<sup>6</sup> In the case of nationwide charitable associations emphasis has been placed on central organisations, rather than local branches. We have ended up with a view of policies and aims expressed from central headquarters, with well-versed spokesmen. Much is known of the (at least stated) motives of philanthropists as mooted by leaders in the

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6. For example, Woodward's pioneering study of the voluntary hospital system in the eighteenth and nineteenth centuries was based largely on the earliest and most prestigious institutions. J. Woodward, op.cit.

field of charity, churchmen and important social reformers. Far less is known of those who organised or financed smaller charitable enterprises in their own localities, putting into action the sentiment that 'charity begins at home'. These groups were clearly less verbal than their more auspicious contemporaries. Numerically, however, and in terms of their total financial contributions, these 'small-time' philanthropists were often of greater importance. Moreover, they must have also had some anxieties or sympathies which induced them to give financial or organisational support to local charities, which should be explained.

In this chapter the three most important Wakefield and Huddersfield medical charities will be examined: the Wakefield House of Recovery or Fever Hospital (founded in 1826), the Clayton Hospital and Wakefield General Dispensary (usually referred to as the Wakefield Dispensary and Infirmary) (1787) and the Huddersfield General Dispensary and Infirmary (1814). The period under discussion will date from their initiation through to the last quarter of the nineteenth century, and in the case of the Fever Hospital, until its closure in 1854. It will be shown how the aims and expectations of the supporters of these enterprises were consolidated, and how the charities adapted to the needs of the community as they perceived them.

The reasons for attempting such an analysis are twofold. Firstly, an insight into the motives and ambitions of the groups involved in the support of these institutions could form a basis for comparison with other philanthropic enterprises and for an analysis of the theories which have been put forward to explain philanthropy, including those of social control and paternalism. Secondly, the influence of those organising and financing these medical charities was just as (if not more) important as medical opinion and practice. During this era medical charities were dominated by lay interests and money; lay officers

controlled the admission policies of these institutions, lay finance, the size and field of operations. Policy-making then was directly influenced by the aims and ideals of lay philanthropists.<sup>7</sup>

This chapter will be divided into four sections. Section I will look briefly at the organisation, funding and success rate of the charities, in terms of the number of patients admitted and cured. In Section II an analysis will be given of the type of persons active in the support of the Wakefield and Huddersfield Infirmaries. Most hospital histories (and histories of charities) have discussed, often in some detail, individuals prominent in the initiation, running and funding of the institution: presidents, patrons, major benefactors, and so on. Section II will focus on the activities and backgrounds of some of the most important patrons of the Wakefield and Huddersfield Infirmaries, those who donated large sums of money to the charities or played an important organisational role. This Section will also attempt to take the analysis of the philanthropic further, by looking at the social characteristics and background of the average subscriber to the two infirmaries. Lists of subscribers were matched up with trade listings in nineteenth-century town directories. By this method it was possible to derive quantitative information on the occupation and social status of those financing the charities on a regular annual basis.

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7. M.J. Peterson provides us with an interesting account of the struggle between medical and lay officers in the London hospitals in the nineteenth century, and of how doctors secured more power and influence within these institutions, in M.J. Peterson, The Medical Profession in Mid-Victorian London (Berkeley, 1978), pp. 136-93.



The third Section will discuss the aims of the charities as espoused by their patrons. What motivated those who gave up time or money to promote the interests of the infirmaries? Did they expect some kind of return for their efforts, and if so, in what form? The most useful source for a discussion of this kind was found to be the printed annual reports of the institutions,<sup>8</sup> which devoted much space to explaining the purposes of the charities and the priorities of their patrons. Sets of rules also threw some light on the objectives of the charities, as did newspaper accounts of meetings and other activities. Minute books proved to be a disappointing source of evidence. The minutes were mainly devoted to listing attendances at meetings and to accounts of expenditure. Although decisions taken at committee and general meetings were recorded, little background was given to the decision-making process or of the opinions of those present. Little is known of the relationships which evolved between donors and recipients in charitable institutions, and Section III will also take a brief look at those who came to be on the receiving end of charity in the two infirmaries. How were patients selected, and in what ways, if any, were attempts made to regulate their behaviour following admission?

The fourth and final Section will examine the role of women in these institutions. Division of labour and exclusion from certain activities on the basis of sexual criteria were usual features of charitable enterprises. However, the part played by women in running and more

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8. The reports of these institutions are unfortunately far from complete, especially for the Wakefield Dispensary in the first half of the nineteenth century. The printed reports of the charities have been supplemented as far as possible with annual press reports. For a complete list of available reports, see the Bibliography and Appendix 8.

particularly financing the Wakefield and Huddersfield Dispensaries and Infirmarys during the nineteenth century was significant, even if secondary to male contributions. The Wakefield House of Recovery was exceptional in that it was managed solely by women, who determined its policies and field of activity, and it will receive particular attention in this Section.

I. Organisation, Funding and Success Rate.

Before proceeding further, it would appear to be useful to make a few remarks concerning the way in which the three Wakefield and Huddersfield medical charities were funded and organised. My remarks will be kept brief because the government and financial policies of these institutions were comparable with those of most other eighteenth- and nineteenth-century voluntary medical charities, and these aspects of hospital history have been adequately covered elsewhere.<sup>9</sup>

All three institutions were managed by elected officers, a President, Vice-Presidents, a Treasurer and an Honorary Secretary, and a committee. The committee was selected from the governors<sup>10</sup> to the charities. (The medical officers served as ex-officio committee members). Meetings of governors were held annually to hear the report of the committee, to check the accounts, and to elect a new committee for the following

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9. J. Woodward, op.cit.; B. Abel-Smith, op.cit.; W.B. Howie, 'The Administration of an Eighteenth-Century Provincial Hospital: The Royal Salop Infirmary, 1747-1830', Medical History, Vol. 5, No. 1, January, 1961, pp. 34-55, and 'Finance and Supply in an Eighteenth-Century Hospital, 1747-1830', Medical History, Vol. 7, No. 2, April, 1963, pp. 126-46.
10. Annual subscribers and benefactors of ten guineas or upwards.

year. In addition, special general meetings were occasionally held to deal with any unusual business: fund-raising campaigns, plans to extend the operations of the charity, or more usually, to elect new officers and medical personnel.

Most of the day-to-day management of the charities devolved on the committee, which met monthly to deal with accounts, the ordering of drugs, food and other necessary items, the appointment of staff and business relating to the admission, conduct and care of patients. By the mid-nineteenth century the two infirmaries had also found it necessary to appoint weekly committees, which were chosen at each monthly committee meeting. The weekly board, in co-operation with the medical officers, dealt with the admission of patients. They were also responsible for inspecting the hospital: checking the wards, the state of provisions, the conduct of the servants and nurses, and so on.

Most of the funding of the Wakefield and Huddersfield medical institutions came from charitable sources. In common with most dispensaries and infirmaries of the period, they were in theory to be supported mainly by annual subscriptions. The subscribers gained the privilege of recommending patients in return for, and in proportion to, their contribution.<sup>11</sup> Other vital sources of income included donations, legacies and congregational collections. These sources were supplemented by the profits of various fund-raising events: for example, bazaars,

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11. See, for example, J. Woodward, op.cit., pp. 36-44; H.W. Hart, 'Some Notes on the Sponsoring of Patients for Hospital Treatment under the Voluntary System', Medical History, Vol. 24, No. 4, October, 1980, pp. 447-60.

concerts, balls and lectures. The Wakefield Charity Ball, for instance, was an important source of annual income for both the Dispensary and the House of Recovery for much of the nineteenth century.<sup>12</sup> A bazaar held for the benefit of the Huddersfield Infirmary in 1831 raised over £1,500.<sup>13</sup> In 1820 £400, the profits of a Music Festival held in Wakefield, was divided in equal proportions between the Church, the Lancastrian Schools and the Dispensary.<sup>14</sup> In 1822, when Cooke's Olympic Pavilion opened in Wakefield, the profits of an evening's performance of riding skills and of the first week's lessons, a total of £10, were donated to the funds of the Dispensary.<sup>15</sup> In 1827 Dr. Alexander paid £10 to the Wakefield Dispensary, the profits received from the publication of his pamphlet on phrenology.<sup>16</sup>

By the mid-nineteenth century it had become a common practice for the officers of the Wakefield and Huddersfield Infirmaries to invest surplus funds in railway debentures and other stock. These investments yielded an important and, in normal circumstances, regular source of income. By 1866 the interest on investments in the Huddersfield Waterworks, the Woodhead Road, the Mersey Docks, three railway companies and in government stock brought an annual income of over £800 to the Huddersfield Infirmary, almost 20% of the charity's total receipts.<sup>17</sup> A further

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12. T.G. Wright, M.D., Reminiscences of the Charity Ball (Wakefield, 1895). In Wakefield Charity Ball Scrapbook, c.1818-98, WYCRO (C235/2/1).
  13. First A.R. H.I., 1831-32.
  14. WHJ, April 28, 1820.
  15. WHJ, July 12 and 19, 1822.
  16. WHJ, January 19, 1827; D. Alexander, M.D., A Lecture on Phrenology, as Illustrative of the Moral and Intellectual Capacities of Man (London, Edinburgh and Wakefield, 1826), WDA (Local Collection, Box 14).
  17. 35th A.R. H.I., 1865-66.

innovation in the funding of the two infirmaries came in the 1870s with the advent of the Hospital Saturday Fund, made up of working men's subscriptions, collected in their places of work. In the year 1876-77 workpeople's subscriptions to the Huddersfield Infirmary amounted to £428 (nine per cent of the total income).<sup>18</sup> Other miscellaneous and non-charitable sources of income included apprenticeship fees (which were paid to the charity rather than the medical officer), payments by Poor Law officials, fines awarded by the magistrates and small receipts for the sale of surgical appliances and drugs. By the third quarter of the nineteenth century small sums were paid by patients in a position to contribute something towards the cost of their treatment and board.

It is difficult to give anything more than a very general impression as to what constituted an 'average' income for the medical charities of Wakefield and Huddersfield. Of the three, the Wakefield House of Recovery had the most stable income, it being usually somewhere in the region of £300 per annum. The receipts (and expenditures) of the Wakefield and Huddersfield Infirmaries were subject to quite dramatic fluctuations, although the overall tendency was for them to increase during the nineteenth century. The receipt of a large legacy or a canvass for new subscribers could provide a major boost to income. Alternatively, a depression in trade or the death of several long-standing supporters could lead to serious financial setbacks.

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18. 46th A.R. H.I., 1876-77.

The Huddersfield Dispensary, which from its initiation in 1814 operated on a much bigger scale than the Wakefield institution, also commanded much larger sources of income. In the ten months following the opening of the Huddersfield Dispensary £958 was received, mainly in the form of donations and subscriptions.<sup>19</sup> In the same year the receipts of the Wakefield Dispensary amounted to only £115.<sup>20</sup> Following the establishment of in-patient facilities, the funds of both charities increased. The Huddersfield Infirmary opened in 1831 and by 1835 its income had risen to £1,350.<sup>21</sup> By 1856, two years after the addition of in-patient facilities, the total income of the Wakefield Infirmary amounted to almost £700.<sup>22</sup> By the year 1870-71 the incomes of the Wakefield and Huddersfield Infirmaries were £1,250 and £4,230 respectively.<sup>23</sup>

The success rate of medical charities rested not just on their philanthropic achievements, on which this chapter will concentrate, but on the number of patients they were able to treat and cure. Hospital histories have tended to concentrate on in-patient treatment, which accounts in part at least for the pessimistic interpretations of the role of hospitals in improving mortality rates during the nineteenth century.<sup>24</sup> In-patients, however, accounted for far fewer admissions

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19. First A.R. H.D., 1814-15.

20. WJ, June 23, 1815.

21. Fourth A.R. H.I., 1834-35.

22. 69th A.R. W.I., 1855-56.

23. 84th A.R. W.I., 1870-71; 40th A.R. H.I., 1870-71. For breakdowns of the annual incomes of the medical charities, see Appendix 7.

24. The most active proponents of the pessimistic view of hospital treatment are McKeown and Brown, who claim that these institutions actually resulted in an increase in mortality rates in the late eighteenth century. T. McKeown and R.G. Brown, 'Medical Evidence Related to English Population Changes in the Eighteenth Century', Population Studies, Vol. 9, 1955-56, Part 2, pp. 119-41. For more optimistic interpretations of the value of eighteenth- and nineteenth-century hospitals see, for example, S. Cherry, 'The Role of a Provincial Hospital: The Norfolk and Norwich Hospital, 1771-1880', Population Studies, Vol. 26, 1972, Part 2, pp. 291-306; E.M. Sigsworth, 'Gateways to death? Medicine, Hospitals and Mortality, 1700-1850' in P. Mathias (ed.), Science and Society 1600-1900 (Cambridge, 1972), pp. 97-110.

than out- or home-patients in most infirmaries of this period. The Wakefield and Huddersfield Infirmaries both started out as dispensaries, treating several thousand out- and home-patients per annum, in most cases successfully. Even when they expanded into infirmaries, numerically out-patients continued to make up the most important category of admissions. As late as the year 1860-61, for example, 351 in-patients were admitted to the wards of the Huddersfield Infirmary compared with 5,680 out- and home-patients (that is, sixteen out- and home-patients to every one in-patient). In the Wakefield Infirmary the ratio of out- to in-patients was even greater. In 1860-61 only sixteen in-patients were admitted compared with 1,488 out-patients (93:1).<sup>25</sup> By the year 1870-71 the number of in-patient admissions to the Wakefield Infirmary had increased to 90, but out-patient admissions had also doubled to 2,934 (33:1).<sup>26</sup>

A satisfactory success rate was achieved for out-patients throughout the nineteenth century. In the Huddersfield Dispensary's first year, 1814-15, 1,141 patients were treated. 762 or 67 per cent were 'cured or relieved' and only 24 or two per cent died.<sup>27</sup> Similar results were obtained throughout the nineteenth century, with slight fluctuations from year to year depending upon the type of cases admitted and the prevalence of epidemic disease in the town. In 1870-71, 5,772 out-

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25. 30th A.R. H.I., 1860-61; 74th A.R. W.I., 1860-61.

26. 84th A.R. W.I., 1870-71.

27. First A.R. H.D., 1814-15. For more on dispensary treatment see, H. Marland, The Provision of Medical Treatment for the Sick Poor. The Doncaster Dispensary 1792-1867, unpublished M.A. thesis, Warwick, 1980, Chapter 5.

patients were treated. 77 per cent were cured or relieved and 115 or 1.9 per cent died.<sup>28</sup> Comparable results were achieved by the Wakefield Dispensary and Infirmary. In 1790-91, the first year where results are available, 418 patients were admitted. 376 or 90 per cent were cured or relieved, ten or 2.5 per cent died.<sup>29</sup> In 1870-71 of the 2,954 out-patients treated, 85 per cent were cured or relieved; the mortality rate was 1.9 per cent.<sup>30</sup>

The results for in-patients admitted to both institutions were less favourable. This was in part a result of the insanitary conditions which prevailed from time to time in the hospital wards,<sup>31</sup> which led to the spread of infectious disorders. But a far more important causal factor was the severity of cases admitted as in-patients, in most cases serious accident and surgical cases, which carried with them a high risk of death. In the first year when in-patients were admitted to the Huddersfield Infirmary, 1831-32, 108 of the 137 cases taken (79 per cent) were cured or relieved, while four patients died, giving a mortality rate of only 2.9 per cent. The mortality rate did rise during the century parallel to an increase in in-patient admissions

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28. 40th A.R. H.I., 1870-71.

29. Third A.R. W.D., 1790-91.

30. 84th A.R. W.I., 1870-71.

31. T. Holmes's report on the Huddersfield Infirmary in 1864 stated that cases of pyaemia (blood poisoning) had occurred occasionally in the institution's oldest wards, which he blamed on poor ventilation and overcrowding. With the addition of new wards during the second half of the century these problems had largely disappeared. Sixth Report of the Medical Officer of the Privy Council, PP, 1864, XXVIII I (3416), App.15, 'Reports on the Hospitals of the United Kingdom', by J.S. Bristowe and T. Holmes, p.649.



and the growing severity of the cases. In some years the rate peaked nine or even ten per cent. In a more 'typical' year such as 1865-66 out of the 384 in-patients admitted 29 (7.6 per cent) died. 52 per cent were cured and 28 per cent relieved or made out-patients. (The remainder had either discharged themselves, absconded or remained under treatment).<sup>32</sup> The Wakefield Infirmary obtained similar results following the admission of in-patients in 1854, although rates of cure and death tended to be subject to large fluctuations. The percentage of patients cured fluctuated from between 60 per cent to 90 per cent, with the mortality rate varying from zero to nineteen per cent! Overall, especially when we consider the numerical importance of out-patients as admissions, the results of both charities were reasonable.<sup>33</sup> Often they were the only source of relief available for those admitted, in particular severe accident cases.

While operating on only a small scale, the Wakefield House of Recovery was also largely successful, with the majority of admissions being either 'cured' or 'relieved'. The mortality rate from typhus fever, the most usual class of admission, was approximately fourteen per cent (compared with the usual typhus mortality rate of 25 per cent).<sup>34</sup> During the charity's 28 years in existence approximately 700 patients were admitted. The number of cases taken fluctuated from year to year.

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32. First and 35th A.R.s H.I., 1831-32, 1865-66.

33. For more on rates of admission, cure and mortality in the Wakefield and Huddersfield Dispensaries and Infirmarys, see Appendix 8. For a comparison with other medical facilities, see Chapter 8.

34. For more on typhus fever see, for example, G.M. Howe, Man, Environment and Disease in Britain. A Medical Geography through the Ages (Newton Abbot, 1972), especially pp. 145-7, 164-5.

The highest number of admissions were recorded in epidemic years, when the institution became of special value. In 1837-38, for example, 98 cases were admitted, in 1846-47 107.<sup>35</sup> The charity's overall contribution (as pointed out by contemporaries) was, however, not to be estimated solely on the basis of admissions and cures, but by the benefit of removing infected individuals from their homes, thereby curtailing the spread of the disease.

## II. Supporters

### a) Major Patrons

A number of individuals made significant contributions of time, money, or both towards the support of the Wakefield and Huddersfield Infirmaries. These men<sup>36</sup> either filled honorary posts, devoting many years of active service to the institutions, or donated very large sums of money. Their contributions made them influential in determining policy-making and the scale of operations. From this outstanding group of men, whose charitable work certainly went beyond any 'call of duty', a few individuals have been selected for special attention.<sup>37</sup>

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35. Wakefield House of Recovery. Register of Patients, 1826-54, Ms. WYCRO (C235/5/1).

36. The term 'men' is used advisedly. Women were not eligible to serve on committees or to fill honorary posts, and although many women were subscribers and benefactors, or were active in fund-raising efforts, few could match the enormous contributions of hundreds or even thousands of pounds made by a small group of men during the nineteenth century. The role of women in the medical charities will be discussed in Section IV.

37. For an analysis of a larger sample of individuals prominent in the running and financing of the Wakefield and Huddersfield Infirmaries, see Appendix 9.

The first of these, James Campey Laycock, became the longest-serving officer to the Huddersfield Infirmary in the nineteenth century. He was Secretary to the institution from 1821 until 1860, and President from 1860 until his death in 1885. Altogether he worked for the charity for 64 years. J.C. Laycock had trained as a solicitor and established himself in legal practice in Huddersfield in 1820. The practice flourished and he quickly became very active in the business, public and philanthropic affairs of the town. Laycock was an original shareholder of the Huddersfield Banking Company, founded in 1827, and for over 60 years he gave his services and advice to the Huddersfield and Upper Agbrigg Savings Bank, first in the capacity of Honorary Secretary, and then as a member of the Board of Management. He was Chairman to the Huddersfield Gas Company for a great number of years. His first public appointment was as Clerk to the Justices in 1828. On the incorporation of the Borough in 1868 Laycock was appointed Clerk to the Borough Bench. In contrast to his position in public and legal affairs, Laycock never became prominent in the political life of the town. He began life as a Whig, but in later years became a moderate Conservative.

Laycock was a staunch Churchman and was largely instrumental in the rebuilding of the Huddersfield Parish Church in 1835. He helped to build day schools in connection with the Church, and was Secretary and Treasurer to the Managers of the Day Schools from 1841 to 1884. For over 40 years he was a teacher and superintendent of the Parish Church Sunday Schools. He gave £300 towards the building of new Parish Church Schools in the town and laid the foundation stone of them in 1879. Laycock was one of the founders of the Huddersfield Collegiate School (1837), a conservative institution, which made provision for middle-class education on a religious basis. He was a trustee and governor.

to the School for over 50 years. Laycock was active in the Church Missionary Society and was President of the Huddersfield Branch of the British and Foreign Bible Society.<sup>38</sup>

Soon after his arrival in Huddersfield Laycock became closely associated with the affairs of the Dispensary. In 1821 he was appointed Co-Secretary to the institution, and in 1837 Honorary Secretary. For 50 years he was responsible for the voting of an annual donation of 25 guineas by the Huddersfield Banking Company to the charity. Laycock was an annual subscriber and made several small donations to the Infirmary on his own account.<sup>39</sup> His financial contributions, however, never amounted to very much. Yet as a rule money was not something the Huddersfield Infirmary was really short of. What was very important to its functioning was organisational energy, and Laycock's special contribution to the charity was as a conscientious worker. He was actively involved in the day-to-day running of the institution and in its business affairs, and (as is confirmed by the minute books) he was rarely absent from weekly and monthly committee meetings. Laycock had vigorously supported the movement to establish an infirmary in Huddersfield; he served on the Infirmary Committee, and played a large part in organising fund-raising and the building and staffing of the institution. In 1858 a specially commissioned portrait of Laycock was hung in the Board Room in recognition of his great service to the charity.

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38. 'Death of Mr. J.C. Laycock', HE, February 21, 1885; C.A. Hulbert, Supplementary Annals of the Church and Parish of Almondbury, July, 1882, to June, 1885 (London and Huddersfield, 1885), pp. 133-36.

39. See Appendix 9.

In Laycock's funeral sermon, given in February, 1885 at the Parish Church, the Reverend J.W. Bardsley stressed the importance of men such as Laycock in the development of a young community (such as Huddersfield) and in the consolidation of new public and philanthropic institutions (such as the Infirmary).

... our departed friend has written upon the portals of every institution with which he was associated the indelible writing of honour and goodness, of purity and truth, and in so doing he has lengthened the cords and strengthened the stakes of commercial, professional, and philanthropic enterprise. 40

The Infirmary Board added their tribute to Laycock's contribution to the town in the following resolution.

... the Board desire to record their sense of the great loss the Infirmary has sustained in the death of its president ... The death of so eminent a townsman will be widely deplored, but nowhere will it be more deeply felt than at this Infirmary, with which he had so closely identified himself, and to which he had rendered such long and valuable services. 41.

In contrast to individuals such as Laycock, who devoted time and energy to the running of the Infirmary, others avoided active involvement, but instead donated large sums of money to the charity. One such individual was Mr. Charles Brook, a prosperous cotton thread and silk manufacturer, and proprietor of Meltham Mills, near Huddersfield. Just before his death in 1869 he donated the massive sum of £30,000 for the erection of a Convalescent Home at Meltham in connection with the Huddersfield Infirmary.<sup>42</sup> Mr. Brook was about to retire to his home in Leicestershire and in leaving the district

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40. A Sermon Preached at the Parish Church, Huddersfield, On Sunday, February 22nd, 1885, On the Occasion of the Death of J.C. Laycock, Esq., By the Rev. J.W. Bardsley, M.A., Vicar (Huddersfield, 1885), HPL (Local Pamphlets, Vol. 2).

41. HE, February 21, 1885.

42. 38th A.R. H.I., 1868-69, Annual Address, p.9.

... was desirous of leaving behind some memento of the past, and of the interest he has taken in regard to the welfare and prosperity of the people, more especially those in this district, with whom, for so long, he has been associated in business. 43

His 'solicitude' for the charity was further evinced by a legacy of £1,000 for the benefit of the Infirmary.<sup>44</sup>

Brook had, however, shown little previous interest in the development and running of the Infirmary. His involvement had gone only as far as the payment of an annual subscription, a donation of 50 guineas towards the Infirmary Building Fund and the acceptance of the honorary title of Vice-President in 1831.<sup>45</sup> It is also interesting to note that Brook had originally offered the Convalescent Home to the town of Huddersfield rather than to the Infirmary. Because of legal restraints the Corporation was forbidden to acquire property as far outside their borough boundaries as Meltham, and the gift was subsequently offered to the Infirmary. Brook's lack of interest in the affairs of the Infirmary reflected his general non-participation in public and charitable affairs. However, Brook appears to have been generous in his financial support of local charities and was an annual subscriber to many of them. He paid for the erection of a Church at Helme (near Huddersfield) and in 1861 he contributed £100 towards the erection of a new building for the Mechanics' Institute. He was reputedly a very liberal private benefactor.<sup>46</sup>

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43. 'Huddersfield Convalescent Home. Laying of the Foundation Stone', HE, October 31, 1868.

44. 41st A.R. H.I., 1871-72, Annual Address, p.6.

45. 34 gentlemen became Vice-Presidents on the inauguration of the Infirmary in 1831 in acknowledgement of their large donations to the Building Fund. Most of them played little part in the government of the charity.

46. 'Death of Charles Brook, Esq., of Healey House', HC, November 20, 1869.

Some men combined generous financial contributions with an active interest in the affairs of the medical charities. J.C.D. Charlesworth of Chapelthorpe Hall, near Wakefield, one of the largest coal proprietors in the West Riding, gave both forms of support to the Wakefield Infirmary. He was a trustee to the charity for many years, and its President from 1855 until his death in 1880. Charlesworth keenly supported the project to provide larger, purpose-built accommodation for the charity and shortly before his death he laid the foundation stone of the new infirmary building. Charlesworth (together with other members of his family) was one of the institution's most important benefactors. In 1859 he donated £46 in aid of a Special Improvement Fund. In 1863 he gave £50 towards the Prince Albert Memorial Fund (to build an additional ward) and in 1871 £500 to the Endowment Fund for the benefit of the proposed new hospital building.<sup>47</sup>

Charlesworth was active in local public and political affairs, and patronised several other Wakefield charities. His efforts in these directions reflected his background of a 'typical' Tory landed gentleman. Politically he was a 'true blue', and in 1857 was returned as the Conservative member for Wakefield. (He was defeated in 1859 by the Liberal candidate, Leatham). He was a J.P. and a Deputy Lieutenant for the county, a member of the West Riding Police Committee, a Visitor of Private Asylums, and Colonel of the Wakefield Volunteers. Charlesworth was also a Past Master of the Wakefield Lodge of Freemasons and President of the

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47. 72nd and 76th A.R.s W.I., 1858-59, 1862-63; Letter from J.C.D. Charlesworth to Mr. John Binks, re endowment of the proposed new hospital, dated February 16, 1871, Ms. WDA (Local Collection, Box 8).

Wakefield Men's Conservative Club. He was a keen sportsman, President of the Cricket Club and Chairman of the Hunt Committee. Charlesworth was a rigid Churchman, and prominent in the support of Wakefield Parish Church and his local church at Sandal.<sup>48</sup>

The Wakefield Infirmary's most important nineteenth-century benefactor, indeed the founder of the institution, was Thomas Clayton, a retired Wakefield businessman. Clayton did not fit in any way into the genre of the traditional landed gentleman, represented by men such as Charlesworth. He was 'middle class', a Liberal and keen supporter of Edward Baines and Lord Morpeth, a Non-Conformist and a tradesman, albeit a successful one. Thomas Clayton had been in business as a tallow chandler, but had been able to retire in 1826, then aged only 40.

Until 1848 he played very little part in local affairs. In this year Wakefield received its Charter of Incorporation, and Clayton was elected one of the town's first Aldermen. In 1854 he was chosen as Mayor, and in the same year, then aged 68, he married for the first time. His bride, Eliza Stead of Huddersfield, was the widow of a local merchant and the sister of William Willans,<sup>49</sup> a leading Huddersfield Congregationalist and an active supporter of the Huddersfield Infirmary. The marriage apparently produced a marked change in his lifestyle, and 'exercised a most beneficial influence on Mr. Clayton during the remainder of his life'.<sup>50</sup> First of all, the marriage was responsible

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48. 'Death of Colonel Charlesworth', WH, March 25, 1880.

49. For a biography of William Willans, see Appendix 9.

50. 'Death of Thomas Clayton, Esq.', WE, October 24, 1868.



for a change in his style of worship. Until 1854 Clayton had not attended any place of worship on a regular basis. Rather he had practised as a Berean or Bible Christian, studying the scriptures at home. Following his marriage he became a regular attender at the Congregationalist Zion Chapel in Wakefield. The second, and for our purposes most important, change wrought by his marriage, was an increased liberality towards charitable institutions, in particular the Wakefield Dispensary and Infirmary.

Clayton had been a subscriber to the charity and a committee member for many years, but not a financial supporter of any great significance. The first of many important gifts to the charity was made in 1854, when he bought three houses in Dispensary Yard, Northgate, and presented them to the Dispensary Committee.<sup>51</sup> This addition to the accommodation enabled the charity to admit in-patients for the first time, and in consequence an addition was made to the title of the institution, to become 'The Wakefield General Dispensary and Clayton Hospital'. In 1862, following several more large donations by Clayton, the name was changed again to give more prominence to the part he had played in its development, to 'The Clayton Hospital and Wakefield General Dispensary'. It became one of the few hospitals in England to be named after a benefactor.<sup>52</sup> In 1865 Clayton headed an Endowment Fund for the benefit of the charity with a contribution of £1,000.<sup>53</sup> In 1867 the Infirmary Committee rewarded Clayton's contributions to the charity in the time-honoured

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51. 67th A.R. W.I., 1853-54, Annual Address, pp. 5-6.

52. Meanwhile the hospital retains Clayton's name as its founder up to the present day.

53. 78th A.R. W.I., 1864-65, Annual Address, p.3.

way; a special subscription was set up to procure a portrait of Thomas Clayton, which on completion was displayed in the Infirmary Board Room, alongside those of Colonel Charlesworth and John Binks, Honorary Secretary to the charity from 1860-1890.<sup>54</sup>

By the time of his death in 1868 Clayton had donated a total of well over £1,500 to the Infirmary, and a legacy provided for the further annual payment of £300 to the charity. The legacy, however, would only continue to be paid if two conditions were complied with. The first of these was that no chaplain should be attached to the Hospital, but that entry to visit patients should be available to ministers of all persuasions. The second condition, or rather set of conditions, stipulated that the legacy would collapse if the hospital ever ceased to be supported by voluntary contributions or if the name was altered. The legacy would also cease if an attempt was made to transfer the institution to the Governors of the Wakefield Charities (a staunchly Conservative/Church of England organisation) or any other body, or if the nature of the government was changed. The legacy continued to be paid until 1948. In the 80 years between Clayton's death and the nationalisation of the health service the charity received a total of £18,000 from the legacy.<sup>55</sup>

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54. 81st A.R. W.I., 1867-68, Annual Address, pp. 4-5; Printed appeal for subscriptions for a portrait of Thomas Clayton, Esq., dated October 24, 1867, WYCRO (C235/4/1). The appeal commented that a portrait would '... be at once a memorial of Mr. Clayton, as founder of the Hospital and a great benefactor to it, and also as a Wakefield man worthy of being kept in remembrance by the present and future residents of the town and its neighbourhood. The Hospital is already called after Mr. Clayton's name; and the Committee think that the Benefactors and Subscribers of the Institution, and other persons living in and near Wakefield to whom Mr. Clayton's generous character is known, will deem the suggestion of preserving a more intimate and personal record of him a very proper thing to adopt and carry into effect ...'. (their emphasis).
55. Report of the Charity Commissioners on Endowed Charities of the West Riding, Vol. V, 1899, pp. 665-8, WYCRO.

Although the Infirmary was Clayton's favourite charity, he also supported many other philanthropic enterprises, both in the town and further afield. Between 1854 and 1868 he made liberal contributions to the Zion Chapel Sunday School, the Wakefield Town Mission, the British and Foreign Bible Society, the Ragged School and several other local charities. In his will Clayton bequeathed large sums of money to a variety of charities, including the London Missionary Society, the Doncaster Deaf and Dumb Institution, the York School for the Blind, the Harrogate Bath Hospital and the Royal National Lifeboat Association.<sup>56</sup>

b) Subscribers

It is tempting to continue the discussion of the individuals cited above, and to propose psychological or ideological reasons for their benevolence. But even with a greater amount of evidence, conclusions of this nature would be largely guesswork. More importantly, these more prominent benefactors do not give a complete or representative picture of the background or concerns of the average philanthropist. The Wakefield and Huddersfield Infirmaries obtained their 'bread and butter' support from a large number of individuals, with diverse social and occupational backgrounds. These were the people who paid annual subscriptions to the charities, often for many years, who made smaller donations or bequests (of tens or even hundreds of pounds), who served from time to time on committees, canvassed support, involved themselves

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56. For a more complete list of Clayton's charitable contributions, see Appendix 9. For Clayton's biography, I have also referred to the Programme of Centenary Celebrations of The Clayton Hospital, 1854-1954 (Wakefield, 1954), WYCRO (C235/6/5) and W. Read, 'The Story of the Clayton Hospital, Wakefield', Wakefield Historical Society Journal, Vol. 2, 1975, pp. 5-13.

in fund-raising on a small scale, or performed other less conspicuous services for the benefit of the institutions. Annual subscriptions normally made up the charities' most important sources of income. In 1834-35, for example, small annual subscriptions to the Huddersfield Infirmary (usually one or two guineas) totalled £869, seven times the amount received in large donations or legacies.<sup>57</sup>

Lists of annual subscribers provide the most complete enumeration of individuals giving their support to the two infirmaries, or indeed to any charitable enterprise. Brian Harrison has suggested that much quantitative information might be obtained from rigorously investigating a few selected charities. Balance sheets and subscription lists were pointed to as being especially worthy of analysis.<sup>58</sup> Yet on the whole studies of philanthropy have made surprisingly little use of evidence taken from subscription lists. Prochaska made a limited use of them for a selection of charities between the years 1790 and 1830, to arrive at percentages for women subscribers and the amount of their contributions.<sup>59</sup> Otherwise they have been neglected, and their value unrecognised. This neglect is surprising for several reasons. They are reasonably prolific, usually being attached to the annual or press reports of charitable institutions. Moreover, the data they give tends to be reliable. Charitable institutions were dependent upon public goodwill,

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57. Fourth A.R. H.I., 1834-35. See also Appendix 7.

58. B. Harrison, op.cit., p.374.

59. F.K. Prochaska, 'Women in English Philanthropy 1790-1830', International Review of Social History, Vol. 19, 1974, pp. 426-45.

support and money, in particular regular annual subscriptions. Personal details of subscribers and the amount of their subscription were carefully recorded by the charities' officers, and omissions avoided, to ensure no contributor would be offended, or potential subscribers deterred. Subscription lists provide us with evidence of the numbers and social composition of those supporting philanthropic enterprises, information which is usually unobtainable elsewhere.

An analysis has been made of subscription lists of the Wakefield and Huddersfield Dispensaries and Infirmaries for a few selected years. These lists give the names, addresses and sex of subscribers, and the amount of each individual's contribution. From the lists we can obtain information on the total number of subscribers, the percentage of male and female subscribers, and the number of churchmen, societies, firms and companies making annual contributions to the charities. Using subscription lists in conjunction with nineteenth-century trade directories, individuals could be matched up with their occupations.

The advantages of subscription lists have already been referred to. But there is a reverse side of the coin, and analysis of these lists is not without its problems. The length of the lists makes the task of identifying individual contributors formidable. By the mid-1860s the Wakefield Infirmary had over 400 annual subscribers, the Huddersfield Infirmary more than 800.<sup>60</sup> This problem is compounded

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60. The task of identification was made more difficult, especially in the case of Huddersfield, because of the large number of subscribers sharing the same surname. For example, fourteen Haighs and 35 Brookes are included on the subscription list of the Huddersfield Infirmary in the year 1865-66. 35th A.R. H.I., 1865-66.

by the difficulty of tracing the occupations of subscribers in directories which were often (especially in the first half of the nineteenth century) arranged by trade, rather than alphabetically by name.

The classification of occupations in trade directories is occasionally inaccurate or out of date, and invariably vague. The terms 'merchant', 'manufacturer', 'shopkeeper' and 'gentleman' could encompass a wide range of incomes and social standing. The label 'shopkeeper', for instance, covered an extremely diverse group. To take one example, chemists and druggists, who were fairly active supporters of the two infirmaries, embraced a wide range of income levels and social status. Subscribers from this group, however, tended to represent the more wealthy elements of the shop-keeping community. Chemists subscribing to the Huddersfield Infirmary included Henry Fryer, a single man who employed one female domestic servant and two assistants in the shop. George Hall, a married man with three children, meanwhile, employed two domestic servants, three apprentices and two general servants in his chemist's shop. Hall resided in Longwood House at Fartown on the outskirts of Huddersfield, where he farmed 92 acres and employed five farm labourers.<sup>61</sup> A further problem is that many individuals fell into more than one occupational group.<sup>62</sup> Analysis of the subscription lists, therefore, can only give

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61. C. Huddersfield, 1851, 1861. For more on the social and economic status of shopkeepers, see T. Vigne and A. Howkins, 'The Small Shopkeeper in Industrial and Market Towns' in G. Crossick (ed.), The Lower Middle Class in Britain 1870-1914 (1977).

62. For example, the 1866 directory for Huddersfield listed two subscribers to the Infirmary, Mr. H.K. Beaumont and Mr. Abraham Graham, as an 'oil merchant, drysalter and wood grinder' and a 'mason, builder and farmer'. The occupation of Mr. George Beaumont, subscriber to the Wakefield Infirmary, was given as 'auctioneer, builder, undertaker and agent to the Metallic Coffin Co. etc.'. Mr. Joseph Leighton was described as a 'gardener and victualler'. White, 1866.

us a broad indication of the occupational and class groups which developed an interest in medical charity.

The occupational analysis has been confined to male subscribers. Most women subscribers were effectively 'unemployed', although there were a few exceptions. Proprietresses of academies, shops, inns and small business concerns appeared occasionally on subscription lists. More often, however, the women whose names appeared on the lists were the wives, daughters or sisters of male subscribers. The percentage of males who could be matched up to an occupation ranged between 72 per cent and 90 per cent. Of those left unidentified, a considerable proportion resided at a distance from Wakefield and Huddersfield, and in effect fell out of the range of this study.<sup>63</sup> The survey of subscribers has been limited to inhabitants of the two towns and the immediate neighbourhood.

Most subscribers lived in Wakefield or Huddersfield. Subscribers earned the privilege of recommending patients for treatment, and those living within close proximity of the charities tended to have more opportunity to exercise this privilege, and by implication more incentive to give their support. Most patients admitted to the two institutions also resided within the town boundaries of Wakefield and Huddersfield. The rules of the Wakefield Infirmary even stipulated that the benefits of the charity '... shall be extended to the poor residing in Wakefield or the neighbourhood, ...', and that no patient would be visited at home who resided more than one mile from the Market Cross.

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63. In the year 1865-66, for example, over 60 subscriptions or donations were received by the Treasurer of the Huddersfield Infirmary from individuals living at a considerable distance from Huddersfield, including York, Leeds, Liverpool, London, Suffolk and Worcestershire. In many cases these were former residents of the town, who had moved or retired to other areas of the country.

The regulations of the Huddersfield Dispensary and Infirmary made no such stipulations, stating only that the institution was intended to give aid to the sick poor of the 'district'.<sup>64</sup> The wider geographical scope of the institution was reflected in its full title of 'The Huddersfield and Upper Agbrigg Infirmary'. From the outset the Huddersfield charity was far more liberal in its admission policies, at least as regarded geographical restrictions. Large numbers of patients were admitted from outlying villages, and such places as Holmfirth, Brighouse, Dewsbury, Mirfield and Kirkburton. In the year 1874-75, for example, 23 per cent of out-patients and 42 per cent of in-patients were admitted from outlying districts.<sup>65</sup> This admission policy could only be put into action if there were a sufficient number of subscribers to recommend patients living outside Huddersfield. The committee of the Huddersfield Infirmary were active in soliciting support from more distant areas, and, as is shown in subscription lists, generally they were able to attract considerable support from outlying villages and towns at some distance from Huddersfield.

The occupation analysis indicates that support for the two infirmaries came predominantly from the middle classes, especially commercial groups. Important landowners and members of the local gentry did make financial contributions to the Wakefield and Huddersfield Infirmaries. Yet numerically, and not infrequently in terms of the value of their contributions, they were outclassed by merchants,

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64. Rules and Regulations for the Government of the Wakefield General Dispensary and Clayton Hospital, 1854, p.7, WYCRO (C235/1); Rules and Regulations of the Huddersfield and Upper Agbrigg Infirmary, 1834, p.3, HPL (B.362).

65. 44th A.R. H.I., 1874-75.



manufacturers, and even tradesmen. It is hardly surprising, when we consider the predominance of the clothing industry in the region, to find that those most frequently leading the field in support of these charities, particularly in Huddersfield, were textile merchants and manufacturers. Other commercial groups, principally wine and spirit merchants, brewers and maltsters, corn merchants and ironfounders, were also well represented. A broad group of tradesmen were prominent on subscription lists, including stationers and printers, grocers, drapers, ironmongers, druggists, innkeepers and individuals connected with the building trade, master joiners, builders, painters, plumbers, and so on. Meanwhile, farmers were conspicuous only by their almost complete absence from subscription lists.

Professional groups varied in their degree of support. Members of the legal profession appeared frequently on the lists, together with a smaller number of architects, bank managers, accountants, surveyors and agents. The medical profession on the whole was poorly represented. Only three doctors subscribed to the Wakefield Dispensary in the year 1852-53 (out of a total of 26 Wakefield medical practitioners) compared with 24 members of the legal profession (out of a total of 50). Expressed as percentages, twelve per cent of the medical and 50 per cent of the legal profession subscribed to the charity in this year.<sup>66</sup> Vicars made up a small percentage of subscribers. But we should not underestimate their importance, as they were often active in promoting congregational collections, making their personal contributions through this medium. 'Lower middle class' groups, teachers, clerks and commercial travellers, also made up a small proportion of subscribers.

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66. 66th A.R. W.D., 1852-53; White, 1847 and 1853.

The group which have been classified as 'gentlemen' were consistently responsible for a large portion of the institutions' financial support, accounting for up to fifteen per cent of all annual subscriptions to the Wakefield and Huddersfield Infirmaries. Many of those labelled as gentlemen in the trade directories had in fact retired from a commercial or professional calling. Others were major land or property owners.

The Wakefield Dispensary's subscription list for the year 1852-53 provides us with a 'typical' example of the occupational make-up of contributors to these charities. The total number of subscribers was 187, out of which 147 (79 per cent) were male. 124 of these male subscribers (that is, 84 per cent) could be identified in the trade directories. A large cross-section of retailers accounted for twenty per cent of all identified male subscribers, a group dominated by grocers, druggists, printers and stationers, and drapers. Members of the legal and 'service' professions (including barristers, attorneys, agents and surveyors) made up the next largest group, nineteen per cent of the total. 'Gentlemen' accounted for fifteen per cent of subscriptions, corn merchants and maltsters thirteen per cent, and textile merchants and manufacturers ten per cent. Eight per cent were vicars, four per cent bankers and two per cent members of the medical profession.<sup>67</sup>

More detailed breakdowns of the occupational groupings of subscribers to the two institutions in the years 1830-31 and 1865-66 are given in Tables 4.I and 4.II. The analysis given in the two tables appears to be fairly representative of the general pattern of subscribers' occupations throughout the nineteenth century. The majority of subscribers to the House of Recovery were female and will be discussed in Section IV.

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67. Ibid.

TABLE 4:I

Occupational Groupings of Subscribers to the Wakefield  
and Huddersfield Dispensaries, 1830-1831

Occupation Groups	Wakefield Dispensary		Huddersfield Dispensary	
	Number in Group	Percentage of Total	Number in Group	Percentage of Total
Merchants and Manufacturers	47	31.1	70	48.3
Tradesmen	46	30.5	37	25.5
Service Groups and <sup>2</sup> Businessmen	6	4.0	4	2.8
Legal Profession	18	11.9	8	5.5
Medical Profession	4	2.6	5	3.4
Clergymen and Ministers	6	4.0	5	3.4
Builders and Contractors	1	0.7	0	0
Clerks	1	0.7	2	1.4
Schoolteachers	0	0	0	0
Farmers	0	0	0	0
Gentlemen	22	14.6	14	9.7
Others	0	0	0	0
<b>TOTALS<sup>1</sup></b>	<b>151</b>	<b>100%</b>	<b>145</b>	<b>100%</b>

1. The totals refer to the number of identified males, not the total number of male subscribers. 151 out of 168 (90 per cent) male subscribers to the Wakefield Dispensary were identified; 145 out of 192 (76 per cent) for the Huddersfield Dispensary.
2. To include bankers, surveyors, agents, architects, accountants, auctioneers, etc.

TABLE 4:I (Continued)

Breakdowns of the Occupational Groupings of Merchants  
and Manufacturers and Tradesmen, for Subscribers to the  
Wakefield and Huddersfield Dispensaries, 1830-31

Commercial and Manufacturing Sub-Groups	Wakefield Dispensary		Huddersfield Dispensary	
	Number in Group	Percentage of Total	Number in Group	Percentage of Total
Textile Manufacturers	20	42.6	60	85.7
Corn Merchants	15	31.9	0	0
Brewers and Maltsters	5	10.6	2	2.9
Wine and Spirit Merchants	5	10.6	3	4.3
Chemicals, Dyers, Soap and Oil Manufacturers	0	0	0	0
Ironfounders and Machinery Makers	0	0	2	2.9
Colliery Owners	2	4.3	1	1.4
Timber Merchants	0	0	1	1.4
Others	0	0	1	1.4
<b>TOTALS</b>	<b>47</b>	<b>100%</b>	<b>70</b>	<b>100%</b>

Tradesmen Sub-Groups	Wakefield Dispensary		Huddersfield Dispensary	
	Number in Group	Percentage of Total	Number in Group	Percentage of Total
Drapers, Hosiers, Tailors, etc.	7	15.2	7	18.9
Grocers, Tea Dealers, etc.	12	26.1	7	18.9
Butchers	2	4.3	0	0
Booksellers, Stationers, Printers, etc.	2	4.3	4	10.8
Druggists	8	17.4	4	10.8
Jewellers, Watchmakers, etc.	1	2.2	0	0
Ironmongers	2	4.3	2	5.4
General Dealers	1	2.2	0	0
Building Trades	6	13.0	3	8.1
Innkeepers, Hoteliers	4	8.7	8	21.6
Curriers	0	0	2	5.4
Others	1	2.2	0	0
<b>TOTALS</b>	<b>46</b>	<b>100%</b>	<b>37</b>	<b>100%</b>

Sources: Seventeenth A.R. H.D., 1830-31; 44th A.R. W.D., 1830-31;  
Parson and White, 1828; White, 1837.

TABLE 4:II

Occupational Groupings of Subscribers to the Wakefield  
and Huddersfield Infirmaries, 1865-66

Occupation Groups	Wakefield Infirmary Number in Group	Percentage of Total	Huddersfield Infirmary Number in Group	Percentage of Total
Merchants and Manufacturers	91	29.2	272	53.2
Tradesmen	101	32.4	124	24.3
Service Groups and Businessmen	17	5.4	27	5.3
Legal Profession	19	6.1	22	4.3
Medical Profession	6	1.9	13	2.5
Clergymen and Ministers	18	5.8	15	2.9
Builders and Contractors	3	1.0	10	2.0
Clerks	14	4.5	2	0.4
Schoolteachers	3	1.0	1	0.2
Farmers	3	1.0	4	0.8
Gentlemen	34	10.9	21	4.1
Others	3	1.0	0	0
<b>TOTALS<sup>1</sup></b>	<b>312</b>	<b>100%</b>	<b>511</b>	<b>100%</b>

1. 312 out of 359 (87 per cent) male subscribers to the Wakefield Infirmary could be identified; 511 out of 706 (72 per cent) for the Huddersfield Infirmary.

TABLE 4:II (Continued)

Breakdowns of the Occupational Groupings of Merchants and Manufacturers and Tradesmen, for Subscribers to the Wakefield and Huddersfield Infirmaries, 1865-66

Commercial and Manufacturing Sub-Groups	Wakefield Infirmary		Huddersfield Infirmary	
	Number in Group	Percentage of Total	Number in Group	Percentage of Total
Textile Manufacturers	20	22.0	218	80.1
Corn Merchants	23	25.3	4	1.5
Brewers and Maltsters	10	11.0	6	2.2
Wine and Spirit Merchants	4	4.4	6	2.2
Chemicals, Dyers, Soap and Oil Manufacturers	10	11.0	12	4.4
Ironfounders and Machinery Makers	9	10.0	13	4.8
Colliery Owners	5	5.5	2	0.7
Timber Merchants	3	3.3	3	1.1
Others	7	7.7	8	2.9
<b>TOTALS</b>	<b>91</b>	<b>100%</b>	<b>272</b>	<b>100%</b>

Tradesmen Sub-Groups	Wakefield Infirmary		Huddersfield Infirmary	
	Number in Group	Percentage of Total	Number in Group	Percentage of Total
Drapers, Hosiers, Tailors, etc.	22	21.8	20	16.1
Grocers, Tea Dealers, etc.	13	12.9	21	16.9
Bakers, Confectioners	3	3.0	3	2.4
Butchers	5	5.0	7	5.6
Booksellers, Stationers, Printers, etc.	9	8.9	7	5.6
Druggists	11	10.9	7	5.6
Jewellers, Watchmakers, etc.	4	4.0	3	2.4
Ironmongers	4	4.0	7	5.6
General Dealers	3	3.0	4	3.2
Building Trades	9	8.9	11	8.9
Innkeepers, Hoteliers	10	9.9	14	11.3
Curriers	2	2.0	5	4.0
Others	6	5.9	15	12.1
<b>TOTALS</b>	<b>101</b>	<b>100%</b>	<b>124</b>	<b>100%</b>

Sources: 35th A.R. H.I., 1865-66; 79th A.R. W.I., 1865-66; White, 1866.

### III. Motivations

#### a) Founding of the Medical Charities

An account of the setting up of the dispensaries and infirmaries in Wakefield and Huddersfield forms a good starting point for a discussion of the motivations of those supporting these charities. The promoters of these institutions set out in their appeals for support the basic reasons as they saw them for the establishment of medical facilities for the poor in the two communities. The Wakefield Dispensary was set up in 1787, becoming only the seventh of such institutions to be founded in the provinces, and the first to be established in West Yorkshire. Its predecessors had been founded, in most cases, in what were by late eighteenth-century standards, major centres of population: Bristol (in 1775, with a population of 100,000), Liverpool (1777, 35,000) and Newcastle (1777, 20,000).<sup>68</sup>

There are no obvious reasons why a dispensary should have been set up in Wakefield in this particular year. There was no significant increase in the population of the town in the late eighteenth century and no noticeable deterioration in the health of the inhabitants (marked, for example, by an increase in epidemic disease or in industrial accidents). However, its establishment did coincide with a discernible fall in living standards and an era of depression. Meanwhile, medical services for the poor of Wakefield were lacking just as much as elsewhere. The nearest infirmaries were at Leeds (nine miles from Wakefield) and York (29 miles), and these charities would only admit patients living at a distance in exceptional cases. Meanwhile, Poor Law relief was very limited and the provision of medical aid by friendly societies still in its infancy.<sup>69</sup>

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68. M.C. Buer, Health, wealth, and population in the early days of the industrial revolution (2nd ed., New York, 1968), p.258; G.D.H. Cole and R. Postgate, op.cit., pp. 21-22.

69. See Chapters 3 and 5.

The enthusiasm of a few local clergymen, doctors, gentlemen and businessmen was directly responsible for the founding of the Wakefield Dispensary. The first two groups were already well acquainted with the condition of the poor, and the Vicar of Wakefield, the Reverend Michael Bacon, became the charity's first President, and the town's two leading medical men, Drs. Richardson and Dawson, the Dispensary's first medical officers. The first committee was composed of members of prominent local families, including merchants, bankers, professional men and 'gentlemen'. The town's three leading mercantile families were all involved. Mr. John Naylor became the charity's first Treasurer and members of the Milnes and Heywood families served on the committee. The Dispensary was initially located in a small rented house in Northgate. In 1821 it moved to a room under the Music Saloon, in 1831 to a house in Barstow Square and in 1854 to Dispensary Yard, Northgate. (See Map 2).

The setting up of the Dispensary may have been due, at least in part, to humanitarian considerations, or the desire of certain individuals for the prestige which active involvement in a charitable enterprise conferred. A more likely reason was that its establishment was closely linked to considerations of civic pride. Wakefield was after all the administrative, judicial and electoral headquarters of the West Riding. And as seen in Chapter 2, Wakefield reached something of a peak in its economic and civic development in the late eighteenth century. Whatever motivations led to its establishment, they appear to have ceased to be of any importance by the first half of the nineteenth century. During this period the charity literally limped along, facing an almost continual lack of support and shortage of funds, large debts and frequent threats of closure.

The officers of the Dispensary blamed the extension of the 'field of charity' in Wakefield, and the competition for support this engendered, for the poor state of funds.<sup>70</sup> Others pointed to the bad management

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70. WHJ, October 22, 1813.



of those in charge.<sup>71</sup> There appeared to be an almost complete lack of interest on the part of the public in the survival of the charity. In 1810, for example, it was reported that no meeting of the Dispensary Committee had been held for four years because Tuesday, the day on which the committee was supposed to meet annually, was '... so inconvenient, that many of its members cannot attend; so that when a meeting has been called, not more than two or three have usually attended...'.<sup>72</sup> Again, this decline in support and interest can be closely linked to the general economic and social stagnation which took place in Wakefield during the first half of the nineteenth century. The most surprising aspect of this period is that the charity survived at all. By 1810 over £80 was owed to the Treasurer.<sup>73</sup> In 1816 a meeting was held to determine the 'future continuance' of the institution, and in 1827 the committee pointed to the ever-increasing debt owed to the Treasurer, '... an increase, which threatens it with dissolution at no very distant period, unless the liberality and benevolence of the more opulent part of the inhabitants interpose to prevent so great a calamity!'.<sup>74</sup>

Despite the wavering support the Dispensary received from the inhabitants of Wakefield, sufficient funds were raised to get it through each successive crisis, and the institution was able to operate in

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71. For example, Robert Bell, a Wakefield M.D., argued in a letter to the local newspaper that a change should be made in the management of the '... well-intentioned, but misconducted Charity', and complaints were also heard about a lack of economy on the part of the Dispensary's officers. WHJ, July 2, 1824.

72. WS, July 27, 1810.

73. Ibid.

74. WHJ, August, 16, 1816, July 13, 1827.

much the same way for almost 70 years, with several hundred individuals being treated annually as out- or home-patients. In the year 1814-15, for example, 474 patients were admitted for treatment, in 1842-43 - 693.<sup>75</sup>

The charity was functioning in a much more satisfactory way by the mid-nineteenth century. Its financial position had improved to such an extent, by an increase in annual subscriptions, donations, and congregational collections, that there was even a surplus of funds in some years. In 1851 the committee could report to the Dispensary's supporters the '... growing prosperity and efficiency of the Institution'.<sup>76</sup>

It was not until 1854 that the charity extended itself into an infirmary. Surprisingly enough, considering the financial problems already faced by the Dispensary, the addition of wards for in-patients was proposed as early as 1829. The issue was first raised by the Dispensary's surgeons, who claimed that more serious surgical cases could be better attended in hospital wards, rather than at the patients' homes. Their hopes of extending the operations of the charity were, however, resisted by the senior physician to the Dispensary, Dr. Crowther. He argued that provision for surgical patients was not necessary in a town such as Wakefield where accidents by machinery were relatively uncommon, and that the establishment of wards would lead to the impoverishment of other local charities, in particular the Fever Hospital. Whether Crowther's arguments won the day, or whether the charity's precarious financial position curtailed any hopes of expansion, is not clear, but the idea of admitting in-patients was shelved for another decade.<sup>77</sup>

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75. WHJ, June 23, 1815; WJ, July 7, 1843.

76. 64th A.R. W.D., 1850-51, Annual Address, p.3.

77. WHJ, April 3, 1829; March 2, 1832.

In 1840, at the annual meeting of subscribers, it was agreed that there was a necessity to 'fit up' a few wards for the purpose of admitting patients requiring surgical aid. A sub-committee was even appointed to inquire into the cost of such a provision. The subscribers were apparently confident in the success of their venture, and the Wakefield Journal commented '... nor have we the slightest doubt that when an appeal to the public is made, that ample means will be readily granted to that institution to enable it to extend its general usefulness'.<sup>78</sup> Applications were made to the local nobility, gentry and clergy, and the Earls of Harewood and Fitzwilliam consented to give the appeal their support.<sup>79</sup> The institution was still bedevilled by financial difficulties, however, and in 1842 the project to establish surgical wards was again abandoned.

By the mid-nineteenth century the need for in-patient facilities was recognised by both lay supporters and medical men alike. Accident cases occurred far more frequently, a direct result of an increase in the number of coal mines, railways and factories in the area. Even so, it seems unlikely an hospital would have been set up in Wakefield had it not been for the liberality of its founder, Thomas Clayton. He not only donated the houses which came to accommodate the in-patient wards in 1854,<sup>80</sup> but financially he carried the institution through its first few difficult years. In 1864 the Infirmary Committee reported a deficit in the annual income of £300. Clayton again 'bailed' the charity out by setting up an Endowment Fund, headed with a contribution of £1,000.<sup>81</sup>

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78. WJ, September 4, 1840.

79. WJ, June 11, 1840.

80. Clayton's gift coincided with the closure of the Wakefield House of Recovery. The committee of this institution offered their furniture and equipment to the Dispensary, and this offer gave further impetus to the idea of setting up in-patient wards.

81. 77th and 78th A.R.s W.I., 1863-64, 1864-65, Annual Addresses, pp. 1, 3-4.

By the time of Clayton's death in 1868 the charity had been placed on a much more secure financial footing. The number of subscribers had more than doubled since 1854, to over 400, and approximately quadrupled since the early 1840s, and the institution had been able to attract a large number of wealthy patrons.<sup>82</sup> The Endowment Fund yielded an annual interest of several hundred pounds, and income from other sources, such as congregational collections, donations and legacies, had increased significantly.<sup>83</sup> In the late 1860s the Clayton Hospital finally entered a new era of widespread support and financial security.

The Huddersfield Dispensary and Infirmary experienced a far more rapid development than its Wakefield counterpart. From the opening of the Dispensary in July, 1814 it enjoyed a greater degree of support and relative freedom from financial problems. The Dispensary was established ostensibly to commemorate the ending of the Napoleonic Wars. But its foundation probably also owed something to the anxiety of local doctors and employees of labour about the dearth of medical provisions for the poor of the district. Dr. Walker, who was appointed as one of the first physicians to the charity, was particularly active in its promotion. The War had caused considerable distress in the manufacturing districts, and as a result the poor had become more dependent than ever on charitable relief.

The more influential inhabitants of Huddersfield may also have been concerned about the fact that they were falling behind other West Riding towns in the provision of medical services. By 1814 there were general

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82. For example, the following members of the local hierarchy became patrons to the Grand Concert in Aid of the Endowment Fund of the Clayton Hospital, held in April, 1865: Sir J.C.D. Hay, Bart., M.P., W.B. Beaumont, Esq., M.P. and Lady Beaumont, Colonel J.G. Smyth, M.P., Sir Lionel Pilkington, Bart. and Lady Pilkington, Colonel J.C.D. Charlesworth and the Vicar of Wakefield, the Reverend Camidge. WE, April 8, 1865.

83. 82nd A.R. W.I., 1868-69.

infirmaries in Leeds (1767) and Sheffield (1797), and dispensaries in Halifax (1807), Wakefield (1787) and Doncaster (1792). Reference has already been made in Chapter 2 to the importance of the first few decades of the nineteenth century to Huddersfield's development. The rapid population increase was paralleled by industrial growth and efforts to improve the town; including the founding of new churches and education institutes, and progress in sanitary reform. The establishment of the Dispensary in 1814 fits in closely with this pattern of improvement, dynamism and increased civic pride.

The first Dispensary Committee was almost exclusively composed of local manufacturers, including John Fisher (silk spinner), John Sutcliffe (woolstapler), Robert Firth (machine maker), J.M. Ridgway (woolstapler), Henry Stables (woollen merchant and manufacturer), Thomas Anderson (woollen merchant), Thomas Atkinson (cloth manufacturer), two members of the Battye family (cloth manufacturers) and John Hannah (merchant and manufacturer). The first Treasurers were Messrs. Brook and Sons, woollen merchants and manufacturers.<sup>84</sup> There were no clergymen on the committee, and while the Dispensary attracted some early aristocratic patronage (Sir John Ramsden was the first patron to the institution, Sir Joseph Radcliffe, Bart., the first President) the initiative for the establishment of the charity came almost exclusively from wealthy and prominent members of the local business community and employees of labour. The chief purposes of this group were eloquently expressed in the Second Annual Report of the institution, published in 1816.

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84. First A.R.. H.D., 1814-15.

If it be universally admitted that the genuine Wealth of Nations consists not more in a numerous than in a healthy Population, doubtless whatever tends to promote it becomes of infinite Importance ... The Committee are more immediately led to this Remark, by observing that the far greater Number of the Patients cured during the last Year, consists of Children and Adults who have not passed the meridian of Life ... If it be our Duty to guard the Poor from the frequent ill Effects of defective Food and Clothing, of ill ventilated Abodes, or dangerous Callings; as well as our Interest as much as possible to arrest the spread of Infection, which commonly has its rise in the Abodes of Poverty, this Charity imperiously calls for your Support. 85

In the first ten years the medical officers of the Dispensary treated a grand total of 17,579 'objects'.<sup>86</sup> By 1824 admissions generally added up to over 2,000 per annum. Most admissions were epidemic disease or accident cases, which were treated in a rented house in Packhorse Yard.

Within ten years the officers and committee of the Dispensary were already pressing for the establishment of hospital facilities in the town. In 1823 the committee expressed concern about the fact that subscriptions were failing to keep up with the increased number of applications for treatment, due directly to the massive population growth of the district. The committee saw this as an 'auspicious' point '... to draw the Attention of the Governors to the Expediency of providing a Fund for the Erection of Wards, for the Reception of a limited Number of In-Patients: more especially for those frequent Accidents arising from the extensive Use of Machinery'.<sup>87</sup> In 1824 an appeal was set up to raise funds for the projected hospital, and a sub-committee was appointed to consider the cost of such an expansion in facilities. The sub-committee, who had been assisted in their estimates

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85. Second A.R. H.D., 1815-16, Annual Address, p.4.

86. Tenth A.R. H.D., 1823-24.

87. Ninth A.R. H.D., 1822-23.

by Dr. Turnbull, physician to the charity, reported back to the governors that a suitable building for the Dispensary and for twelve to fifteen beds could be built and equipped for around £2,500, and that the annual expenditure of such an institution would be in the range of £800 to £900.<sup>88</sup>

The appeal was given further impetus by a 'melancholy accident', which took place in Huddersfield in April, 1825. Sixteen workmen, employed in the erection of a new chapel in Ramsden Street, were killed or seriously injured when the platform they were working on collapsed, throwing them to the ground from a height of over 50 feet. This incident brought home to the public the necessity of making some provision for the reception of urgent accident cases in Huddersfield itself.<sup>89</sup> This incident revived the campaign to raise funds for the proposed infirmary. Mr. Samuel Clay, a Huddersfield linen draper, entered into the fund-raising effort with particular gusto. Within one week in May, 1825 Clay obtained, by personal application to 'his wealthy neighbours', donations amounting to £3,329 and the promise of annual subscriptions totalling £100 towards the support of an infirmary.<sup>90</sup> Clay's efforts marked a significant turning point in the campaign and much of the credit for the founding of the Infirmary must go to him. (See Appendix 10).

The Dispensary's medical officers also entered into the campaign with some enthusiasm. The physicians to the charity, Drs. Turnbull and Walker, wrote and circulated pamphlets advocating support for the project. In his appeal to the population of Huddersfield Dr. Turnbull

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88. Minute Book of the Huddersfield Dispensary, Vol. I, Meeting of the Committee, September 6, 1824, p.140.

89. LM, April 30, May 7, 1825.

90. LM, May 28, 1825.

outlined the main purposes of the proposed extended institution: to isolate and treat those suffering from contagious diseases, and to reduce the distress caused to the poor by sickness in the family, which led often to debt, 'moral despair' and a reliance on the Parish. The rapid increase in the population of the district, Turnbull added, 'principally engaged in sedentary and unwholesome occupations', had aggravated the above problems.<sup>91</sup>

However, little significant progress was made with the project until 1828. At the annual meeting of subscribers in June, and later at a general meeting of the inhabitants of the town, held at the George Hotel in October, it was resolved

That as the present building is not adequate to the wants of the sick poor, in this district, it is the unanimous opinion of the meeting, that the time is arrived, when an Infirmary should be erected, on such a scale, and of such dimension, ... as may be co-adequate with the resources and wants of the district ... 92

By October, 1828 donations and subscriptions to the project totalled £7,678, which the Dispensary Committee believed was adequate to pay for the erection of the building. The committee were confident that the sum of £900 per annum could be raised for the maintenance of the institution.

An Infirmary Committee was appointed to organise the erection of a suitable building and to continue the fund-raising effort. The Infirmary Committee was composed predominantly of manufacturers, plus a few members of the legal profession, local gentlemen and one or two

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91. W. Turnbull, M.D., An Appeal, in Behalf of the Intended Hospital at Huddersfield (Huddersfield, n.d., c.1825), HPL (Unclassified).

92. Report of the General Meeting of the Inhabitants of the Town and Neighbourhood of Huddersfield, held at the George Inn, on Friday the 17th of October, 1828, for the purpose of receiving the Report of the Committee, relative to the Establishment of an Infirmary, HPL (Unclassified).



tradesmen (and the Dispensary's medical officers). In 1829 a plot of land was leased on the New North Road from the Ramsden family and an architect appointed. In June of the same year the foundation stone of the 'Huddersfield and Upper Agbrigg Infirmary' was laid by Sir John Charles Ramsden. Two years later to the day the building was opened, with much ceremony, for the reception of patients. The total cost of the building and its fitting out had amounted to £7,500. The scale on which the charity came to operate in 1831 exceeded the earlier expectations of its promoters. The Infirmary building was larger than anticipated, it was purpose built, and it needed a large number of staff to cope with the increased work load. In some years the expense of admitting the large number of patients the charity could accommodate led to financial difficulties for the institution.

b) Aims and Ambitions

An examination of the motivations and ambitions of supporters of the two infirmaries and the House of Recovery, as expressed in annual reports and other relevant documents, confronts us with an apparently wide assortment of impulses and aims: religious, social, pragmatic and humanitarian. A closer look at the evidence, however, suggests that the emphasis lay very much with practical rather than ideological or humanitarian concerns. The main expedient was to provide a cheap and efficient form of medical relief for the sick poor, particularly those suffering from contagious diseases, which threatened to invade the homes of the wealthy, and accident cases, suffered for the most part by employees of local manufacturers.

The main reason cited for the setting up of infirmaries in the two towns was to cope with the enormous growth in accident cases, resulting in particular from the increased use of machinery in the region. This was of the greatest importance in Huddersfield, where a rapid population growth had been paralleled by an expansion of the factory economy, particularly the textile industry. The Fourteenth Report of the committee of the Huddersfield Dispensary, for instance, had drawn 'the attention of the Subscribers to the expediency of providing a suitable building, for the reception of a limited number of In-patients: ... the population of the district has rapidly increased, and with it an extension of machinery, and an increased risk of life and limb: the number of accidents has been appallingly great during the last few years ...'.<sup>93</sup> At the ceremony for the laying of the foundation stone of the Huddersfield Infirmary in 1829 J.C. Ramsden, M.P. stressed that 'in a manufacturing county, where machinery is necessarily extensively employed, the working classes are exposed to a much greater danger than in an agricultural district, or one less populously inhabited. It is in great measure to provide against casualties of this nature, that Infirmaries become necessary'.<sup>94</sup> In the Wakefield area the growth in the number of mining concerns increased the incidence of industrial accidents. In both towns the expansion of the railway network in the mid-nineteenth century resulted in a large number of accident cases, involving both passengers and railway workers.

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93. Fourteenth A.R. H.D., 1827-28.

94. The Huddersfield & Upper Agbrigg Infirmary. Laying of the First Stone (Huddersfield, 1829), p.2, HPL (Tomlinson Collection).

Accidents consistently accounted for a large proportion of all cases treated by the two hospitals, and for the vast majority of in-patient admissions. Indeed in-patient facilities came to cater almost exclusively for surgical and accident cases. By the end of the Huddersfield Infirmary's first working year 137 in-patients had been admitted, including eighteen cases of fracture, many severe. Twelve amputations had been performed, together with various other 'important' operations.<sup>95</sup> In 1846-47 379 accident cases were admitted as in- or home-patients out of a grand total of 6,709 admissions.<sup>96</sup>

In 1857 the committee of the Huddersfield Infirmary reported that the mortality rate of in-patients had been considerably increased during the previous year (to over six per cent) by the admission of many 'terrible accident' cases, and in 1864 they drew the attention of the subscribers to the 'excessive number' of cases of scalds, fractures and severe accidents.<sup>97</sup> In 1864 T. Holmes reported that accident cases still made up the majority of in-patient admissions, although they had become less severe in recent years, due in part to a reduction in railway accidents. While the railways were under construction in the Huddersfield area one of the Infirmary surgeons claimed to have performed eleven primary amputations in fourteen days! In 1862 93 in-patients were admitted following accidents and injury, out of a total of 328. 39 in-patients had died out of the 328 admissions (11.9%). Five of the deaths resulted from 'machinery accidents', three

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95. First A.R. H.I., 1831-32.

96. Sixteenth A.R. H.I., 1846-47.

97. 26th and 33rd A.R.s H.I., 1856-57, 1863-64, Annual Addresses, pp. 6, 7.

from 'railway accidents', two from 'ordinary accidents', one from 'injury by a cart shaft', three from burns and scalds and two from lacerations of the foot! When Holmes visited the Infirmary, out of the 30 surgical cases in the hospital wards (out of 38 in-patients) seven were accident and seven 'acute' cases, including three cases where amputations had been performed.<sup>98</sup>

In the year 1873-74 a total of 518 in-patients were admitted to the Huddersfield Infirmary. Of these 174 were accident cases (34 per cent). Eighteen of the 32 deaths occurring amongst Huddersfield Infirmary in-patients in the year 1880-81 were accident cases. In the same year 1,736 'casualties' were treated as out-patients.<sup>99</sup>

The Wakefield Infirmary admitted a total of 68 in-patients during the year 1865-66. 60 (88 per cent) were surgical or accident cases, including 29 fractures, nine wounds, three dislocations and ten contusions.<sup>100</sup> Between 1863 and 1871 a total of 267 fracture cases alone were taken into the wards of the Wakefield Infirmary (over 45 per cent of in-patient admissions).<sup>101</sup> Once the policy of admitting a high proportion of accident cases was taken up, it became largely self-perpetuating; accident cases quickly filled up the few available beds, and were tedious to treat.

Promoters of the charities stressed the importance of their treatment of accident cases in commercial districts such as Wakefield and Huddersfield in annual reports and appeals for support. This provision,

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98. Sixth Report of the Medical Officer of the Privy Council, PP, 1864, XXVIII I (3416), App. 15, pp.649-50.  
99. 43rd and 50th A.R.s H.I., 1873-74, 1880-81.  
100. 79th A.R. W.I., 1865-66.  
101. 77th to 84th A.R.s W.I., 1863-71.

they claimed, not only relieved the employer from the burden of providing for his injured workers, but rapidly restored the workman to his calling, a factor of special importance in an area 'whose local Prosperity is so intimately interwoven with the Maintenance of the Health and Strength of the laborious Poor'.<sup>102</sup>

Special appeals were made by the officers and committees of the two infirmaries to obtain financial support from those who reaped most benefits from the charities: factory owners, and railway and mining companies. The Leeds Mercury noted in 1847

Our attention has been called to the great number of cases from accident that have of late been brought to the Infirmary, and to the great drawback they must necessarily cause upon the funds of the institution. Now that so many railway works are in progress in the neighbourhood of Huddersfield, it ought to become a matter of serious consideration on the part of the contractors and sub-contractors, that they have an imperative duty to perform in contributing liberally to the funds of the Infirmary, in order to meet the extra charges that now fall upon it, in consequence of the unavoidable accidents that occur in the construction of railway works. 103

The annual report of the Infirmary for the same year remarked

During the last six months 31 cases have been admitted as in-patients for injuries received on the railways now forming in this neighbourhood. Many of these have been of a severe and complicated nature - requiring a long course of treatment - and the cost to the charity has been necessarily large. Perhaps, however, no class of cases shows the value of an Infirmary more strikingly than railway accidents. Where otherwise could they obtain that prompt and efficient aid so essential to their proper management? 104

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102. Seventh A.R. H.D., 1820-21.

103. LM, May 1, 1847.

104. Sixteenth A.R. H.I., 1846-47, Annual Address, p.5.

During 1847 a deputation had been organised to wait on the different railway companies operating in the area to request an increase in subscriptions. Several companies agreed to this, and in fact the subscriptions paid by railway companies to both the Wakefield and Huddersfield Infirmaries increased during the nineteenth century, albeit slowly. By 1859 the Wakefield Infirmary received £10 per annum from the Lancashire and Yorkshire and Great Northern Railway Companies, by 1861 £15. In 1856 the Huddersfield Infirmary received £15 in subscriptions from the same source.<sup>105</sup>

The most notable increase in subscriptions and donations came from local industrialists and employers of labour, especially in the Huddersfield textile industry. By 1831 thirteen per cent and 41 per cent of subscriptions to the Wakefield and Huddersfield Dispensaries were paid by textile merchants and manufacturers. While the actual number of textile manufacturers subscribing to the Wakefield charity remained steady, as a proportion of total subscribers they declined to just six per cent by 1866. The percentage of subscriptions paid by textile manufacturers to the Huddersfield Infirmary, meanwhile, remained steady at between 40 per cent and 45 per cent throughout the mid-nineteenth century. (See Tables 4.I and 4.II). In both towns, but in particular Wakefield, with its more diverse industrial base, many subscribers were involved in manufacturing concerns other than textiles: for instance, coal mining, machinery making, brewing and chemical manufacturing. Taken together (with textile manufacturers) this group accounted for over a quarter and a half of all subscriptions to the Wakefield and Huddersfield Infirmaries respectively by 1866.<sup>106</sup>

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105. 72nd and 74th A.R.s W.I., 1858-59, 1860-61; 32nd A.R. H.I., 1855-56.

106. 43rd A.R. W.D., 1830-31; Seventeenth A.R. H.D., 1830-31; 79th A.R. W.I., 1865-66; 35th A.R. H.I., 1865-66.

For a subscription of just a few guineas per annum an employer of labour could cover himself against accidents in the workplace, a much cheaper alternative to providing adequate safety precautions, employing a factory surgeon or paying for the medical treatment of employees on an individual basis. A survey of accident cases reported in the local press indicated that many of those gaining admission into the infirmaries were employees of subscribers, many being injured in their place of work. In July, 1860 two accident cases were reported in the Huddersfield Examiner, which had been treated in the Huddersfield Infirmary. The first case was of a young man, Frederick Marsden of Kirkburton, who was crushed while unloading timber at the goods shed at Huddersfield station. He was taken to the Infirmary, but died two days after his admission. The second case was that of Elizabeth Middleton, an eleven year old mule piecer, employed in the factory of Messrs. George Crosland and Sons, Lockwood. The girl fell into an unprotected steam pipe in a fulling room. She was also taken to the Infirmary, but was so badly scalded that she died within a few days.<sup>107</sup>

A large proportion of hospital admissions and all admissions to the Wakefield House of Recovery were infectious disease cases. The two infirmaries normally did not admit these cases as in-patients, but treated them as out- or home-cases. In the year 1815-16 over 750 of the 1,600 admissions (47 per cent) to the Huddersfield Dispensary were cases of infectious disease. The most frequently occurring diseases were smallpox (331 or 21 per cent of admissions), scarlatina (246, fifteen per cent), scrofula (45, three per cent), phthisis (21, 1.5 per cent) and whooping cough (sixteen, one per cent).<sup>108</sup> In 1824 the report

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107. HE, July 28, 1860.

108. Second A.R. H.D., 1815-16.

of the Huddersfield Dispensary claimed that the 'extraordinary prevalence of Small Pox, during the Year, swelled the amount of patients as well as the proportion of deaths, ...'.<sup>109</sup> The report of the Dispensary for 1826-27 noted an enormous rise in the number of patients, which exceeded the total for the previous year by over 800. It blamed this increase on the distress in the area and the 'prevalence of Measles, which raged for several months amongst the Children of the Poor, and was a fertile source of Infant Mortality'.<sup>110</sup> In the year 1857-58 typhus and typhoid raged epidemically during the winter months and pushed up admissions to nearly 6,000.<sup>111</sup> As late as 1873-74 86 cases of zymotic disease occurred among home-patients to the Huddersfield Infirmary (almost ten per cent of cases).<sup>112</sup>

The value of the institutions in treating disease cases was estimated in several ways. First of all fast and efficient medical treatment could in many cases result in a speedy recovery for those afflicted. Quick intervention could also prevent the spread of the disease to other family members and the community at large. The committee of the House of Recovery laid emphasis on both these factors, adding that removal from an unhealthy home environment was often sufficient to prompt recovery. Dr. Crowther of Wakefield pointed out the special value of the House of Recovery and similar institutions thus:

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109. Tenth A.R., H.D., 1823-24.

110. Thirteenth A.R. H.D., 1826-27.

111. 27th A.R. H.I., 1857-58.

112. 43rd A.R. H.I., 1873-74.



The Utility of this Institution (the House of Recovery) is not to be estimated, like other medical Charities by the number of patients admitted and cured, but by the number of lives which have been saved, by avoiding exposure to Infection. One patient sent in the early stage of the disease from a large family, may prevent the Illness of the whole family, and the Death, perhaps of several of them. 113

Perhaps a more important consideration for the wealthy classes was the danger of the spread of epidemic disease into their homes. The committee of the House of Recovery outlined this threat very succinctly:

... we trust the public will see that by supporting the Fever Ward, it is not only performing an act of the greatest humanity, under circumstances of peculiar exigence and distress, but is at the same time conferring a positive benefit on themselves, by being able to crush a disease in its birth, which might otherwise very shortly creep into their own dwellings, to the destruction of themselves and their dearest connections. 114

Although disease usually originated in the poorer areas of town, in its spread it was no discriminator between classes, and typhus fever, smallpox, measles and so on, still attacked the middle and upper classes in large numbers. During an outbreak of influenza in 1833, for instance, Clara Clarkson of Alverthorpe Hall, Wakefield (a subscriber to both the Fever Hospital and Dispensary) noted in her diary that most of her family contracted the disease. She also reported that someone in 'every family' in Wakefield was afflicted with influenza, sometimes the whole family. Clara Clarkson also recorded many cases of smallpox, typhoid and consumption amongst members of her class. 115

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113. C. Crowther, M.D., Notes on Proposed Alms House for Dissenters & Fever Hospital (Wakefield, 1842), Ms. WDA (JGC).
114. Second Report of the Wakefield House of Recovery, for the year 1827, WHJ, January 11, 1828.
115. A.K. Jacques, Merrie Wakefield (based on some of the Diaries of Clara Clarkson (1811-89) of Alverthorpe Hall, Wakefield) (Wakefield, 1971).

Fear of infection from servants was particularly strong. The committee of the House of Recovery soon latched onto this special anxiety. In their Sixth Report they noted

In many instances of late, Typhus Fever has first attacked the Servants in respectable families; when their immediate removal to the House has, in every instance, been attended by the happy result of security to the remainder, in addition to the gratification afforded to the minds of Masters and others, by having such sources of well-founded anxiety and alarm removed from the presence of their families. (their emphasis). 116

The committee of the House of Recovery undertook to treat servants and remove them from the home. Special rates were offered for the treatment of subscribers' servants. Non-subscribers were to pay 1s 6d per day, subscribers just 1s. Between 1826 and 1854 75 (eleven per cent) of the 696 patients admitted to the House of Recovery were servants or apprentices. In 1839, for example, nine out of the 49 admissions were servants, in most cases of subscribers. In April of this year the Reverend Garvey, the husband of a subscriber, sent a domestic servant afflicted with typhus fever to the House; in 1841 he sent two more servants, this time suffering from continued fever. Employees of local manufacturers and shopkeepers also accounted for a high proportion of admissions. Railway workers, meanwhile, made up one of the highest single categories of admissions. Between 1837 and 1847, for example, 34 employees of the various railway companies operating in the Wakefield area were admitted to the charity.<sup>117</sup>

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116. Sixth Report of the Wakefield House of Recovery, for the year 1831, WHJ, February 3, 1832.

117. Wakefield House of Recovery. Register of Patients, 1826-54, Ms. WYCRO (C235/5/1).

The committees of the medical charities often referred to the practical advantages of shifting the employer's responsibility for the medical care of his workers or servants onto medical charity. They also stressed the economy of these institutions. In particular the medical and lay officers, through personal contact with the applicants for relief, were able to discriminate between 'deserving' and 'undeserving' persons. Moreover, in comparison with other charities, medical charity removed a root cause of distress, sickness or injury, instead of merely relieving distress on a temporary basis. For example, the Fifth Report of the Huddersfield Infirmary remarked

The Board trust it will not be necessary to dwell on the importance of Infirmarys; wherever they have existed, experience has shown that they combine advantages rarely to be secured by the most liberal exercise of private charity - Here the benevolent may find a channel in which their bounty may flow without suspicion of abuse - situated in a district, abounding in machinery, open night and day to pressing cases of accident this Infirmary has already been a blessing to the surrounding poor. 118

Again in 1863 the committee of the Huddersfield Infirmary stated

Such an application of charity is not subject to the abuses and imposition that too often attach to the relief of mere destitution. It husband the resources of society when viewed in reference to the mitigation of suffering, the speedy return of the workman to his labour, and the probable diminution of the loss of life. 119

The strong link between sickness and poverty was also pointed out. Illness could lead to the pauperisation of a family, and hence a permanent drain on the poor rate. Voluntary contributions were seen as being preferable to an increase in the poor rate or the impositions of central

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118. Fifth A.R. H.I., 1835-36, Annual Address, p.4.

119. 32nd A.R. H.I., 1862-63, Annual Address, p.7.

government, which offered none of the attractions or returns of a charitable investment. Ideas of 'maximum utility' and 'value for money' in return for a modest subscription in the 'Joint-Stock bank of Charity'<sup>120</sup> seemed likely to appeal to the commercial classes of Wakefield and Huddersfield.

Humanitarian and religious considerations played some part in both the winning of support for the charities and presumably in motivating the philanthropic. However, while appeals to the humanitarianism of the public were widely utilised, they were normally linked with and secondary to practical considerations. The 36th Report of the Huddersfield Infirmary provides a typical example of this 'combined' appeal.

So long as a labouring man or mechanic is under the influence of neglected disease, he is circulating means of contagion to others, and instead of a producer is perforce a consumer; at the same time being himself unnaturally consumed. If we compare the painful, costly and pernicious result, as they fell upon the whole community as well as on individuals, of a few hundred such sufferers, with the opposite effects of their being restored to their families and callings, the argument statistically due to sound enlightened economy as well as fellow feeling benevolence of medical institutions, is irresistible. 121

There appears to be a relative absence of purely altruistic concerns.

This is not to say that supporters of medical charities felt no sympathy with the plight of the poor or with those who were admitted as patients, but it does seem the donor expected, and indeed received, more from the charities than the satisfaction of performing an act of kindness.

For the more religiously inclined the performance of an act of charity held out the promise of ultimate salvation, and the committees

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120. Eighth A.R. H.I., 1838-39, Annual Address, p.17.

121. 36th A.R. H.I., 1866-67, Annual Address, p.7.

of the two infirmaries appealed on many occasions to the 'Christian benevolence' of the public. In 1852 the committee of the Wakefield Dispensary declared in their annual report,

An Institution whose benefits are acknowledged by all, should not be suffered to languish for want of funds. Every Christian man should feel himself called upon to contribute to it according to his ability; every Christian congregation should remember it in their offerings to God.... Days of darkness and sorrow must sooner or later be the portion of us all, but 'blessed is he that considereth the poor, the Lord shall deliver him in time of trouble'. 122

Similarly, in 1868 the committee of the Huddersfield Infirmary offered the following spiritual comfort in their annual address.

To all those who have, by means of this House of Mercy, contributed towards the alleviation of the languishing bed of sickness, it will be no small satisfaction in their suffering and dying hour, to meditate upon the generous retrospects of here and there the hard pillow of destitution soothed, a pang of physical affliction gently assuaged, and sorrow lightened and relieved through the instrumentality of this great Christian Charity. 123

A number of financial and other practical advantages could accrue from active involvement in such voluntary societies as the Wakefield and Huddersfield Infirmaries. Important practice-building opportunities were gained by the doctors who became active in these institutions as medical officers and committee members.<sup>124</sup> Almost without exception parliamentary candidates and many of those involved in local politics at least subscribed, or preferably held official posts or served on the infirmary committees. Subscribers to the Wakefield Dispensary in 1853, for instance, included fourteen Councillors, four Aldermen and the Mayor of Wakefield, John Gregory. Alderman Robert Hodgson

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122. 65th A.R. W.D., 1851-52, Annual Address, p.5.

123. 37th A.R. H.I., 1867-68, Annual Address, p.8.

124. See Chapter 7, especially Sections I and IV.

was President of the charity, Alderman Clayton an Auditor and committee member, and Councillor Ash a committee member. The Member of Parliament for Wakefield, George Sanders, also served on the Dispensary Committee.<sup>125</sup>

Large numbers of bankers and members of the legal profession became involved in financing and running these charities, often filling the posts of Honorary Secretary or Treasurer. John Battye, an attorney, became the first Secretary to the Huddersfield Dispensary in 1814, while J.C. Laycock, by profession a solicitor, served the Huddersfield Infirmary for many years first as Honorary Secretary, then President. Members of the Leatham banking family acted in the capacity of Treasurers to the Wakefield Dispensary and Infirmary for a great number of years. Contacts formed through the medical charities may well have brought clients to these groups. Meanwhile, merchants and tradesmen may have utilised meetings of the charities to make business contacts.

One very real advantage gained by tradesmen was the formation of business contracts with the charities. The institutions required large quantities of such items as drugs, groceries, milk, linen and alcoholic beverages, and where possible goods required by the infirmaries would be purchased from subscribing tradesmen. An early resolution of the committee of the Huddersfield Dispensary instructed that drugs be ordered 'equally and impartially of each Druggist who subscribes to the institution, as long as quality and prices are approved of'.<sup>126</sup> Arrangements such as these clearly worked both ways. The tradesman could secure a large order, but low prices and discount would be expected

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125. 66th A.R. W.D., 1852-53.

126. Minute Book of the Huddersfield Dispensary, Vol. I., Meeting of the Monthly Committee, October 7, 1816, p.37.

in return. For example, two-guinea annual subscriptions were deducted from the bills of three York druggists in 1817 by way of a discount. Competition and tenders for goods were also encouraged. In 1831 arrangements were made for the provisioning of the newly-established Huddersfield Infirmary. Goods were to be supplied by Messrs. Carr, Joshua Walker, Black, Wilson, Law Walker, Joshua Hammond, Thomas Firth and George Bates, all subscribers to the institution. Mr. Bradshaw was to supply the Infirmary with water for five guineas per annum, which the Waterworks Commission would subscribe to the charity.<sup>127</sup>

Samples were taken of all tradesmen supplying goods and services to the Huddersfield Dispensary and Infirmary in the years 1825-26, 1855-56 and 1865-66. In 1825-26 52 per cent of those trading with the institution were also subscribers, and in 1855-56 and 1865-66 58 per cent. It was not uncommon for tradesmen to be elected to the committees of the infirmaries, which were responsible for selecting suppliers and ordering goods for the use of the charities. The committee of the Huddersfield Infirmary for the year 1855-56, for example, included Law Walker, butcher, W.P. England, chemist and druggist, and Joseph Brook, stationer, printer and bookseller, and printer of the charity's annual reports.<sup>128</sup>

Numerous social advantages were also gained through involvement in medical charities. Complicated scales of privileges were drawn up to allocate the power of making recommendations according to the size of the financial contribution. The performance of acts of charity,

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127. *Ibid.*, Vol. I., Memorandum, May 9, 1817, p.44, Meetings of the Infirmary Committee, October 8, December 22, 1831, pp. 289, 294.

128. Minute Books of the Huddersfield Dispensary and Infirmary, Vols. I and II, 1825-26, 1855-56, 1865-66; Twelfth A.R. H.D., 1825-26; 25th and 35th A.R.s H.I., 1855-56, 1865-66..

not least the distribution of recommendations to 'deserving objects', played a status-giving or status-maintaining role. The donor was put in a position of prestige in the eyes of those who benefited from his benevolence, and, more importantly, in the eyes of his contemporaries:

To give is to show one's superiority.... To accept without returning or repaying more, is to face subordination, to become a client and subservient. 129

This may have been especially important to middle- and lower middle-class groups, actively seeking social advancement and acceptance by the local elite.

Subscribers' names appeared in newspaper reports and the printed annual reports of the charities, alongside those of the local aristocracy. They gained the right to vote in the election of medical staff, lay officers and committees, and the opportunity to serve themselves in one of the latter capacities. Social prestige was gained through attendance at fund-raising events, where one was in a position to rub shoulders with the local elite. For example, the Wakefield Charity Ball, held annually in aid of the Dispensary and House of Recovery, was generally 'supported by the chief families in the town and neighbourhood',<sup>130</sup> the Fitzwilliams, Pilkingtons, Armytages, and so on. The public ceremonials and private banquets, which marked the opening of the infirmaries, important additions to facilities or a jubilee, were occasions not only for much mutual 'back-patting', but also for a gathering of the local elite. Poems were even composed to celebrate these occasions, to praise both the institution of charity and the charitable. (See Appendix 10).

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129. M. Mauss, The Gift. Forms and Functions of Exchange in Archaic Societies (1966), p.15.

130. T.G. Wright, M.D., Wakefield Charity Ball, letter dated January, 1885. In Wakefield Charity Ball Scrapbook, c.1818-98, WYCRO (C235/2/1).



As Davidoff<sup>131</sup> has suggested, provincial town society depended very much on the relation of middle-class to country groups. Where there were no dominant local aristocratic families, or where the London Season and other attractions of national society drained away aristocratic attendance and interest, then professional and business people took over. This was partly the case in Wakefield and Huddersfield, where active involvement in local charities had been largely taken over by the middle classes. However, the local aristocracy still showed sufficient interest to make financial contributions and to participate occasionally in public events. The medical charities provided a forum for a 'new accommodation' between town and country,<sup>132</sup> the newly rich and powerful commercial and professional groups and the traditional ruling and landowning elite. Some of the motives which John Pickstone has suggested as being responsible for the upsurge of medical charities in the eighteenth century were still valid a century later.

Perhaps the movement has to be seen as part of the social dynamics of the country town, a means of social integration between landowners and townsmen, a means of demonstrating benevolence to the lower classes ... They provided a focus for the charitable middle class, an object for civic pride and an exemplar of those mutual obligations of rich and poor which many wished to encourage. 133

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131. L. Davidoff, The Best Circles. Society Etiquette and the Season (1973), p.171.
132. J. Money, Experience and Identity. Birmingham and the West Midlands 1760-1800 (Manchester, 1977), p.81.
133. J.V. Pickstone, 'The Professionalisation of Medicine in England and Europe: the state, the market and industrial society', Journal of the Japan Society of Medical History, Vol. 25, No. 4, October, 1979, p.542.

The Wakefield and Huddersfield medical charities gained the support of a cross-section of religious and political groups: church and chapel, Whigs and Tories. Leading representatives of various religious denominations in both Wakefield and Huddersfield were active in the charities: in Wakefield, for example, the Quaker Leathams, the Wesleyan Gaskells and the Congregationalist Thomas Clayton co-operated with the staunchly Anglican Charlesworths and Tews. Within the confines of this chapter it has been impossible to identify the patterns of denominational support amongst subscribers to the charities. However, they do seem to have been fairly representative of the patterns of religious worship in their respective towns (with an almost 50/50 division between church and chapel in Wakefield, and a stronger Non-Conformist element in Huddersfield).<sup>134</sup> Significantly, however, the committee and official posts of the Huddersfield Dispensary and Infirmary tended to be dominated by Churchmen.

The Wakefield and Huddersfield Infirmaries also drew support from both Liberals and Conservatives, including again leading representatives of each party: in Wakefield the Liberal Gaskells, Leathams and Holdsworths, and the Tory Charlesworths, Haighs, Wormalds and Westmorlands. The voting patterns of subscribers to the Wakefield and Huddersfield charities have been matched up with the general voting behaviour, as recorded in the Poll Books, for a selection of elections, which seemed to be fairly typical of voting behaviour in the two towns during the nineteenth century: the 1834 Huddersfield election, and the 1837 and 1862 Wakefield elections. The results are given in Tables 4:III.<sup>135</sup> Although

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134. For patterns of denominational support in the two towns, see Chapter 2.

135. See Chapter 2 for voting behaviour in Wakefield and Huddersfield.

the samples are small, they indicate that the political biases of subscribers to the charities paralleled political support in the towns as a whole. In Huddersfield, however, much less support was registered by subscribers for the Radical Wood,<sup>136</sup> and in Wakefield the voting behaviour of subscribers tended to be biased slightly more towards Conservatism than was the case for the town as a whole.

TABLES 4:III

Voting Patterns of Subscribers<sup>1</sup> to the Wakefield and Huddersfield Dispensaries and Infirmaries in Selected Elections

<u>Voting Pattern of Subscribers to the Huddersfield Infirmary</u>		1834 Huddersfield Poll	<u>Voting Pattern of the Huddersfield Public</u>	
Votes for Each Candidate	% of Votes	Candidates	Votes for Each Candidate	% of Votes
88	54	John Blackburne (Liberal)	234	48
19	11	Captain Wood (Liberal-Radical)	108	22
57	35	Michael T. Sadler (Tory-Reformer)	147	30
164	100%	TOTALS	489	100%

<u>Voting Pattern of Subscribers to the Wakefield Dispensary</u>		1837 Wakefield Poll	<u>Voting Pattern of the Wakefield Public</u>	
Votes for Each Candidate	% of Votes	Candidates	Votes for Each Candidate	% of Votes
54	59	Hon.W.S. Lascelles (Tory)	307	52
37	41	Daniel Gaskell (Liberal)	281	48
91	100%	TOTALS	588	100%

136. The Committee of the Huddersfield Infirmary also seem to have been very much opposed to Socialists. In June, 1840, for example, it was recorded in the Minutes 'That Mr. Laycock the Secretary having recently issued Adverts declining to accept of any funds to be realised from the Lectures or Diversions held in the Building occupied by the persons calling themselves 'Socialists'. This Board hereby sanction the steps adopted by Mr. Laycock on that occasion, and thanks him for the spirited manner in which he rejected the proposed contribution to the funds of this Institution'. Minute Book of the Huddersfield Infirmary, Vol. I, Meeting of the Board, June 22, 1840.

Voting Pattern of Subscribers to the Wakefield Infirmary		1862 Wakefield Poll	Voting Pattern of the Wakefield Public	
Votes for Each Candidate	% of Votes	Candidates	Votes for Each Candidate	% of Votes
55	53	Sir J.C.D. Hay (Conservative)	456	52
48	47	Richard Smethurst (Liberal)	425	48
103	100%	TOTALS	881	100%

Sources: Fourth A.R. H.I., 1834-35; 43rd A.R. W.D., 1830-31;<sup>2</sup> 73rd A.R. W.I., 1860-61; A Copy of the Poll. Borough of Huddersfield, 1834, HPL (B.324); Wakefield Borough Election. Poll Book, 1837, WDA (Local Collection W.324); Poll Book of the Wakefield Borough Election, 1862, WDA (Local Collection W.324).

1. The figures are for subscribers whose voting behaviour, as recorded in the Poll Books, could be identified.
2. The annual report for 1830-31 was the only report extant for the 1830s and 1840s and was therefore the closest obtainable for a comparison with the 1837 Poll.

Not all Wakefield and Huddersfield charities or voluntary organisations provided a basis for the unification of middle-and upper-class groups, otherwise divided on economic, party or denominational grounds. As John Pickstone has suggested, 'in the close-fought urban politics of the nineteenth century, control over the various town institutions was important, especially when a town had not yet been incorporated'.<sup>137</sup> The Wakefield Mechanics' Institute was a strongly Liberal/Non-Conformist preserve; the rival Church Instruction Institution was dominated by Churchmen and Conservatives. The Wakefield Governors of the Charities were a staunchly Establishment group, while the Benevolent Society was dominated by Wesleyans. In Huddersfield there were two rival colleges

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137. J.V. Pickstone, 'What were Dispensaries for? The Lancashire Foundations during the Industrial Revolution', unpublished paper, U.M.I.S.T., Manchester, 1980, p.3. Wakefield was incorporated in 1848, Huddersfield not until 1868.

run respectively by Non-Conformists and Churchmen: the Huddersfield College (1838) and the Collegiate School (1837).

To a large extent (at least in Wakefield and Huddersfield) medical charities appear to have been able to cut across political and religious differences. This may well have been because medical charities, unlike educational, missionary or visiting societies, were largely apolitical and non-denominational in their functions and aims. Moreover, the promoters of medical charities needed a good deal more financial backing than most other philanthropic concerns, and could not afford to confine their appeal to specific groups. While towns of this size and wealth might be able to support rival colleges, education institutes and small-scale benevolent enterprises, it is very unlikely that financial backing could be given to two large medical institutions.<sup>138</sup> More than many other voluntary societies, the Wakefield and Huddersfield Infirmeries provided the basis for the kind of unification of the middle classes that Morris has found in mid-nineteenth century Leeds. The necessity for the wealthy classes to find such a basis for unity was also a common theme of the annual reports of the charities and appeals for support. In 1863 the annual report of the Huddersfield Infirmary stated

It (medical charity) knits close the bond that should unite all classes of a community; and amid the jarring and discord occasioned by political and religious dissension, such an Institution forms a truly attractive field - a green spot in the wilderness - on which all sects and parties may, for a time, forget the points on which they differ, and devote themselves to labours of love and humanity, on the obligation of which they are all agreed, and the performance of which, while it relieves the objects of their common care; binds them together as brethren and friends. 139

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138. A 'rival' dispensary known as the 'Regular Dispensary' did exist in Huddersfield for a short period (circa 1814 to 1820). Very little is known of this institution, or the support it commanded. The two dispensaries amalgamated in 1820, on apparently amicable terms. Minute Book of the Huddersfield Dispensary, Vol. I, 1814-20.

139. 32nd A.R. H.I., 1862-63, Annual Address, p.8.

c) The Position of the Patients: Social Control or Paternalism?

At least until the late nineteenth century there appears to have been very little room in these institutions for working-class participation. The poor were excluded from involvement in the government, policy-making and financial support of these charities. Meanwhile, control over admissions remained largely in the hands of the lay subscribers, rather than the medical officers. Indeed the letter of recommendation was offered as a potential inducement to subscribers, and in normal circumstances admissions were determined by social rather than medical criteria.

Many of the exclusions referred to in standard hospital histories, of children, pregnant women, fever and chronic cases,<sup>140</sup> do not seem to have been applicable in the Wakefield and Huddersfield Infirmeries and Fever Hospital. Fever cases and chronic complaints, while rarely being treated as in-patients, made up the largest percentage of out- and home-cases. Pregnant women were occasionally treated as home-patients, while children were regularly admitted as in- and out-patients. In the year 1838-39, for example, children under ten years accounted for sixteen per cent of the 3,568 out-patient admissions and eight per cent of the 336 in-patient admissions to the Huddersfield Infirmary.<sup>141</sup>

Exclusions were more likely to be applied on the basis of social criteria. Paupers, for example, could not be sent to the infirmeries by means of the normal channel of subscribers' recommendations. Rather they had to be directed by the Guardians of the Poor, who would undertake to pay for them on a weekly basis. Patients who were members of sick clubs<sup>142</sup> (which did not subscribe to the charities) or those considered

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140. See, for example, J. Woodward, op.cit., pp. 36-7.

141. Eighth A.R. H.I., 1838-39.

142. See Chapter 3 for the admission of paupers to medical charities. See Chapter 5 for the relationship of friendly societies to medical charities.

too well off to be 'deserving' were ordered to pay something towards their keep and treatment, or were dismissed. Meanwhile, cases of venereal disease were rigorously excluded, except where the patient could prove himself or herself married and of 'good character'.

The process of admission, treatment and discharge was geared to inculcating feelings of gratitude and dependence in patients. Firstly the potential patient was expected to go in person to a governor to request a recommendation. After being subjected to rigorous admission procedures and checks by both the governor and admissions board, he faced the possibility of being dismissed as an 'improper object' of the charity. Subscribers repeatedly had their attention drawn to the necessity of exercising great caution in the handing out of recommendations. In 1830, for example, the committee of the Huddersfield Dispensary found

... it is still necessary to recommend increased attention to the selection of objects, and while they willingly concede, that it is better that in a few instances the Charity should be abused, than that one case of real suffering should go unrelieved, yet it is of the last importance, that improper objects should be excluded, and that all obtain recommendations in their own neighbourhoods, where their circumstances are known, ... 143

In 1853 the committee of the Huddersfield Infirmary found it necessary to place a list of questions concerning the patients' circumstances on the forms of recommendation;

And as a check against imposition this Board urges upon the notice of the Governors the propriety of requesting explicit answers to such printed queries before they give Out Recommendations, in order that the accuracy of the statements may be tested in such manner as may be thought expedient. 144

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143. Sixteenth A.R. H.D., 1829-30.

144. Minute Book of the Huddersfield Infirmary, Vol. II, Meeting of the Monthly Board, June 20, 1853, p.245.

Little information is available on the social status and occupations of those admitted as patients. No patients' books have survived for the Wakefield and Huddersfield Infirmaries. Nineteenth-century census returns, however, list the occupations of hospital patients. The results of a classification of the occupations of the small number of in-patients, resident in the Huddersfield Infirmary on census day in 1841 and 1851, are given in Table 4.IV.

The patients' book of the Wakefield House of Recovery, meanwhile, provides a complete record of all admissions to the charity between 1826 and its closure in 1854. Table 4:V gives details of the occupations of patients admitted to the House of Recovery in 1838 and 1847, two typical years in terms of the class of patient admitted, although atypical in terms of the high number of admissions (and high number of paupers and vagrants admitted in the epidemic year of 1847).

The samples shown in the Tables, although small, give some indication of what the officers and subscribers to the medical charities classified as 'deserving'. Most patients were servants or employees in factories or workshops.<sup>145</sup> In many cases they were presumably sent directly to the charities by their employers, who were frequently subscribers, with the power to recommend patients.

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145. The 1841 Census enumerated all hospital patients in Great Britain on census day. A very high proportion were servants (eighteen per cent of those classified), while various manufacturing groups were also well represented. 1841 Census, Occupation Abstract, PP, 1844, XXVII (587). Abstract of Occupations of Persons enumerated as Inmates of the following Public Institutions of Great Britain on the night of 6th June 1841: 2. Hospitals. For full reference, see Bibliography.



TABLE 4:IV

Occupations of Huddersfield Infirmary In-patients  
on Census Day, 1841 and 1851

Occupations	1841		1851	
	Number	Percentage of Total	Number	Percentage of Total
Textile Workers:	18	60.0	11	39.3
	1841	1851		
Weavers	6	2		
Piecers	2	4		
Cloth Dressers	0	2		
Burlers	2	0		
Winders	2	1		
Croppers	1	0		
Others	4	2		
Factory Workers (unspecified)	2	6.7	0	0
Agricultural Labourers	2	6.7	0	0
General Labourers	0	0	2	7.1
Watermen	2	6.7	0	0
Shoemakers	0	0	1	3.6
Tailors	0	0	1	3.6
Building Trades	2	6.7	3	10.7
Hawkers	1	3.3	1	3.6
Servants	1	3.3	3	10.7
Children (no occupation)	2	6.7	5	17.9
Female (no occupation)	0	0	1	3.6
<b>TOTAL</b>	<b>30</b>	<b>100%</b>	<b>28</b>	<b>100%</b>

Source: Census Enumerators' Books, Huddersfield, 1841 and 1851.

TABLE 4:V

Occupations of Patients Admitted to the Wakefield  
House of Recovery in the Years 1838 and 1847

Occupations	1838		1847	
	Number	Percentage of Total	Number	Percentage of Total
Servants and Apprentices	7	13.2	3	4.1
Railway Labourers	7	13.2	3	4.1
Male Factory Workers (unspecified)	0	0	2	2.7
Female Factory Workers (unspecified)	3	5.7	5	6.8
Spinners	1	1.9	1	1.4
Labourers(unspecified)	3	5.7	8	10.8
Bricklayers	2	3.8	1	1.4
Watermen	1	1.9	0	0
Joiners	1	1.9	0	0
Cobblers	0	0	3	4.1
Tailors	2	3.8	0	0
Hawkers	1	1.9	1	1.4
Dyers	1	1.9	0	0
Female Gardeners	0	0	1	1.4
Military Pensioners	0	0	1	1.4
Lodging House Keepers	1	1.9	1	1.4
Irish Vagrants	0	0	22	29.7
English Vagrants	0	0	4	5.4
Polish Vagrants	0	0	1	1.4
Tramps	0	0	1	1.4
Paupers	0	0	3	4.1
Children (no occupation)	17	32.1	3	4.1
Females(no occupation)	6	11.3	10*	13.5
<b>TOTAL</b>	<b>53</b>	<b>100%</b>	<b>74</b>	<b>100%</b>

\* Included one mason's wife, who it was noted in the patients' book 'should pay'.

Source: Wakefield House of Recovery. Register of Patients, 1826-1854, Ms. WYCRO (C235/5/1).

Once admitted, either as an in- or out-patient, the recipient would face a barrage of rules concerning his behaviour while receiving treatment from the charity. The normal procedure was for rules to be read to the patient on admission. In case a reminder was required, the rules were also hung in wards and waiting rooms. One of the duties of hospital visitors was to ensure that patients were abiding by the rules, and not causing trouble to the medical or other staff. If any rules were broken, the offender was liable to immediate expulsion. Patients could be discharged for irregular attendance, immoral behaviour or poor conduct. Disobedience to the medical officers was also punishable by expulsion. The rules of the Wakefield Dispensary stipulated

That the Patients shall attend regularly, shall conform to the Regulations inserted in the Letters of Recommendation, and shall behave with propriety, or be instantly dismissed, and when cured the Patients shall inform the recommending subscriber. 146

The rules for in-patients to the Huddersfield Infirmary, meanwhile, insisted

That they (the patients) strictly observe the directions of their Physicians and Surgeons; and also of the Apothecary, the Matron, and the Nurses. ... That no men patients go into the women's wards, nor women into the men's; ... That there be no cursing, swearing, rude or indecent behaviour, on pain of expulsion after the first admonition. ... That there be no playing at cards or any other game. ... neither shall spirituous liquors, nor any provisions, be introduced by the patient or their friends. 147

Rules of this nature were apparently common to all nineteenth-century medical charities. At first sight these regulations might appear severe, but in fact many differ only in degree from those enforced in present-

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146. 43rd A.R. W.D., 1830-31, Set of Rules, pp. 18-19.

147. Rules and Regulations of the Huddersfield and Upper Agbrigg Infirmary, 1834, pp. 18-19, HPL (B.362).

day hospitals. The main difference is that today these codes of conduct go largely unmentioned, while the nineteenth-century infirmary committees found it necessary to bring these regulations very much to the notice of the patient. The officers and committees of these charities may have wished to instil habits of obedience, regularity, sobriety, duty and good moral behaviour into their patients by means of strict regulations. But it is just as likely that they believed the imposition of such rules was necessary to the smooth functioning of the institutions.

On discharge, following the termination of treatment (and not necessarily a cure), patients were required to make some formal expression of gratitude, by letter or in person, to the recommending governor. Failure to do so was liable to result in future exclusion from the charity. Unpleasant as these expressions of gratitude might have been for those who had to make them, they were part and parcel of philanthropic work during the eighteenth and nineteenth centuries, and apparently did not carry with them any 'sinister' connotations. Rather expressions of gratitude gave the supporters of these charities a feeling of gratification, the 'luxury of doing good'. In an annual address to subscribers in 1853 the committee of the Wakefield Dispensary drew the attention of their supporters to

... the decreasing number of patients, discharged for non-attendance, as an evidence not only of an increasing sense on the part of the Patients themselves of the benefits conferred by the Institution, but also of their gratitude towards its promoters.

In the previous year 59 patients were discharged for non-attendance, but 'during the past year hardly one-half of that number have adopted this ungracious method of relieving themselves from attendance'.<sup>148</sup>

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148. 66th A.R. W.D., 1852-53, Annual Address, p.4, 65th A.R. W.D., 1851-52, Annual Address, p.5.

The promoters of the charities expressed remarkable confidence in a Divine support and approval of their particular brand of good works. Their charities had been singled out for special approval, a fact which was evidenced by their prosperity and success. In 1870 the committee of the Huddersfield Infirmary humbly acknowledged, '... with devout gratitude, the blessing of Almighty God on this House of Mercy'.<sup>149</sup> In their report for the previous year the committee had reviewed the steady growth of the charity,

... and thankfully recognise in the work the hand of Him from whom all goodness emanates and they likewise hope that the poor recipients of His bounty participate in this feeling, and may be led to know that, though "the sorrows of death encompassed them, He heard their voice!" 150

Presentiments of the imminent salvation of patrons on account of their good works, and hopes of inculcating a religious revival amongst patients, were expressed in the reports of the institutions. These expressions tended to reflect the notion that the social structure was a creation of Divine Providence and that the poor should be contented with the humble lot to which God had assigned them, ideas that were also common to nineteenth-century sermons.<sup>151</sup> The more fervent supporters of these charities may have wished to impose their own brand of Christianity and sense of Christian duty on those admitted as patients. While the poor received bodily treatment from the medical staff, they would also receive spiritual aid and instruction. These motives were

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149. 39th A.R. H.I., 1869-70, Annual Address, p.7.

150. 38th A.R. H.I., 1868-69, Annual Address, pp. 7-8.

151. J. Hart, 'Religion and Social Control in the mid-Nineteenth Century' in A.P. Donajgrodzki (ed.), op.cit., pp. 108-33.

hinted at during the ceremony for the laying of the first stone of the Huddersfield Infirmary. The Vicar of Huddersfield, the Reverend J.C. Franks, offered a prayer for the future patients of the charity: -

Give them unfeigned repentance for all the errors of their life past, and stedfast faith in thy Son Jesus; that their sins may be done away by thy mercy, and their pardon sealed in heaven, before they go hence, and are no more seen. 152

The imparting of spiritual comfort and religious instruction were amongst the duties taken up by women visitors.<sup>153</sup> Clergymen were also given access to wards to conduct services and offer religious instruction and 'other spiritual assistance to the Patients'.<sup>154</sup>

Patients who were well enough were expected to attend church services, and were 'recommended' when discharged to offer thanks in their respective places of worship. Links were established between the medical charities and local churches and chapels through the medium of congregational collections. One of the advantages obtained by clergymen undertaking to preach sermons and collect in aid of the institutions was the privilege of recommending patients from their flocks. Presumably only those suitably attentive to their religious obligations could gain a recommendation from such a source.

On the face of it there appears to have been ample opportunity for religious indoctrination (and, after all, gratitude to God for His Divine support of the charities and gratitude to the patrons for their financial and practical support were not so far apart, especially when control over admissions and religious indoctrination was in the

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152. The Huddersfield & Upper Agbrigg Infirmary. Laying of the First Stone (Huddersfield, 1829), p.2, HPL (Tomlinson Collection).

153. See Section IV.

154. Minute Book of the Huddersfield Infirmary, Vol. II, Annual Meeting of Subscribers, June 24, 1859, p.367.

hands of the same group). But in fact the encouragement of a religious revival amongst patients seems to have been seen by the majority of supporters only as a fringe benefit. Clergymen and those keen on spreading the Gospel were allowed to carry out their work, but religious reform was not one of the main activities of the charities. Meanwhile, the only group who were likely to be influenced in this way were in-patients, who made up a very small majority of admissions. Moreover, it is not inconceivable that in some cases the religious reformers were in fact preaching to the converted. Those of the patients who wished to see a clergyman or receive spiritual aid were able to follow their own religious inclinations, and clergymen of all sects were given access to patients. (One of the stipulations attached to Clayton's legacy was that clergy and ministers of all denominations would be admitted freely to the wards of the Wakefield Infirmary).

In a similar way there appears to have been little inclination to insist on the acceptance of other middle-class value systems and forms of behaviour. However, the reports of the medical charities occasionally contained stronger expressions of the need to contain the poor and keep them in a position of deference. For example, in 1816 the committee of the Huddersfield Dispensary pointed out 'how much it is likely to add to the Contentment and even Subordination of the Poor, to find that they are so protected when overtaken with Affliction'.<sup>155</sup> Statements such as these, however, tended to coincide with periods of depression or working-class discontent.

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155. Second A.R. H.D., 1815-16, Annual Address, p.4 (my emphasis).

When economic depression or social unrest threatened the medical charities stepped up their appeals for support, in order, as they saw, it, 'to meet this threat'. In 1826 the Huddersfield Dispensary faced one of the most serious crises in its history, when the bankruptcy of its Treasurers led to 'the wreck of their resources'. This personal disaster coincided with a general depression, and 'the disastrous crisis, which spread its oppressive gloom over the whole empire, and was felt in all its violence in this district, contributed to swell the amount of applicants to the Dispensary'. Appeals were made to obtain more subscriptions and collections in different places of worship, and the response was sufficient to enable the charity to continue. The committee remarked at the termination of this difficult year,

Great as have been the sufferings of the poor, from want of employment, how much greater would they have been, had not this Institution been still enabled to continue its aid to the Sick poor. And it is satisfactory to know, whatever other distress was felt by the labouring classes, no part of it arose from a want of the means of medical relief. 156.

Similarly, in 1855 the committee of the Wakefield Dispensary noted

A period of protracted depression and high prices lie before the working classes, to which it is impossible to look forward without anxiety; surely at such a time all charitable institutions should be extended not contracted. 157

The anxieties of the wealthy classes during periods of depression or social dislocation were justified by the outbreaks of popular discontent which erupted throughout the West Riding during the first half of the nineteenth century. Food riots continued into the 1840s and Wakefield and Huddersfield were centres for Luddite insurrections, Anti-Poor

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156. Twelfth A.R. H.D., 1825-26, Annual Address, p.3.

157. 68th A.R. W.I., 1854-55, Annual Address, p.6.



Law and Factory Act agitation and Chartism.<sup>158</sup> Through the operation of ameliorative charities, it was claimed, bonds could be formed between the classes and order maintained. Periods of acute poverty for the working classes could be tided over without the threat of serious social dislocation.

The geographical gulf between rich and poor, as described by Stedman Jones<sup>159</sup> for London in the second half of the nineteenth century, did not develop in Wakefield and Huddersfield, at least in the first three-quarters of the nineteenth century. In Huddersfield there was some movement in the second half of the century to new suburbs and villa areas on the outskirts of the town, but this process by no means matched the segregation on class lines of London and the larger manufacturing towns (such as R.J. Morris's mid-nineteenth century Leeds). Personal links between the classes remained strong, and contact between employer and employee was maintained within relatively small-scale workshops and mills. Many local businessmen and shopkeepers, meanwhile, still lived on their business premises, and retained strong social links with their employees and servants.

Could support of medical charity then have been an expression of the paternalism of local manufacturers and employers of labour as discussed by Joyce and Roberts?<sup>160</sup> Despite, or because of, the small scale of many workshops, and the close links between master and men,

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158. See Chapter 2 for more on working-class unrest in Wakefield and Huddersfield.

159. G. Stedman Jones, Outcast London. A Study in the Relationship between Classes in Victorian Society (Oxford, 1971).

150. P. Joyce, op.cit.; D. Roberts, op.cit., especially Chapter VII.

industrial development in the West Riding was less conducive to the formation of industrial paternalism than Joyce's Lancashire. As Joyce himself states, as 'a consequence of later and less complete mechanisation in West Riding textiles, together with the attendant delay in urban growth, the economic organisation of industry ... was far less favourable to the emergence of industrial paternalism'. Rather the factory economy of the region was characterised on the one hand by exploitation on the part of the employer, on the other hand by independence on the part of the workforce.<sup>161</sup>

Examples do exist of 'good' employers in the Wakefield and Huddersfield areas, many of whom did show some 'paternalistic characteristics'. In 1841, for example, John Naylor, a Wakefield cloth manufacturer, was praised in the local press for his 'Good Example to Employers'. Not only had he set up a library for his workforce, but he had also kept his workmen employed during the recent depression in the woollen trade.<sup>162</sup> Naylor was a supporter of the Wakefield Dispensary; his father, also John Naylor, had been the institution's first Treasurer.

A Parliamentary Commission of 1845 praised the efforts of Messrs. Stansfeld and Briggs, owners of collieries at Flockton, near Huddersfield, to improve the working and mental conditions of their workforce. Amongst other things, they had set up a Horticultural Society, a Temperance Society, evening classes and a Sunday School, and organised sports and other 'rational recreations'. Earl Fitzwilliam and the Charlesworth family also received praise for the good working and housing conditions, and facilities for education and recreation, that prevailed at their collieries.<sup>163</sup>

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161. Ibid., p.xxi.

162. WJ, March 26, 1841.

163. Report of the Commissioner Appointed under the Provisions of the Act 5 & 6 Vict., c.99, to Inquire into the Operation of that Act, and into the State of the Population in The Mining Districts, PP, 1845, XXVII (670), Report of Seymour Tremenheere on the West Riding of Yorkshire, pp. 21-6, 29-30.

Just as many, if not more, examples exist of poor working conditions, exploitation of the workforce and evasion of Factory Acts by employers of labour in Wakefield and Huddersfield. The very same people who supported the exploitative factory system were frequently patrons of the medical charities. In 1831 a group of Huddersfield factory owners presented a petition to Parliament against a proposed Bill to reduce the hours of labour for factory children. The petitioners included the Stables family, Starkey Brothers, Jonas Brook and Brothers (including Charles Brook, who founded the Meltham Convalescent Home!), Thomas Nelson, Henry Brook, Roberts Brothers, Thomas Kilner and John Hannah. All of this group gave financial support to the Huddersfield Infirmary, several served as committee members. Legal assistance for the petition was supplied by none other than J.C. Laycock, one of the Infirmary's foremost supporters. In 1837, Mr. Benjamin Lawrence Clarkson, a Wakefield woollen manufacturer and patron of the Wakefield Dispensary, was prosecuted for forging certificates to show school attendance for children under the age of thirteen.<sup>164</sup>

The harsh and in many cases dangerous working conditions which prevailed in many workplaces also accounted for a large number of industrial accidents and a gradual decline in the health of the workforce. The 1833 Parliamentary Inquiry into factory conditions, presided over by Mr. Sadler, heard evidence, for example, from a seventeen-year old Huddersfield factory hand, Joseph Habergam, who testified to the appalling conditions, particularly for young children, in three local textile

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164. W.R. Croft, The History of the Factory Movement (Huddersfield, 1888), pp. 32-4; WRH, November 17, 1837.

mills: George Addison's Bradley Mills, Mr. Brook's Upper Mills and Mr. William Firth's, Greenhead, near Huddersfield. In addition to the long hours of labour children had to endure, Habergam cited instances of illnesses caused by dust, deformities resulting from long hours of labour, fines and beatings by overlookers and numerous accidents, which not infrequently resulted in death. For Habergam, factory work had resulted in a serious deformity of his limbs. At the age of seventeen he was forced to give up work. He received a recommendation from Mr. Bradley Clay, a Huddersfield rope manufacturer, for admission to the Huddersfield Infirmary, and his case was serious enough to warrant a transfer to the Leeds Infirmary (on the recommendation of Richard Oastler). Mr. Hey of the Leeds Infirmary and Dr. Walker of the Huddersfield Infirmary concluded that, as a result of factory work, Habergam would be permanently crippled. Cases such as Habergam's could be multiplied.<sup>165</sup>

While 'it is difficult to imagine a system of health care better designed to make clear the "bonds of attachment" within society',<sup>166</sup> it is unlikely that medical charity was inspired chiefly by either ideas of paternalism or social control. Some representatives of the

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165. Cited in D.F.E. Sykes, op.cit., pp. 307-13. In September, 1851 The Huddersfield and Holmfirth Examiner cited the case of Samuel Milnes, a dyer of Upper Mill, near Huddersfield, whose apron was accidentally caught in some shafting, whereby he was drawn into the cog-wheels and before the machine could be stopped his head 'was most dreadfully mangled and his neck twisted in a most shocking manner so as to produce instantaneous death'. In the same month the paper reported on the inquest of a fourteen-year old mine worker, Henry Oldroyd. The Jury found he had been 'accidentally killed' from an accumulation of smoke in the works of High Close Pit, which smoke could not have so collected if the mine had been well ventilated. The Jury 'hoped' that Messrs. Jagger would in future keep a more efficient check on the pit, as it was the second accident to occur in a month. In December of the same year another mining accident occurred in Field House Colliery, when a miner fell down a shaft. He broke both legs and sustained other 'serious injuries', and was immediately conveyed to the Huddersfield Infirmary where he was reported to be in a 'precarious state'. HHE, September 13 and 27, and December 6, 1851.

166. J.V. Pickstone, 'What were Dispensaries for?', p.3.

local landowning or manufacturing classes may have been motivated in part by notions of paternalism. But almost certainly this was not the case for the majority of these groups. Any paternalism which might have existed was generally of a very stunted kind; a small annual contribution to medical charity hardly cancelled out the exploitation of the workforce which took place in many factories and workshops of the region, or the apparent lack of concern about poor housing, education and living conditions.

More than many other forms of philanthropy, medical charity gave the donor the chance of personal contact with the recipient, the opportunity to monitor his or her behaviour and to create a situation of dependency. A similar relationship is described by Anne Summers, which evolved through the voluntary visiting of the poor: 'The poor had nothing to offer in return except gratitude and good behaviour ... by and large the relationship was one of clientage; and as such it left the poor with very little dignity'.<sup>167</sup> Yet however great the opportunities were for imposing some form of control on patients, these efforts do seem to have been secondary to the practical purpose of providing a cheap<sup>168</sup> and efficient medical service for sick and injured members of the local workforce.

Even if those promoting these charities wished to impose a system of control and an acceptance of middle-class values on the poor, it is not clear that these efforts would be crowned with success. We have no idea of how those treated in these institutions reacted to any patterns of behaviour which might be forced upon them. The working

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167. A. Summers, 'A Home from Home - Women's Philanthropic Work in the Nineteenth Century' in S. Burman (ed.), Fit Work for Women. (1979), p. 43.

168. In 1810 the Committee of the Wakefield Dispensary calculated that out-patients cost on average nearly 4s 0d to treat. In 1833 the Huddersfield Infirmary Committee claimed in-patients cost £3 7s per head, out-patients 3s. WS, July 27, 1810; Second A.R. H.I., 1832-33, Annual Address, p.4.

classes of the region, however, enjoyed a reputation for independence, and if medical charities came to be associated with dominance and control, they might well have sought medical relief elsewhere, or in some cases gone without medical assistance.

Annual reports stressed the need to 'win the confidence' of the poor, and after all the success of medical charities rested in the first place on poor people seeking medical aid in these institutions. When the Wakefield Infirmary was established in 1854, the committee drew the attention of the subscribers to the need of vigorously supporting the institution from the outset;

... during the ensuing year the first impression will be formed in the public mind. A feeling in its favour or a prejudice against it will probably be permanently fixed among the labouring classes: should it be allowed to languish it will probably fail and the result will be deeply regretted, it being "discreditable to the public spirit and charitable feeling of WAKEFIELD". 169

The patrons of medical charities were in some respects in competition with various self-help provisions. The better-off members of the working class could turn to the friendly society for medical aid, while the chemist and druggist, local healer and quack provided alternative sources of medical aid for all stratas of society. (See Chapters 5 and 6). Meanwhile, the 'conforming' patient might just as well be thumbing his nose at the establishment, taking what he needed from the charity, giving the appearance of conformity, but in fact taking no notice of efforts to improve his conduct or impress upon him his dependence on his betters for something even as basic as health care. Finally, it is not inconceivable that the patients already shared in many of the values of orderly and moral behaviour stressed by patrons of the charities.

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169. 67th A.R. W.I., 1853-54, Annual Address, p.7.

Moreover, the patients were not completely powerless. Complaint procedures existed and were utilised from time to time.<sup>170</sup> Patients, were discharged from the charities far more at their own request, than because of 'irregular conduct' or as 'improper objects'.<sup>171</sup> At the beginning of the last quarter of the nineteenth century the setting up of Hospital Saturday Funds in Wakefield and Huddersfield gave working men collectively similar privileges to individual subscribers. Both infirmaries had received small amounts from collections of workpeople from the mid-nineteenth century onwards (and rather more commonly, the fines imposed on workmen by their employers). In the final quarter of the century, with a good deal of encouragement from the infirmary committees, the collection of contributions in factories, mines and other places of work became better organised, and for the infirmaries, more fruitful.

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170. For example, in April, 1844 a charge of neglect was made against the apothecary by George Hirst, a late patient in the Huddersfield Infirmary. The Board made a strict inquiry, and it was resolved 'That while sympathizing with the patient in the pain he endured, the Board is of opinion that no positive charge of neglect on the part of the Apothecary can be substantiated. And that there was no just cause for the patient leaving the Infirmary in the abrupt manner in which he did ...'. In February, 1869 the Huddersfield Infirmary Committee upheld the complaint of an out-patient, Robert Winderhomes, relating to the neglect of the medical officers. The apothecary was ordered to take care to attend all the patients. Minute Book of the Huddersfield Infirmary, Vol. II, Special Monthly Board, April 8, 1844, p.63, Monthly Meeting, February 1, 1869. For more on complaint procedures, see W.B. Howie, 'Complaints and Complaint Procedures in the Eighteenth and early Nineteenth-Century Provincial Hospitals in England', Medical History, Vol. 25, No. 4, October, 1981, pp. 345-62.

171. In the year 1865-66 45 out-patients were discharged from the Huddersfield Infirmary at their own request, six absconded and only one was dismissed as an 'improper object'. 35th A.R. H.I., 1865-66.

During the 1870s the committee of the Wakefield Infirmary began to solicit workpeople's subscriptions in earnest. In the annual report for the year 1872-73 the committee commented

It is a source of gratification to see that among this years receipts, ... are several sums from bodies of workpeople, the class deriving the benefit of the Institution. The Committee hopes that the example thus set may be followed by the employees in other Establishments. (their emphasis) 172.

In this year collections had been received from the Calder Soap Works, the Lancashire and Yorkshire Railway (Goods Guards), Victoria Colliery and two local mills. The first organised Hospital Saturday took place in 1875 and raised, 'to the great surprise and gratification of the committee, the magnificent sum of £549'. This contribution represented over 24 per cent of the total income for the year, exceeding the figure for donations and legacies (£229 or ten per cent), congregational collections (£291 or thirteen per cent), interest on investments (£312 or fourteen per cent) and even annual subscriptions (£448 or twenty per cent).<sup>173</sup>

In 1876 the foundation stone was laid of the new Clayton Hospital. It was arranged that the event should coincide with Hospital Saturday to provide a special stimulus to the workpeople. And indeed the collections from workpeople in this year totalled £712 (which the President, Colonel Charlesworth, made up to £1,000). The committee of the Infirmary were so impressed that it was agreed that provision should be made for two members of the Hospital Saturday Committee to become ex-officio members of the General Committee.<sup>174</sup> By 1881 the committee concluded that

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172. 86th A.R. W.I., 1872-73, Annual Address, p.5.

173. 89th A.R. W.I., 1875-76, Annual Address, pp. 5, 8.

174. 90th A.R. W.I., 1876-77, Annual Address, p.4.



the support of the Hospital Saturday Fund had 'become indispensable to the carrying on of the Hospital, ...'.<sup>175</sup> By the year 1880-81 contributions were received from over 120 firms, factories and mines in Wakefield alone.

The amount received by the Huddersfield Infirmary from this source also increased in the fourth quarter of the century, albeit slower and with less apparent enthusiasm than in Wakefield. In 1872-73 only £126 was received from this source, and the committee remarked that

It is desirable ... that the working classes, upon whom the Infirmary has a special claim for support, should identify themselves more thoroughly with it and increase its funds to such an extent as to claim a share in the management of it, through their representatives. 176

By 1877 the committee could in fact report a large increase in workpeople's subscriptions, chiefly a result, they claimed, of meetings which had been held at the Infirmary by representatives of mills and workshops in the district. The delegates had been impressed by the provisions made by the Infirmary and '... a hearty willingness was expressed by all present to do all in their power to bring the claims of the Institution before their fellow-workmen, with a view to their contributing more liberally in future'. In 1877 workpeople's contributions totalled £428, a result of the setting up of committees to collect funds and the establishment of an Infirmary Saturday.<sup>177</sup> By the year 1880-81 the Infirmary received over £700 from 110 workshops in the Huddersfield area.<sup>178</sup>

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175. 94th A.R. W.I., 1880-81, Annual Address, p.7.  
176. 42nd A.R. H.I., 1872-73, Annual Address, p.7.  
177. 46th A.R. H.I., 1876-77, Annual Address, p.5.  
178. 50th A.R. H.I., 1880-81.

The setting up of the Hospital Saturday Funds, and the co-opting of representatives of working men onto the infirmary committees, in fact marks a turning point in the participation of the working classes in the control and financing of these institutions, which existed primarily for their benefit. Before the final quarter of the nineteenth century, if we wish to find instances of working-class self-help and independence in the provision of medical care, we must look outside the system of medical charity to friendly societies and sick clubs, and to 'alternative' medical provisions: self-medication, the quack, folk healer and chemist and druggist.<sup>179</sup>

#### IV. Women and Philanthropy

The place of women in the charitable tradition of Victorian England has created much interest in recent years. It has been concluded that philanthropy was normally male dominated, that the scope of women was limited, and that distinctions were enforced between men's responsibilities and those thought suitable for women. Yet the role of women as financial contributors and charity workers did expand throughout the nineteenth century. They extended their traditional role of visiting the poor, broke into new fields, such as prison reform and missionary work, and became active in some pressure group activities: for example, anti-slavery and the campaign against the Contagious Disease Acts. They were also able to break into the field of institutional charity, a formerly all-male preserve, either by persuading committees of management

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179. See Chapters 5 and 6.

to give them the opportunity to serve or by establishing their own societies.<sup>180</sup> Within voluntary institutions, however, their efforts were channelled into different spheres from those of their male counterparts, away from government and financial decision-making, towards the activities of fund-raising, religious teaching and domestic management. These efforts, which maintained strong links with nineteenth-century ideals of domesticity, family life and moral improvement, came to be directed mainly towards women and children of the poorer classes.

Comparatively little is known of the scope of women's involvement within individual institutions, and even less of the type of women likely to participate in philanthropic enterprise: their financial and social status. In this Section a brief analysis will be given of the social and economic status of female participants in the three most important Wakefield and Huddersfield medical charities (the two infirmaries and the House of Recovery). This will be followed by an examination of the kinds of activity that these women became involved in.

The 'stereotyped' charitable woman is well documented in literature, and this stereotype has retained a surprisingly high level of acceptance in studies of nineteenth-century philanthropy. The philanthropic woman was depicted as being a member of the upper or middle class, with sufficient wealth to enable withdrawal from the workplace, and to a large extent from the home, and to employ several servants. For example, Hannah More portrayed the archetypical nineteenth-century charitable 'lady' in Coelebs in Search of a Wife, published in 1809,

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180. See, for example, F.K. Prochaska, Women and Philanthropy in 19th Century England (Oxford, 1980); M.B. Simey, Charitable Effort in Liverpool in the Nineteenth Century (Liverpool, 1951); A. Summers, op.cit.

Mrs. Stanley said, "I have often heard it regretted that ladies have no stated employment, no profession. It is a mistake: charity is the calling of a lady; the care of the poor is her profession. Men have little time or taste for details. Women of fortune have abundant leisure, which can in no way be so properly filled up, as in making themselves intimately acquainted with the worth and the wants of all within reach". 181

Hannah More insisted women were particularly suited to charitable acts because of their leisure, acquaintance with domestic needs and sympathy with female complaints. Emotional or personal factors were often grafted onto these characteristics: deprivation of alternative outlets for organisational or other talents, lack of fulfilment in marriage or the loss of a child were common examples. Possession of leisure is now seen as a prerequisite for involvement in philanthropic effort, even if this is qualified by the notion that this involvement did lead to the sacrifice of free time, devotion of energy and a necessary development of expertise.<sup>182</sup> Spinsters and childless women are seen as being especially well placed to develop charitable interests. Thus we have arrived at a largely negative and cynical view of women's motives for charitable involvement: 'For many a leisured (and perhaps bored) wife or spinster, charity had its recreational and creative aspects'.<sup>183</sup>

This conception arises in part from the characterisation of middle-class Victorian women, and from a misunderstanding of the income levels of those involved in charitable enterprise. What is often described as 'middle class': separation of the home from the workplace, the employment of a minimum of three servants and the development of the

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181. H. More, Coelebs in Search of a Wife (1809). Quoted in P. Hollis (ed.), Women in Public: The Women's Movement 1850-1900 (1979), p.230.

182. A. Summers, op.cit., p.33.

183. D. Fraser, The Evolution of the British Welfare State, p.118.

'paraphernalia of gentility', including an idle and ornamental wife, only encompassed the upper bracket of this social group. The reality for most women of this class was quite different. Many middle-class families, relying on an income of between £100 and £300 per annum,<sup>184</sup> could afford only one servant, and the women of the household often had a heavy domestic workload, particularly those with large families. Tight budgeting was a common factor in household management, an area which increasingly became the responsibility of women. Often there would be little to spare for charity.<sup>185</sup> As the usual organisers of

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184. J.F.C. Harrison states that the figure of £300 a year was frequently mentioned as a minimum necessary for the normal range of middle-class expectations during the mid-nineteenth century, but that the majority of the lower middle class earned only £150 or £200 per annum. By the late 1860s the statistician Baxter claimed that the annual income of an 'upper class professional man or tradesman' had increased to £500. A family living on this amount might rent a house at £50 per annum and employ three women servants. £300 was cited as a 'small mercantile income'. In industrial towns this would afford two servants and a house of about seven rooms. 'Lower middle class' families (for example, clerks) would have an annual income of £99, and live without a residential servant in a house of £15 per year rental. Another nineteenth-century statistician gave the average wage of the middle class in 1860 as £150 per annum (to include merchants, lawyers, clerks and artists), compared with £900 for the upper class. J.F.C. Harrison, The Early Victorians 1832-51 (1971), p.131; G. Best, op.cit., p.110; L. Levi, 'The Distribution and Productiveness of Taxes with Reference to the Prospective Ameliorations in the Public Revenue of the United Kingdom', Journal of the Statistical Society, March, 1860. Cited in J.A. Banks, Prosperity and Parenthood (1954), p.107.

185. In 1858 a correspondent to The Times with an income of £300 per annum claimed he allocated £20 yearly to 'Church and Charity' out of a total expenditure of £230, for himself, his wife, one woman servant and one nursery girl. Another letter to The Times, again published in 1858, gave the annual expenditure for a couple, three children and three servants as £393 14s. Of this, £26 15s 4½d was spent on subscriptions to charity. The Times, January 15 and 25, 1858. Cited in J.A. Banks, op.cit., pp. 41-42, 61-63.

household expenditure,<sup>186</sup> women may have had a large say in determining where they would make charitable contributions, on behalf of themselves or their family. Moreover, the everyday experience of dealing with domestic concerns and the raising of children equipped these women with skills which could be of great use in charitable institutions.

Female supporters of the Wakefield and Huddersfield medical charities came largely from the same social groups as the male subscribers identified in Section II. Indeed married couples often shared an interest in medical charity. In 1830, for example, well over half (64 per cent) of the female subscribers to the House of Recovery were members of families who also supported the Wakefield Dispensary, with these women often subscribing to both charities.<sup>187</sup> The fact that these women often enjoyed some degree of independence in making charitable contributions is evidenced by the fact that where both partners subscribed, they are in many cases listed separately on subscription lists. It was not uncommon for women's contributions to exceed those of their husbands. Women's payments to medical charities made up a high percentage of total contributions, and this is without taking into consideration the very real possibility that in some cases their payments were covered by their husband's name on subscription or donation lists.

The typology of the charitable woman as a 'frustrated spinster' is brought into question by the fact that the majority of women supporting and working for these charities were married. In 1830 63 per cent

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186. For women's role in the middle-class household, see P. Branca, Silent Sisterhood. Middle-Class Women in the Victorian Home (1975).

187. Fifth Report of the Wakefield House of Recovery, for the year 1830, WHJ, January 14, 1831; 43rd A.R. W.D., 1830-31.

of female subscribers to the Wakefield Dispensary and 75 per cent of those subscribing to the House of Recovery were married. By 1841 the proportion of married women subscribing to the latter institution had reached 87 per cent.<sup>188</sup> Of those listed as single, it is not unreasonable to speculate that many had not reached a marriageable age. Many single women were the daughters of other subscribers, and late marriage was after all fairly common amongst the middle class in the nineteenth century.<sup>189</sup> Most lady visitors to the medical charities were married women. Indeed when some knowledge of household management was necessary for active involvement in this capacity, the exertions of less experienced single women may well have been discouraged.

Women of the upper class did lend their support to the medical charities, particularly the wives of members of the local gentry and landowners. Their names appear as patronesses or heading subscription or donation lists. For example, the Patronesses to a charity ball held in aid of the Huddersfield Infirmary in 1849 included the Countess of Dartmouth, the Countess of Zetland, Lady Harriet Ramsden, Lady Radcliffe, Lady Ramsden and the Hon. Mrs. Ramsden. By 1870 the Patronesses to the Wakefield Charity Ball included Countess Fitzwilliam, Countess de Grey and Ripon and four other female representatives of the local aristocracy.<sup>190</sup> Often the philanthropic efforts of the upper class were limited to the payment of large monetary contributions, and allowing their names to be used as an incentive to potential supporters. Much of the real

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188. Ibid., Sixteenth Report of the Wakefield House of Recovery, for the year 1841, WJ, February 18, 1842.

189. See J.A. Banks, op.cit., pp. 32-47.

190. LM, February 10, 1849; Wakefield Charity Ball Scrapbook, c.1818-98 (newspaper cuttings), WYCRO (C235/2/1).

work was undertaken by middle-class women, with a commercial or professional background. The founding ladies of the Wakefield House of Recovery, for example, included Mrs. Sharp, the wife of the Vicar of Wakefield, the daughters of a coal proprietor, a woolstapler and a civil engineer, and the wives of a physician and a merchant. In addition, the institution obtained the support of the wives of several local gentlemen: Mrs. J.P. Heywood (Wentworth House), Mrs. Gaskell (Thornes House) and Mrs. Hague (Stanley Hall). Mrs. Heywood, the wife of a local magistrate, acted as Treasurer to the institution from its founding to its closure in 1854. In 1830, a typical year, subscriptions to the House of Recovery were received mainly from the wives of solicitors, clerks, merchants and tradesmen (for example, linen drapers, stationers, druggists, grocers, ironmongers and innkeepers).<sup>191</sup> Employments of these sorts covered a wide range of possible income levels and social standing, but did not preclude the possibility of an important sacrifice of time and money by members of these occupation groups.

The activities of women are rarely mentioned in the minutes or rules of the medical charities. But financial records show the magnitude of women's monetary contributions, and references to women volunteers in annual and press reports enable us to build up a picture of their role as workers, fund-raisers, and, in the House of Recovery, officers. The first decades of the nineteenth century witnessed a significant rise in the number of charitable institutions which admitted women visitors. When the Huddersfield Infirmary opened in the third decade of the century, one of the first actions of the officers was to give

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191. Fifth Report of the Wakefield House of Recovery; Parson and White, 1828; White, 1837.



access to women visitors. In 1859 the Wakefield Infirmary followed suit, five years after provision was made for the reception of in-patients. Prochaska maintains that, to gain access to charitable institutions, these women would have had to be well placed financially and socially, and have some special service to offer.<sup>192</sup> The first lady visitors appointed to the Wakefield Infirmary were the wives of prominent townsmen and supporters of the charity. The list included the wife of the Vice-President, the Rev. Canon Camidge, Mrs. Clayton, wife of the institution's most important benefactor, and Mrs. Gill and Mrs. Secker, wives of a gentleman and a merchant. Knowledge of domestic management, skills in dealing with servants and the ability to provide comfort and religious instruction were amongst the requirements sought after. But if specialised knowledge and wealth were prerequisites for lady visitors, the same holds good for male officers to the charities. No man would ever be appointed to a position of prominence in a medical charity unless he was a member of the local elite or was in possession of special abilities, organisational energy or sufficient wealth to provide a lead in financial support.

Female visitors were responsible for two main areas of work: the provision of 'Christian attention' to the patients and supervision of domestic management. As the size and functions of the medical charities expanded, and admissions increased, there was a parallel growth in domestic concerns and in women's activities. Meanwhile, a large proportion of admissions to both infirmaries were female. For example, in the year 1838-39 245 males and 91 females (27 per cent) were admitted to the

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192. F.K. Prochaska, Women and Philanthropy in 19th Century England, p. 142.

Huddersfield Infirmary as in-patients.<sup>193</sup> Female visitors, therefore, became necessary to deal with the needs of women patients. The rules for the management of these institutions contained few details relating to domestic affairs, and it is likely women's involvement in this sphere became an agreeable proposition to the all-male committees. Women's experience in dealing with female servants was particularly sought after. These women, often armed with the experience of visiting the poor in their own homes, brought to the medical charities ideals of domestic economy and harmony, and the ability to exercise a proper moral influence over servants and patients alike.

A lady visitor in an hospital or Asylum, should be to that institution what the kind judicious Mistress of a family is to her household, - the careful inspector of the economy, the integrity and the good moral conduct of the housekeeper and other inferior servants. 194

The role of lady visitors to the Huddersfield Infirmary came to include the provision of linen and household items, running a patients' library and supervision of the matron, nurses and domestic arrangements. Ladies were also responsible for setting up a fund to provide patients and other poor persons with flannel waistcoats. In 1855-56, for example, over £52 was collected for this purpose, and 570 waistcoats made by the ladies and the patients in the Infirmary, which were distributed by the medical officers amongst the poor.<sup>195</sup> The application of household skills could be of great value, and it is likely that higher standards of patient care were maintained in institutions which appointed lady visitors. Through the provision of a clean environment, good ventilation,

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193. Eighth A.R. H.I., 1838-39.

194. C. Cappe, Thoughts on the Desirableness and Utility of Ladies visiting the Female Wards of Hospitals and Lunatic Asylums (1816), p.376. Quoted in F.K. Prochaska, Women and Philanthropy in 19th Century England, p.141.

195. 25th A.R. H.I., 1855-56.

warmth and adequate nutrition much could be done to relieve a patient. Indeed, improvements in these areas could have been more conducive to recovery than medical treatment. Women's involvement as visitors then could even be seen as a partial determinant of the success rate of a medical charity.

Nor should we underestimate the importance of women as religious reformers, at least in the eyes of those promoting these charities. It has already been pointed out that the inculcation of Christian duties and the 'saving of souls' were professed (although not the most important) aims of these charities, and a tenet in appeals for support. As F.K. Prochaska has related, in many charitable institutions, and in particular medical charities, women concentrated on dispensing large doses of scripture and 'pursuing souls to the bitter sweet end'.

Inspired by religion, charitable women were not easily deterred in their wish to share it; and so in the nation's institutions, as in its homes, the age-old battle with sin and vice was fought over and over again. 196

The offering of spiritual comfort was one of the roles allocated to women visitors, who bombarded the patients with gifts of Bibles, prayer books, psalms and religious tracts, and such uplifting publications as The Christian Magazine and The Gospel Trumpet. For example, in 1859 Miss Thomas donated a large print book of psalms, and Mrs. Laycock several books and tracts for the benefit of in-patients to the Huddersfield Infirmary. In 1864 Mrs. Allen provided a monthly supply of The Gospel Trumpet, and in 1866 Mrs. F.R. Jones donated two 'handsomely bound' copies of A Pilgrims Progress.<sup>197</sup>

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196. F.K. Prochaska, Women and Philanthropy in 19th Century England, pp. 155-60.

197. 29th, 34th and 36th A.R.s H.I., 1859-60, 1864-65 and 1866-67.

Parallel to the expansion of women's role in the internal management of voluntary institutions, they became increasingly important as both financial contributors in their own right and fund-raisers. Women subscribed to the medical charities of Wakefield and Huddersfield in significant numbers, and often made large donations and benefactions. In the year 1830-31, for example, twelve per cent and 23 per cent of subscribers to the Huddersfield and Wakefield Dispensaries were female. The proportion of female subscribers fluctuated throughout the century; by 1865-66, for example, they accounted for thirteen per cent and seven per cent of subscriptions to the Wakefield and Huddersfield Infirmarys.<sup>198</sup> Any fall off in subscriptions on the part of women was, however, more than compensated for by an increase in donations and legacies during the second half of the nineteenth century.

In the year 1855-56 Miss E. Broughton collected £40 in donations for the Wakefield Infirmary, and of the £46 14s 2d raised in donations in 1856-57, £32 11s 8d (70 per cent) was contributed by women, either through personal canvasses or individual donations. In 1843 Mrs. Cocker of Huddersfield presented £100 to the Huddersfield Infirmary.<sup>199</sup> Women frequently left large legacies to the infirmarys, although on the whole they were smaller than those made by their male counterparts. In 1829, for example, a donation of £300 towards the building of the Huddersfield Infirmary was received from Mrs. Whitacre of Woodhouse and a legacy of £500 from Miss Flanson of Paddock, near Huddersfield. In 1862 the Huddersfield Infirmary received a legacy of £50 from the

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198. Seventeenth A.R. H.D., 1830-31; 43rd A.R. W.D., 1830-31; 35th A.R. H.I., 1865-66; 79th A.R. W.I., 1865-66.

199. 69th and 70th A.R.s W.I., 1855-56, 1856-57; Minute Book of the Huddersfield Infirmary, Vol. II, Meeting of the Monthly Board, December 4, 1843, p. 58.

late Miss Susan C. Raistrick, and in 1866 one of £87 from Mrs. Betty Roberts of Delph, near Huddersfield.<sup>200</sup> These figures are not untypical, and donations paid by women were occasionally sufficient to earn them the privilege of becoming life governors. Life Governors to the Huddersfield Infirmary, for example, included Lady Radcliffe and the Honourable Mrs. Ramsden. The Misses Broughton, Mrs. Parker and Mrs. Clayton were Life Benefactors to the Wakefield Infirmary.

Fund-raising activities came to be very much the preserve of women during the nineteenth century. They undertook personal canvassing of subscriptions and donations, and the organisation of fund-raising events; bazaars, concerts and balls, in aid of the institutions. For example, in the year 1858-59 the Treasurer of the Huddersfield Infirmary recorded the receipt of a contribution of £4 15s, the proceeds of a Bazaar of Work, contributed by 'a few Young Ladies, pupils of the Misses Wood, Fitz-Wm. St. West'.<sup>201</sup> In 1828 a bazaar for the benefit of the Fever Hospital and Wakefield Dispensary was organised by the Ladies Committee of the former charity. The proceeds totalled £440.<sup>202</sup> Another striking example of the success of female fund-raising activity was the massive £1,500 made at a bazaar in aid of the Huddersfield Infirmary in 1831.<sup>203</sup> This function was organised almost entirely by the ladies of Huddersfield and the surrounding districts, assisted

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200. Ibid., Vol. I, Meeting of the Infirmary Committee, April 23, 1829, p.209; 31st and 35th A.R.s H.I., 1861-62, 1865-66.

201. 28th A.R. H.I., 1858-59.

202. Third Report of the Wakefield House of Recovery for the year 1828, WHJ, January 30, 1829; Wakefield Charity Ball Scrapbook, c.1818-98, WYCRO (C235/2/1).

203. First A.R. H.I., 1831-32.

by Dr. Walker, physician to the Huddersfield Dispensary. The Halifax and Huddersfield Express took an 'early opportunity' to acquaint their readers with this important local event.

We understand that contributions are preparing not only in that neighbourhood, where the influence of the charity will be more immediately felt, but by the Ladies of the surrounding district. We are gratified to find the names of many distinguished ladies, who have already given their influence and sanction, and some of whom have kindly consented to preside at the stalls. The committee too have adopted the resolution that any district that shall furnish sufficient materials for a stall, shall be entitled to the privilege of appointing a lady to preside at the sale of the articles. 204

Perhaps an even more striking example of a successful fund-raising event was the annual charity ball, organised in Wakefield for the benefit of the Infirmary and the House of Recovery. This event was notable not so much for the sums it raised, although in some years these were considerable, but for the fact it was organised annually by the all-female committee of the House of Recovery for a period of over 25 years (from 1828 to 1854). (After the closure of the House of Recovery, the ball continued to be organised by the committee and medical officers of the Wakefield Infirmary).

The arrangements were 'entirely Directed' by the Ladies Committee through the Honorary Secretary, Miss Anne Brown, and on her retirement in 1836, by Miss Heald. They selected the patrons and patronesses from the chief supporters of the ball in the district, advertised the event in the press and arranged the fittings and refreshments.<sup>205</sup> In 1828 the profits of the ball including donations totalled £209, (the sale of 338 tickets raising £169).<sup>206</sup> Even in years when the

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204. HHE, February 12, 1831.

205. T.G. Wright, M.D., Reminiscences of the Charity Ball, WYCRO (C235/2/1).

206. WHJ, April 25, 1828.

profits from the ball were low, they still represented an important source of income for both charities. In 1841, for example, the profits of the ball totalled only £76. The £38 paid to each institution represented over sixteen per cent of the income of the House of Recovery in that year, and 23 per cent of that of the Wakefield Dispensary.<sup>207</sup>

The financial contributions of women seem to have been eagerly accepted, and gave them similar social advantages to those enjoyed by men. They were given the opportunity to rub shoulders with members of the local elite, while the appearance of their names on subscription lists conferred upon them the attributes of prestige, gentility and benevolence. But women's financial offerings did not carry with them the same privileges extended to male subscribers. No woman ever served as an officer or on a committee of either infirmary during the nineteenth century. Therefore they had no way of influencing financial decision-making or determining policy. However, they did hold similar privileges with regard to voting and recommending patients. Women were not as a rule admitted to elections, but were allowed to vote by proxy or by letter. It is difficult to assess how far they made use of these facilities. Accounts of voting results at the elections of medical officers, however, suggest that most votes were utilised, and there are notes of patients, often female, being admitted under the recommendations of women subscribers to the two infirmaries.

F.K. Prochaska has described what he calls an 'explosion' of female societies during the period 1790-1830,<sup>208</sup> which coincides with the founding of the House of Recovery in 1826. The charities which

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207. Sixteenth Report of the Wakefield House of Recovery; WJ, July 8, 1842.

208. F.K. Prochaska, 'Women in English Philanthropy 1790-1830', pp. 430-31.

Prochaska describes share several features with the Wakefield institution: a high percentage of women subscribers (usually over 80 per cent of total subscribers), a low degree of male involvement, and the formulation of policies determined largely by women. The House of Recovery, however, merits separate attention by virtue of its uniqueness; medical charities run by women were at least rare, probably exceptional, during this period. The sole running of the charity, with the exception of the provision of medical treatment and drawing up annual reports, a task undertaken by the medical officers, was the responsibility of women. Throughout the institution's history, from 1826 to 1854, no man sat on a committee or became an officer. Even the onerous task of Treasurer became the preserve of a woman, Mrs. Heywood, who was responsible for investments and handling large sums of money. Women elected their own officers and committees, and chose the medical staff:

The power of Electing and Removing the Physicians and Surgeons, of Appointing a Committee of Management, and of Making and Repealing Rules, shall be vested in the General Meeting of Trustees; ...'. 209

Although control over admissions was largely in the hands of medical men, subscribers could make recommendations. Women consistently accounted for over 80 per cent of subscriptions to the charity. Responsibility for recommending 'suitable cases' for admission, and for initial contact with patients of both sexes, therefore usually devolved on women. While

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209. Annual subscribers of 10s or more and benefactors of £5 or upwards automatically became trustees of the charity. Second Report of the Wakefield House of Recovery. In 1840, for example, the committee of the charity advertised for a new matron, 'the present Matron being about to leave in consequence of her marriage'. The terms were 7s a week plus 'Board, Lodgings, Coals, Fire, Candles, etc.', with a household servant provided. Applications were to be addressed to Miss Heald, Secretary. WJ, March 6, 1840.



the medical side of the charity was left very much to the medical officers, the supervision of household concerns and of servants was undertaken by the Ladies Committee. Committee meetings were held every month to receive the matron's report and direct the ordinary business of the house.

The officers and committee were also responsible for the organisation of fund-raising events, including the annual charity ball, and for soliciting subscriptions. Although in some years the annual report expressed regret at having to limit admissions, there were fewer complaints of shortages of funds or the need for increased economy than in the reports of the Wakefield and Huddersfield Infirmaries (particularly the former). Women accounted for by far the largest proportion of the regular income from subscriptions: 82 per cent in 1830 and 84 per cent in 1841.<sup>210</sup> From time to time donations or legacies were received from female supporters, and in some cases these could be very generous. In 1831, for example, Mrs. Johnstone donated £25 to the institution, and in 1840 Mrs. Heywood, Treasurer, gave £99.<sup>211</sup>

Despite the fact that the House of Recovery only operated in an ordinary house, 'in a not very eligible situation' with 'very moderate sized wards, with no corridors for ventilation, no separate bath rooms or lavatories, ... and one nurse, who was herself on more than one occasion laid up in a fever', the charity was very successful. The case-mortality from typhus fever in the House of Recovery was approximately half the

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210. Fifth and Sixteenth Reports of the Wakefield House of Recovery.

211. Sixth and Fifteenth Reports of the Wakefield House of Recovery, for the years 1831 and 1840, WHJ, March 2, 1832, WJ, February 15, 1841.

usual rate: about 86 per cent of the patients admitted were sent away cured.,<sup>212</sup> When the charity was wound up in 1854 it was not due to any financial or medical failure. The opening of a new Union workhouse in Wakefield in 1852, with facilities for the admission of fever cases, coupled with a general decline in the incidence of fevers, substantially diminished the need for a fever hospital. In the face of a rapid fall off in admissions and the beginnings of a decline in financial support, the officers and committee of the House of Recovery opted for closure.

The efforts of the women involved in the running of the charity were applauded by the Wakefield medical profession. They received praise for both their philanthropic achievements and the high standards they maintained within the institution. Dr. T.G. Wright, physician to the charity, suggested that the ladies who established the Fever Hospital, '... deserve record as a group of earnest philanthropists, to whose indefatigable labour the suffering poor of the town were long and largely indebted'.<sup>213</sup>

Another Wakefield physician, Dr. C. Crowther, gave even higher praise to the committee of ladies, who managed the institution in '... a very economical and efficient manner'. In a large bequest he left land and money for the establishment of a second fever hospital in the town. The following recommendation was made to future managers of the charity.

I recommend the Governors to imitate the Ladies in the management of the Fever Hospital, and to call to their Aid, if they find it expedient to do so, a Committee of that sex, subject to the appointment of the Governors. 214

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212. T.G. Wright, M.D., The Wakefield House of Recovery (Wakefield, 1895), WYCRO (C235/5/1).

213. Ibid.

214. C. Crowther, M.D., op.cit., Ms. WDA (JGC).

What is also significant and unusual about the House of Recovery is that unlike Prochaska's female societies, which dealt mainly with the needs of women and children, the women active in this charity came into regular contact not only with the diseased poor, but with the poor of both sexes. Almost equal numbers of male and female patients were admitted to the institution,<sup>215</sup> at a time when there was considerable opposition to contact between middle-class women and working-class men, and when women's philanthropic efforts were restricted by the demand that they direct their efforts solely towards women and children.

Both the Ladies Committee and ordinary subscribers to the House of Recovery were involved in other local philanthropic enterprises. Several committee members were also on the committee of the Wakefield Female Benefit Society, founded in 1805 to provide assistance to poor lying-in women, which was an 'all female' society in terms of both support and beneficiaries.<sup>216</sup> Other committee members and subscribers worked for and financed various local missionary and benevolent societies: the Wakefield Town Mission, the Benevolent Society and the Bible Society, for instance. In these organisations, however, their role was limited to making financial contributions, to visiting the homes of the poor to dispense advice and spiritual comfort, and fund-raising activities. They were totally excluded from the decision-making processes. The story was much the same in Huddersfield. The House of Recovery was

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215. In 1838, for example, 57 patients were admitted to the House of Recovery. Fifteen were men (aged over eighteen), sixteen women, eighteen boys and eight girls. In 1847 out of the 71 patients admitted there were 26 adult males, 23 adult women, twelve boys and ten girls. Wakefield House of Recovery. Register of Patients, 1826-54, Ms. WYCRO (C235/5/1).

216. See Chapter 5, Section III for more on the activities of the Female Benefit Society.

the only organisation in either town where women directed policy-making and finance, and dealt with the poor of both sexes.

The activities of women in the Wakefield and Huddersfield Infirmaries were also basically restricted to their traditional roles of visiting and funding. However, their contributions should not be underestimated. It has already been suggested that as visitors women could influence an improvement in the management and cleanliness of the wards. Their financial contributions, meanwhile, could be crucial, especially during the periods of financial crisis often referred to in the reports of these institutions. Finally, there is little to suggest that women's involvement in policy-making would have led to any significant changes in the way the infirmaries were funded and organised. The motives of the Ladies Committee of the House of Recovery seemed to differ little from those of their male counterparts on the infirmary committees. Emphasis was placed on preventing the spread of infectious diseases, particularly to the homes of the rich, on admitting only 'proper objects' (and insisting on payment by improper ones), on sound and efficient management and economy.

#### Concluding Remarks

Clearly it is impossible to put forward a mono-causal explanation for the founding and continued support of the Wakefield and Huddersfield medical charities, and it has not been the purpose of this chapter to do so. Such a simplified conclusion could only be achieved by a crude reductionism. The promoters of the charities showed a willingness to resort to a wide variety of appeals in order to win support and approval

of their work, and the charities obtained the backing of a wide range of social and occupational groups, each presumably with their own sets of ambitions and expectations. We should not expect a clergyman to support medical charity for the same reasons as a large employer of labour, a tradesman, a member of the legal profession, a doctor or a middle-class woman. Different groups supported the Wakefield and Huddersfield medical charities for different reasons, be they pragmatic, social, altruistic, out of a sense of Christian duty, or a combination of these motivations. This was one of the advantages of medical charity; it could attract a wide variety of support, each individual or group taking what they wanted out of it, and altering their degree of practical or financial input accordingly. Medical charity was less likely to be hampered by sectarian or religious divisions (compared, for example, with missionary or educational work), and could attract a wide cross-section of support.

Neither is a multi-causal theory of charitable endeavour, which makes no attempt to place motivations in any order of importance, satisfactory. A good deal of support for the Wakefield and Huddersfield medical charities came from commercial groups, in particular manufacturers. In one sense this is not very surprising, as commercial groups made up one of the largest occupational sectors in both towns, especially Huddersfield. However, the existence of such groups does not imply automatic support for philanthropic enterprise in general and medical charity in particular. In Huddersfield merchant-manufacturing groups were responsible not only for the greatest proportion of financial backing, but also for the direction of policy-making and the day-to-day running of the Infirmary. This dynamic and wealthy group emphasised

rational and practical aims, the provision at a low cost of an efficient and selective form of medical treatment for the working class, whose labour was crucial to the functioning of the local economy. The manufacturing element appear to have been able to win support for their policies from other social and occupational groups, while leaving room for the expression and fulfilment of other aims and expectations. The straightforward practical purposes of medical charities had a broad potential appeal. The problem of treating sick employees and servants concerned a large proportion of the community's wealthier inhabitants. The more specialised problem of dealing with accident cases was not directly relevant to all the patrons of the Huddersfield Dispensary and Infirmary. However, it was relevant to the smooth functioning of the local economy, which touched most pockets. Meanwhile, the wealthy classes were unanimous in recognising the dangers which could result from the spread of epidemic disease, and were anxious to curtail this threat. A medical provision for the poor of the town was clearly a necessity, and charity, with its numerous side benefits, offered an attractive alternative.

Support for the Wakefield medical charities was shared more equally between a wide cross-section of social and occupational groups. Although manufacturers made an important contribution (especially when we remember that their role in the town's economy was far less significant than in Huddersfield<sup>217</sup>), tradesmen, professional and service groups and 'gentlemen' were also well represented as both financial contributors and policy makers. Less emphasis was placed on the

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217. See Chapter 2, Section I.

treatment of persons injured at their place of work than in Huddersfield. The reports of the Wakefield Dispensary and Infirmary reveal that their framers were less clear about the purpose of the institution and about the methods they should adopt in order to win support. The divided nature of the charity's support was paralleled by vague policy statements. This lack of single-mindedness guaranteed in part at least a wide cross-section of support. But the fact that the governance of the charity was never in the hands of one dominant group may go part way towards explaining its more ineffective role as an agency of medical relief.

The Wakefield and Huddersfield Infirmaries and House of Recovery seem to have functioned largely on the principle of self-interest, with practical considerations taking precedence over altruistic motivations. The charities acted as ameliorative institutions, relieving the acute distress occasioned by sickness or injury, becoming particularly active during periods of local economic depression or when social unrest threatened. But they in no way attempted to deal with any of the root causes of poverty and distress (with the exception of some minor forays into the field of public health<sup>218</sup>), in spite of the fact that the patrons of these charities seem to have been well aware as to what these root causes were. The First Report of the Huddersfield Dispensary, for example, in appealing for support, eloquently described the conditions of the working class of the district during the period of the Napoleonic Wars.

Often is the poor Man doomed to struggle, at the same Time, with Penury and Disease, with his Bodily Afflictions aggravated by the Wants and Cries of his helpless

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218. For the role of medical charities in the field of public health, see Chapter 7, Section IV c).

Family. It is his Lot to be more exposed to the incidental Causes of Disease, to the Changes and Inclemency of the Weather, immured, perhaps, in a confined Situation, with defective Food and Clothing; or engaged in laborious and, frequently, unhealthy Employments; and liable, at all Times, to accidental Injuries. 219

Emphasis has been placed in this chapter upon the necessity of looking not only at the stated motivations of the philanthropic, but also at their social and economic backgrounds. Only then can we obtain a true impression of their aims and ambitions. Without some knowledge of the backgrounds of the patrons to the Huddersfield Dispensary the above quotation could be interpreted as an expression of humanitarianism; the operation of medical charity as an exercise in disinterested benevolence.

There would also appear to be a strong case for looking at the functioning of medical charities against a backdrop of local social and economic conditions (as outlined in Chapter 2). Medical charities, in a similar way to all other voluntary institutions, did not function in a vacuum. The setting up of the dispensaries and infirmaries and the Wakefield House of Recovery was linked closely to local social problems, the state of the towns' economies, the level of civic pride, the emergence of dynamic individuals, and so on. These factors go a long way towards explaining the relative success of the Huddersfield Dispensary and Infirmary, which developed in a go-ahead social, civic and economic setting. The large population increase made such a provision all the more necessary. Money, largely from the textile industry, was available to fund the enterprise. Huddersfield's enterprising merchant-

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219. First A.R. H.D., 1814-15, Annual Address, p.4.



manúfacturers were able to harness this wealth and provide a powerful and effective leadership.

In a similar way, the difficulties faced by the Wakefield Dispensary and Infirmary during the early and mid-nineteenth century were tied very much to the general decline of the town, particularly the slowing down of its industrial growth. There was less money available to fund charitable enterprise, less incentive for providing medical relief on a large scale and no strong leadership group emerged to direct fund-raising or policy-making. It was only in the 1850s and '60s that the charity entered a period of financial and managerial security. This improvement in its position was closely associated with a local economic upturn, an apparent resurgence of civic pride and the interest of a number of eminent and wealthy individuals (such as Clayton and Charlesworth), ready to give a lead in both the government and financing of the institution. Interestingly enough, up until the mid-nineteenth century, of the two Wakefield medical charities, the House of Recovery could be said to have been far more successful in terms of both the funds it commanded and its management. While operating in the same social and economic climate as the Dispensary, the House of Recovery enjoyed several advantages over the other charity. Its aims were simple and clear from its initiation: to remove the threat of epidemic disease from the community. Its management was controlled by a small group of women, who also provided most of the funding. The policies and aims of the committee were well-defined, unambiguous and unchanging throughout the period of the charity's operation.

CHAPTER 5

Self-Help and Medical Relief: Friendly Societies

Friendly societies were the largest and probably the best organised group of working-class institutions to evolve during the eighteenth and nineteenth centuries. They were composed of groups of men, and to a much lesser extent women, who collected together to insure themselves against the three major calamities that could befall the labouring classes: sickness, unemployment and death, with its associated threat of a pauper funeral. Combined with these insurance functions, friendly societies, which normally were based at a local public house, offered possibilities for socialising, by means of club nights and annual outings and feasts. Some friendly societies, typically those recruiting their members from one trade, acted as trade unions in disguise, especially during the period of the Combination Acts (1799-1824). Even these organisations, despite their differences in function and aim, combined their clandestine trade union activities with the provisions of a typical friendly society.

The traditions of the friendly society or 'box club' reached far back into the eighteenth century: many highly organised clubs existed by the 1750s. But the nineteenth century witnessed an enormous increase in both the number of members and of societies, as they apparently adapted with some success to the new demands and scale of industrial life. The earliest type of friendly society to evolve was the local organisation, taking its membership from a small neighbourhood, and formulating its own set of regulations and scales of benefit. After circa 1830 the affiliated orders came to be of more significance compared to the local societies. The Manchester Unity of Odd Fellows and the Foresters grew

especially fast from the 1830s and '40s. Though organised in local courts and lodges, the affiliated orders developed a central body, and a uniform code of rules and scale of benefits. They also tended to be more stable financially than the local societies.

Membership of friendly societies in England underwent a remarkable expansion in the nineteenth century, especially in the second and third quarters of the century, 'the classical age for the foundation of friendly societies'.<sup>1</sup> By mid-century 'nearly half the adult male population' was reputed to belong to a friendly society.<sup>2</sup> The membership of friendly societies increased from an estimated 648,000 in 1793 to 704,350 in 1803, 925,429 in 1815 and to over four million in 1872. Meanwhile, the number of societies grew from 9,672 in 1803, with funds of one million pounds, to over 32,000 in 1872, with funds of nearly twelve million.<sup>3</sup> The membership of the Manchester Unity of Odd Fellows alone increased from 248,000 persons organised in 2,039 lodges in 1845 to 497,000 members in 3,074 lodges in 1875. By 1872 friendly societies had four times as many members as trade unions and twelve times the membership of cooperative societies.<sup>4</sup> By the last quarter of the nineteenth century there was

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1. B.B. Gilbert, The Evolution of National Insurance in Great Britain. The Origins of the Welfare State (1966), p. 165.
  2. W.R. Greg, 'Investments for the Working Classes', Edinburgh Review, Vol. XCV, 1852, p. 407. Cited in H. Perkin, The Origins of Modern English Society 1780-1880 (1969), pp. 381-2.
  3. E.P. Thompson, op.cit., p. 460; H. Perkin, op.cit., p. 119.
  4. P.H.J.H. Gosden, op.cit., pp. 33-4, 24.

a vast network of friendly societies throughout the country; every average-sized town had several affiliated national societies, as well as numerous local societies.

This chapter will examine the role played by friendly societies in providing sick pay and medical care for their members. Although we are only dealing with one function of the friendly society, it is necessary to mention some general problems which arise in any study of their activities. The most serious problem is the lack of reliable statistical evidence on friendly societies for much of the nineteenth century. In spite of this difficulty an attempt will be made to estimate the proportion of the population opting for friendly society membership. Without such an estimate we cannot hope to assess their value as agents of medical relief. Also it is necessary to make some judgement regarding the social make-up of friendly societies, an area of contention for both contemporaries and historians. Were these organisations made up of individuals from the lower end of the labour market, whose only other alternatives when sick would be to apply for poor relief or to a private charity? Or were friendly societies patronised by well-paid artisans, tradesmen and members of the 'labour aristocracy', who could even have afforded private medical treatment? Linked to this question is the debate about the role of friendly societies as class institutions. Does the development of the friendly society movement signify a striving by the working classes for independence and self-help? Or did friendly societies merely provide a cheap form of insurance for the comparatively well-off?

Wakefield and Huddersfield shared in the common features of friendly society development in Northern England, where these organisations had their greatest impact. Friendly societies in these two communities, therefore, make suitable case studies for an examination of the role of this movement in providing medical relief for the poorer classes.

A survey of friendly societies in the two towns in the late eighteenth and nineteenth centuries has been undertaken, using extant sets of rules, reports, minute books and membership lists. Parliamentary returns, especially those concerned with the registration of friendly societies, have also been referred to. Of special interest is the first quinquennial report on sickness and mortality in friendly societies, which was drawn up in 1880.<sup>5</sup> Parliamentary inquiries which touched on friendly society provisions, and the reports and descriptions of contemporaries relating to these organisations, were also consulted.<sup>6</sup>

The discussion in this chapter will be organised into four sections. Firstly, an attempt will be made to assess the number and percentage of the population joining friendly societies in Wakefield and Huddersfield (therefore providing themselves with this form of medical cover). In Section II we will examine the social composition of friendly societies,

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5. Abstracts of the quinquennial returns of sickness and mortality experienced by Friendly Societies for periods between 1855 and 1875, PP, 1880, LXVIII (517). Hereafter referred to as QRSM 1880.

6. At best, these sources can produce only a sketchy picture of friendly society provisions and very scanty statistical evidence. Many records of individual societies have disappeared. The returns of registered societies are notoriously incomplete, while the majority of societies chose not to register at all. Meanwhile, the evidence of contemporaries was biased towards the affiliated orders, ignoring the still significant local societies.

and the motives of those who joined these fraternities. Thirdly, the organisation of medical relief by friendly societies will be examined. How much sickness benefit did members receive? How long was benefit continued? Did friendly societies also provide medical attendance and medicines? What was the quality of this medical treatment? Following on from the above, in Section IV it will be suggested that the nature of medical assistance provided by friendly societies could tell us something about the type and duration of sickness to which the poor were most usually subject. (In Chapter 8 the amount and quality of medical relief provided by friendly societies shall be put into context, by means of a comparison with other forms of medical relief). This chapter as a whole will tend very much towards the descriptive. This can be justified by the fact that most aspects of the friendly society movement have been only scantily covered, while the part played by these organisations in providing medical relief for the poor has been almost totally ignored by historians.<sup>7</sup>

#### I. Membership

Friendly societies embraced a larger proportion of the working class than any other eighteenth- or nineteenth-century institutions, and, as Perkin suggests, they can be therefore considered the most typical of all working-class bodies formed to respond to the problems of industrialisation.<sup>8</sup> This proposition would seem to be confirmed by the fact that

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7. See E. Hobsbawm, 'Friendly Societies', The Amateur Historian, Vol. 3, No. 3, Spring, 1957, pp. 95-101. The plea Hobsbawm makes for further research into friendly societies in this article, published over 25 years ago, has apparently largely gone unanswered.

8. H. Perkin, op.cit., p. 381.

friendly societies grew most rapidly in the period and areas of fastest industrial growth, developing heavy concentrations in Lancashire, Yorkshire and other industrial regions of the North and Midlands. In the predominantly agricultural counties the impetus to form friendly societies, and their success if initiated, was much less.<sup>9</sup>

Contemporaries, while recognising the enormous significance of friendly societies, were unable to form accurate conclusions as to the precise number of members or their true functions. Friendly societies extruded a secretiveness and evasiveness towards upper-class inquiries. Dr. Holland found this attitude strong enough to baffle his inquiries in Sheffield in the early 1840s, while the Reverend J. Clay complained of the same problem in his efforts to obtain information for a parliamentary inquiry on Preston in 1844. Henry Rumsey faced similar difficulties in collecting information on the amount of medical relief provided by sick clubs and friendly societies, which he gave as evidence to the Select Committee on Medical Poor Relief in 1844;<sup>10</sup>

It was found impossible without a protracted and troublesome investigation to gain precise information respecting the number of persons who are provided with medical assistance from sick clubs. Inquiries on this subject are disliked by the working classes and by the surgeons of the clubs.

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9. In these areas the 'benefit society' was more likely to take the form of an organisation supported only in part by the subscriptions of the poor. They also involved a large degree of upper-class patronage, control and financial support, resulting in a combination of self-help, with a large measure of paternal control and upper-class philanthropy. Local clergymen or gentry typically filled the roles of officers to these societies. These types of society, however, remained small and few throughout the nineteenth century: there were less than 90,000 out of 1,857,896 registered members in 'paternal' benefit societies in 1872. Ibid., p. 381.
  10. G.C. Holland, M.D., op.cit., pp. 206-18; First Report of the Commissioners for Inquiring into the State of Large Towns and Populous Districts, PP, 1844, XVII (572), Report on the Sanatory Condition of Preston by the Rev. J. Clay, p. 47; SCMPR 1844, Evidence of H.W. Rumsey, Esq., p.535, Q.9077.

A series of benevolent acts, beginning with the First Friendly Society Act in 1793, offered protection of funds at law through registration of the society with the magistrates. However, large numbers of clubs failed to register, because of 'hostility to the authorities, parochial inertia, or through a deep secretiveness'.<sup>11</sup> Because of the failure of registration, contemporaries were unable to compute membership numbers with any accuracy, or to assess the class of person friendly societies attracted. This lack of reliable data provides similar problems for historians.<sup>12</sup>

The manufacturing districts of Yorkshire were amongst the areas most active in the establishment of friendly societies. Already, by the turn of the century, a return for the West Riding showed the area contained a registered 492 friendly societies, with 59,000 members. Many of these were in the larger industrial towns. Sheffield had 40 societies, Leeds 26, and Halifax fifteen.<sup>13</sup> The large number of friendly societies (together with the wider availability of medical relief via charitable institutions) was cited as an important reason for the comparatively low cost of poor Law medical relief in the North during the nineteenth century. Witnesses to nineteenth-century parliamentary inquiries repeatedly

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11. E.P. Thompson, op.cit., p. 460.

12. This may explain the relative neglect of friendly societies by historians of the eighteenth and nineteenth centuries. The most complete surveys to date of friendly societies are provided by P.H.J.H. Gosden, op.cit. and Self-Help Voluntary Associations in the 19th Century (1973). These accounts concentrate on the progress of the affiliated orders, for which there is far more statistical and qualitative evidence.

13. Abstract of Returns relative to the Expense and Maintenance of the Poor, PP, 1803-4, XIII (175).



affirmed the independence of the labouring classes in the North, their inclination towards self-help, enthusiasm for friendly societies and their reluctance to look to the parish for medical assistance.

In common with many West Riding manufacturing towns, large percentages of the populations of Wakefield and Huddersfield were members of a friendly society. In 1803 five friendly societies were recorded in Wakefield, and four in Huddersfield. Total membership was given as 246 and 900 respectively. In Wakefield, therefore, approximately three per cent of the population were friendly society members, in Huddersfield twelve per cent. By 1815 the number of registered friendly society members in the two towns had increased to 725 and 1,401. This represented percentage increases in membership of 195 and 56 in just over ten years. Expressed as a proportion of the population, in 1815 7.5 per cent of persons residing in the Wakefield Township, and 12.2 per cent of those living in Huddersfield, were members of friendly societies.<sup>14</sup>

Friendly societies were not just popular in the towns: the villages surrounding Wakefield and Huddersfield also boasted large friendly societies. In 1815 Horbury, near Wakefield, with a population of just under 2,500, had one registered friendly society with 406 members (approximately sixteen per cent of the total population). South Crosland, situated

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14. Ibid.; Abstract of Returns Relative to the Expense and Maintenance of the Poor, PP, 1818, XIX (82). These returns are for registered friendly societies, and therefore underestimate total membership. Also the figures give percentages of the total population, rather than of the adult population, which would result in a more precise and larger estimate. Population figures were taken from W. Page, op.cit., p. 525.

four miles south of Huddersfield, with a population of approximately 1,500, had two registered societies by 1815, with a total of 360 members (or 24 per cent of the population). Saddleworth, a distance of fourteen miles from Huddersfield (but part of the Huddersfield Union after 1837), had fourteen societies, with a total of 3,207 members (24 per cent of the population), including one female society with 499 members.<sup>15</sup> These estimates already indicate an impressive level of friendly society membership. But it is important to note that these figures only cover the membership of registered societies. Considering that many societies failed to register, or made incomplete returns, we can safely assume membership was much higher.

By 1844 it was estimated that more than one in eleven of the population of Wakefield were members of some kind of friendly society.<sup>16</sup> By 1866 Huddersfield was reputed to have a total of 83 friendly societies (although only about ten had bothered to register).<sup>17</sup> Wakefield and Huddersfield

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15. Ibid.

16. SCMPR 1844, Evidence of H.W Rumsey, Esq., p. 537, Q.9087. In nearby Gomersal it was reported in 1854 that approximately two-thirds of the working class were members of a friendly society. SCMR 1854, Evidence of Joseph Ellison, Esq., p.169, Q.2594.

17. White, 1866, p. 292. Between 1836 and 1841, for example, only five Wakefield and two Huddersfield societies registered: in Wakefield the Integrating Lodge, No. 1, a society of Oddfellows and three societies of Oddwomen, and in Huddersfield the First Huddersfield Co-operative Trading Association and the Friendly Co-operative Trading Association. A Return relating to Friendly Societies enrolled in the Several Counties of England and Wales, PP, 1842, XXVI (73). By 1869 around nine societies had registered in Huddersfield: seven Lodges of Oddfellows, a Lodge of Druids and the Warehousemen's and Clerks Providential Association. 'Return of Number of Societies which have deposited their Rules with the Registrar of Friendly Societies', PP, 1867, XL (75); Returns of all Societies whose Rules have been deposited with the Registrar of Friendly Societies in England, PP, 1868-69, LVI (359).

had both shared in the growth of the affiliated orders after 1830.

By 1840 there were 20 courts of Ancient Foresters alone in the Wakefield area, and thirteen in and around Huddersfield. In 1840 approximately

480 Foresters were meeting in public houses situated in the centre of

Wakefield. Meanwhile, there were about 110 members of Royal Shepherd

Sanctuaries (a Branch of the Royal Foresters) in Huddersfield Township.

In mid-nineteenth century Honley (a distance three miles south of Huddersfield)

there were flourishing societies of Ancient Druids, Modern Druids, Foresters,

Free Gardeners and Shepherds. The Honley branch of the Ancient Order

of Foresters alone had 110 members. Meanwhile, between 1819 and 1859

approximately 170 men joined the Saddleworth Sanctuary of Royal Shepherds.<sup>18</sup>

Individual societies in the area recorded overall increases in membership during the nineteenth century. Admittances and withdrawals,

and lapses in the payment of subscriptions, seem to have been subject

to short-term fluctuations in economic conditions. The Grand United

Order of Oddfellows, Cleckheaton, had only 30 members in 1826. By 1839

the figure had risen to 194 (although many of these were listed as

'unfinancial', that is, failing to pay their subscriptions).<sup>19</sup> The

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18. The Court Directory of the Order of Ancient Foresters, 1840, WDA (Local Collection W.3347); Register of Shepherd Sanctuaries containing 139 sanctuaries in the West Riding, Lancashire and Cheshire, 1817-1859, Ms. HPL (Royal Shepherd Sanctuary 3/1); M.A. Jaggèr, The History of Honley (Honley, 1914), p.260. By 1850 the Yorkshire division of the Ancient Order of Foresters had the largest number of both courts and members. There was a total of 364 courts in this district, with 20,202 members. Directory of the Ancient Order of Foresters, Compiled up to January 1st, 1850, WDA (Local Collection W.334.7).

19. Archives of the Grand United Order of Oddfellows, Charity Lodge, No. 97, Cleckheaton, Membership Book, 1824-1839, Ms. HPL (S/CL 12).

reports of the Wakefield British Friendly Union Society show both a steady increase in membership and a strengthening of the Society's financial position during the mid-nineteenth century. In 1847 there were 43 members and a balance of £206. By 1862 membership had risen to 83 and the balance had more than quadrupled to £920.<sup>20</sup>

## II. Social Composition

Turning to an assessment of the social composition of friendly societies, we are faced with a variety of opinions, both of nineteenth-century commentators and present-day historians. One group with particularly strong views on the subject were nineteenth-century medical practitioners. Members of the medical profession saw friendly societies as one barrier in their fight for higher professional status and commensurate remuneration. Friendly societies not only paid their surgeons badly, but they also involved them in degrading undercutting practices and the hated contract system. Perhaps of even more importance, doctors saw friendly societies as a direct threat to their private practices and income, believing many of those who subscribed to these organisations could well afford to pay for medical treatment. The membership of friendly societies, according to doctors, was largely made up of tradesmen, small farmers, artisans and even members of the middle class. As late as 1868 a Lancet editorial complained that the sick clubs '... include many persons whose social level is above that of the class for whom the benefits they are capable of dispensing were intended'.<sup>21</sup>

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20. Wakefield British Friendly Union Society, Annual Reports, Nos. 1-20, 1842-1862, WDA (Local Collection, Box 2C).

21. The Lancet, 1868, Vol. I, p. 17.

Several historians hold similar views on the social make-up of friendly societies. Perkin, for example, has suggested that in the first half of the nineteenth century friendly societies were composed of the labour aristocracy, the top ten to fifteen per cent of the working class, who were paid 50 to 100 per cent more than labourers;

... the workers who ate meat, vegetables, fruit and dairy produce, lived in the best and newest cottages and filled them with furniture and knick-knacks, bought books and newspapers, supported mechanics' institutes and friendly societies, and paid the heavy subscriptions to the craft trade unions.

Gilbert, meanwhile, pronounced that friendly societies '... made no appeal whatever to the grey, faceless, lower third of the working class. Friendly society membership was the badge of the skilled worker'.<sup>22</sup>

At the other extreme, it has been suggested by one economic historian that the working classes were driven into friendly societies, not because it appeared to them as the most dignified way of securing medical help and funeral benefits, but because there was no other way of avoiding pauperisation.<sup>23</sup> Neither of these two extremes seems viable. There was simply an insufficient number of well-paid artisans to account for the total membership of friendly societies. The 'labour aristocracy' made up only approximately ten to fifteen per cent of the working class. Meanwhile, even a conservative estimate of friendly society membership would put it at well over fifteen per cent of the adult male population. More liberal estimates would put the figure at nearer 50 per cent, especially

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22. H. Perkin, op.cit., p. 144; B.B. Gilbert, op.cit., p. 166.

23. H. Levy, 'The Economic History of Sickness and Medical Benefit Since the Puritan Revolution', Economic History Review, Series 1, Vol. XIV, 1944, p. 147.

in the manufacturing districts. This large deficit in membership must have been filled by some other group or groups. On the other hand, it is unlikely that those faced with imminent pauperisation could have afforded the weekly subscription of even as little as 3d to 6d a week, which friendly society membership demanded.

The truth probably lies somewhere between the two extremes. Gosden has proposed that the affiliated orders originated and afterwards recruited among the better-paid groups of working men, which seems likely in view of their higher rates of admission, subscription and benefits. Up to 1850, Gosden suggests, the Manchester Unity of Oddfellows recruited most strongly amongst such occupation groups as textile workers, printers, carpenters and other members of the building trades, miners, and small craftsmen and tradesmen (blacksmiths, butchers, tailors and shoemakers, for example).<sup>24</sup> Thompson, meanwhile, ascribed friendly society membership to a wide section of the working class, to include small tradesmen, artisans and labourers, with the greatest proportion of membership being made up of artisans.<sup>25</sup> Rumsey, in his evidence to the 1844 parliamentary inquiry on medical relief, suggested that the rate of medical officers' remuneration was a reliable indication of the composition of the society. When the sum exceeded 2s 6d per head, the members were often of a 'superior' description: small tradesmen, shopkeepers, office workers, and so on. The Oddfellows, Rumsey claimed, belonged chiefly to this class. Societies paying this rate or less, in fact the majority, were composed by implication largely of members of the 'ordinary' labouring classes.<sup>26</sup>

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24. P.H.J.H. Gosden, The Friendly Societies in England 1815-1875, pp. 74-6.

25. E.P. Thompson, op.cit., pp. 458, 460.

26. SCMPR 1844, Evidence of H.W. Rumsey, Esq., p.536, Q.9078.

Rumsey's conclusion would appear to sum up the position quite succinctly. Probably for the artisan class, membership of a friendly society was almost mandatory, and the major affiliated orders took many of their members from the better-paid artisan groups, plus some small tradesmen and white-collar workers, and to a lesser extent members of the ordinary working class. Meanwhile, local societies and less important affiliated orders (who paid lower benefits and were less likely to appoint a medical attendant) were made up predominantly of labouring men. The activities of the affiliated orders in Wakefield and Huddersfield reflected some superiority in their membership. Rates of admission and subscription were in general higher in the affiliated orders. Also they normally took the trouble to register, and they rarely folded up because of a lack of funds. They also tended to play a more prominent role in the public affairs of the town.

At least up until the passing of the Poor Law Amendment Act in 1834, paupers and near-paupers were also admitted into friendly societies in Wakefield and Huddersfield. Their admission fees and weekly or monthly contributions were paid by the overseers of the poor, who presumably found it cheaper and more convenient to make arrangements with a club for the relief of the sick poor, than to pay out-relief and the expenses of medical treatment out of the rates. Evidence was found in overseers' account books of the payment of 'club' subscriptions in Huddersfield, Wakefield, Mirfield, South Crosland and Horbury from the late eighteenth

century up until circa 1834, and indeed it appears to have been a fairly common practice.<sup>27</sup>

Evidence on the occupations and social status of friendly society members is unfortunately extremely rare (with the exception of the membership of the major affiliated orders). In 1843 Dr. G.C. Holland was able to obtain information on the composition of seven out of 56 Sheffield friendly societies in one of the few surveys of this nature to be made in the nineteenth century. Not surprisingly, the occupation analysis revealed that the majority of members were drawn from the cutlery and related trades (including master manufacturers and journeymen). The total membership of the societies was almost 1,400, out of which there were 276 cutlers, 107 grinders, 73 file-makers, 62 silversmiths, 59 scissor-smiths and 39 forgemen. Other well-represented groups included clerks (73), carpenters (51), miners (36), shoemakers (29) and butchers (25).<sup>28</sup> An examination of the records of societies in and around Wakefield and Huddersfield produced only one item giving this kind of information. A contribution book of the Royal Shepherd Sanctuary, Huddersfield, listed the names, ages, occupations and residences of those becoming members of the Sanctuary between 1832 and 1841. Of the 20 individuals joining the society between these dates, sixteen were textile workers (weavers, spinners and slubbers, etc.), two were joiners and two were tailors. The low rates of benefits reflected the relatively low status of the membership. Dole in the case of sickness

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27. See Chapter 3 for more on the utilisation of friendly societies by overseers of the poor as a cheap form of medical relief.

28. G.C. Holland, M.D., op.cit., pp. 241-3. The 36 miners were all members of the Tradesmen's Friendly Society. Overall enforced membership of pit clubs run by employers did little to encourage miners to join friendly societies. For the position of minority groups, such as miners and railwaymen, in the friendly society movement, see, for example, P.H.J.H. Gosden, Self-Help Voluntary Associations in the 19th Century, pp. 60-63.



was just 6s a week for the first thirteen weeks, and 3s a week thereafter.<sup>29</sup>

A few societies took members from just one trade, such as the Huddersfield Friendly Society of Journeymen Joiners and Carpenters and the Warehousemen's and Clerks Providential Association. These societies, which appear to have been designed for a 'better class' of member, were, however, comparative rarities.

Closely linked to the question of the social composition of friendly societies is the debate over their role as class institutions. What did those who became members hope to get out of involvement in these fraternities? Were friendly societies seen merely as an efficient method of obtaining medical and other benefits, or did they embody some form of socio-political aim? The wealthier classes of the nineteenth century came to regard the activities of friendly societies with some ambivalence. On the one hand, they were acclaimed as agents of working-class self-help and independence: their progress was encouraged by nineteen paternal acts of parliament passed between 1793 and 1875, which offered protection of their funds under the law. In particular friendly societies were valued for reducing the burden of poor rates. The 1834 Royal Commission on the Poor Laws expressed admiration of the principles upon which friendly societies conducted the payment of benefit to members. They also hoped that by '... introducing an equivalent degree of strictness into the giving of poor relief, they would persuade more members of the working classes to subscribe to friendly societies'.<sup>30</sup>

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29. Contribution Book of the Royal Shepherds Sanctuary, No. 99, Huddersfield, 1832-1881, Rules for the Royal Shepherds Order, No. 99, Branch of the Royal Forester of Court Silence, n.d., Ms. HPL (Royal Shepherd Sanctuary 4/1, 2/1).

30. Report from His Majesty's Commissioners for Inquiring into the Administration and Practical Operation of the Poor Laws, 1834 (1905 ed.), p. 232. Quoted in M.E. Rose, Poor Law Administration in the West Riding of Yorkshire (1820-1855), p.262.

Alternatively, friendly societies were regarded as possible sources of political and industrial insubordination. Any organisation which involved large numbers of the working class meeting together out of the gaze of the upper classes aroused suspicion. The fact that many friendly societies operated in an atmosphere of secrecy and exclusiveness heightened fears. In 1848, for example, a House of Commons' Committee saw 'certain customs' of the affiliated orders as '... open to very serious objections, viz. the employment of secret signs, the circulation of lectures, and the introduction of orations after the burial service'.<sup>31</sup>

In 1830 an anonymous Huddersfield pamphleteer<sup>32</sup> criticised the activities of friendly societies on several counts. He attacked their secrecy, their financial and legal insecurity, and their secret oaths, which were '... a direct trespass against the law of the land...' and '... a trespass against that evangelical, that divine law, which no earthly consideration should induce a christian to violate'. The expenditure of the secret orders was, in his opinion, another 'formidable objection'.

Every spectator of a procession of one of these secret societies, must know that great sums of money are thrown away on their womanish costume, and ridiculous appendages. That a waste of the funds, on such useless and unmeaning parade, should be adopted by men who profess to be making a provision against the exigencies of sickness and death, is surely near the pinnacle of absurdity! ... They are indeed odd fellows! (his emphasis).

The author concluded his pamphlet with some advice to young labouring men. Primarily, he suggested depositing money in a savings bank as

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31. P.H.J.H. Gosden, The Friendly Societies in England 1815-1875, p. 159.

32. Anon, Observations on Friendly Societies (Huddersfield, 1830), pp. 8-9, 11-12, HPL (Local Pamphlets, Vol. 21).

an alternative to entering a friendly society. However, if labouring men insisted on joining a friendly society, he recommended entering one that had been registered, that had no oaths or secrets, that had a secure financial policy (that is, one which required large payments and offered small benefits) and one which would not tempt young men into drunkenness and dissolute practices! (Considering the strict rules applied by most friendly societies regarding the behaviour of members, this last piece of advice seems hardly relevant).

The friendly societies in Wakefield and Huddersfield apparently did not involve themselves in political activities. Involvement in local events was also rare, but when it did take place, it reflected cooperation with, not opposition to, the ruling classes. At the opening of the Huddersfield Infirmary, for example, the participation of local friendly societies in the ceremonial was encouraged by the Infirmary Committee. 'Polite and pressing' invitations were sent to the societies to request them to attend in procession on the opening day. A Huddersfield lodge of Oddfellows noted in a letter to the nearby Deighton Lodge that all secret orders in the town had received invitations to attend, '... for which occasion they are all trying to make the best show. We are determined to make as good an appearance as any of them'. Members were encouraged to attend the function on horseback, and to wear their scarves and medals. A good attendance was called for to show the United Order '... is not only respectable but numerous also'.<sup>33</sup> Many fraternities attended at the opening ceremony in June, 1831, including lodges of Oddfellows,

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33. Deighton Lodge of Oddfellows, No. 156, Misc. Correspondence, Ms. HPL (Unclassified).

Royal Foresters, the Ancient Order of Druids, the Ancient Order of Shepherds (around 4,000 persons from throughout the West Riding) and various local societies.<sup>34</sup> Local friendly societies (as shall be seen in Section III) became regular contributors to the funds of the Huddersfield Infirmary. By the 1870s the annual Friendly Societies' Demonstration made several hundred pounds per annum for the institution. In the year 1880 the sum of £328 13s 6d was received from the committee of the Huddersfield, Brighouse and Rastrick Friendly Society Demonstration.<sup>35</sup>

Activities such as these reflected support rather than opposition to the ruling groups in the local community, and lends some weight to Perkin's argument that friendly societies were '... non-revolutionary, ameliorative organisations designed to mitigate by mutual insurance the insecurities of the competitive system without in any way seeking to overturn it'.<sup>36</sup> Although friendly societies worked within the system, and indeed embodied ideals and functions that the upper classes approved of, principally those of self-help and rate-saving, they were organisations established for and financed and run by the working classes. There is little to suggest there being any interference in the initiation and running of friendly societies by members of the upper classes,<sup>37</sup> and, as Thompson suggests, the strength of the

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34. HHEX, July 2, 1831.

35. 49th A.R. H.I., 1879-80, p. 6.

36. H. Perkin, op.cit., p. 381.

37. Two exceptions will be given in Sections III and IV of societies which were partly supported and organised by the upper and middle classes, namely the Wakefield Female Benefit Society and the West Riding of Yorkshire Provident Society. Friendly societies enjoying patronage from the wealthy classes, however, seem to have been in a minority.

movement was due to '... a high degree of working class endeavour'.<sup>38</sup>

It was working-class members who imposed the strict regulations which came to be typical of friendly societies. The emphasis was on self-discipline, community purpose and even the highest Christian motives.

It having pleased the Almighty Governor of the Universe to place us here in a State of Dependence upon each other & he having interwoven in our Natures that pleasing Sensation of Sympathy and Social Love which teaches us to pity and commiserate the misfortunes of our Fellow Creatures and to alleviate them as far as lies in our power. We the members of an Institution called a Free Gift have united ourselves together for the sole purpose of relieving those of our Brother members who shall have the misfortune to be rendered incapable of following their regular Employments through Sickness Lameness or any other Calamity, and of supporting themselves and perhaps a numerous Family. 39

Strict rules were formulated and apparently rigidly enforced to regulate secrecy, attendance, the duties of officers and even dress at club meetings. Some societies went further than this and imposed regulations over the behaviour of members outside of club activities. The Wakefield Lodge of Oddwomen, for example, stipulated

That no Member shall enter this Lodge without being clean and decent nor with any other colour Aprons but White one and black Handerchief (sic)...

Every member of this Socy shall keep her seat & behave herself in a peaceable decent and modest manner and keep good order during Lodge Hours or Committee meetings. Nor shall any one be allowed to swear or utter any profane or provoking language one towards another or give any unpolite or indecent Toast or Sentiment, or indecent or immodest songs ... or do any act or thing derogatory to this Socy under the Penalty of being expelled ... 40

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38. E.P. Thompson, op.cit., p. 457.

39. Rules for the Regulation of a Friendly Society called A Free Gift instituted at Wakefield May 16th, 1808, p.1, Ms. WDA (JGC).

40. Rules of the Friendly Society of Odd Women held at the Kirkgate Hotel in Wakefield in the County of York, n.d, Ms. WDA (JGC).

Fines were imposed for offences such as quarrelling, swearing, talking out of order, lateness or refusal to accept an office, which could be more exacting than those imposed by a factory owner on his employees. The Wakefield Free Gift Society, for example, imposed fines for causing a quarrel (4d), abusive language and swearing (4d), talking after being called to order three times (4d) and questioning a decision to allow benefit to a member (1s for the first offence, 2s for a second, and 3s or exclusion for a third offence). The Wakefield Benevolent Brief fined any members resident in the Township of Wakefield, who failed to attend a meeting or to send a contribution of 6d, 1s. The penalty for declaring secrets or transactions of the Brief was 2s, for swearing, fighting, gaming or quarrelling in a meeting 2s 6d, for smoking 6d, and for refusal to accept office 4s.<sup>41</sup> (Further examples will be given in Section III of regulations relating to the receipt of sickness benefits). The behaviour of friendly society members was controlled just as closely as that of recipients of Poor Law medical relief or patients in a charitable institution.<sup>42</sup> The difference of course was that the 'social control' placed on friendly society members was not imposed from above and outside the working classes. Rather, it was a code of conduct and regulations of their own creation.

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41. Rules for the Regulation of a Friendly Society called A Free Gift, p.22, Ms. WDA (JGC); Articles to be Observed by the Members of the Benevolent Brief, Holden at the House of Mr. Thomas Huscroft, The Hammer and Hand, in Kirkgate, Wakefield, 1816, pp. 8, 11-12, WDA (Local Collection, Box 8).

42. For example, at the termination of sickness members were expected to send written notices to the officers of their friendly society, informing them of their recovery and thanking them for the allowances they had received. The notes forwarded by friendly society members differed little in tone from those sent to governors of medical charities, giving thanks for treatment. In April, 1836, for example, Jos. Harrison sent the following note to the Deighton Lodge of Odd Fellows:- 'This is to certify that of now (from now on (I)) declair of (off) the Sick (sick list) of now Return you my sincear thanks for what I have Received' (sic). Deighton Lodge of Oddfellows, No. 156, Misc. Correspondence, Ms. HPL (Unclassified).

### III. Medical Relief and Sickness Benefits

The assistance given to sick friendly society members generally took two main forms during the nineteenth century. Firstly, a weekly benefit was paid to those too sick to follow their usual employment. This was the most important form of relief during the nineteenth century, and accounted for the largest proportion of friendly societies' disbursements. Secondly, some societies took it upon themselves to provide medical attendance for sick members through the means of a club doctor. Both forms of relief were in many cases confined to the subscribing member. His wife and children were often ineligible for aid.

Upon becoming ill, a member was expected to give notice to the steward or another official of the society. The fact that a member was sick had normally to be certified by an official of the society, a medical practitioner, a clergyman, or another approved witness.<sup>43</sup> Following confirmation of sickness, the member became entitled to a weekly benefit of something in the region of ten shillings a week. Payment of the benefit would continue at this rate for a prescribed period, provided the member was still certified as sick, a fact that was checked at weekly or fortnightly intervals. At the end of this period, usually of six months' duration, the benefit would be substantially reduced. The Wakefield Golden Fleece Lodge of Loyal Ancient Shepherds paid ten shillings per week sick money for the first six months. In the second six months it was halved to five shillings a week.<sup>44</sup> The Friendly Society at Almondbury

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43. Certification of sickness by medical practitioners or other witnesses generally took the form used by Benjamin Hudson, surgeon to the Huddersfield Shepherds Sanctuary, No. 99, dated March 14, 1837:-  
'I hereby certify that John Walker is ill of an inflammatory fever from cold, and that he is entirely unable to do any kind of work. Benj<sup>n</sup> Hudson, surgeon'. Notices of illness of members of the Royal Shepherds Sanctuary, No. 99, Huddersfield, c. 1833-79, Ms. HPL (Royal Shepherd Sanctuary 3/2).

44. General Laws of the Golden Fleece Lodge, of Loyal Ancient Shepherds, Wakefield, n.d., p.4, WDA (JGC).

(two miles from Huddersfield) stipulated in its rules, drawn up in 1810, that if a member was '... visited with sickness or other affliction, insomuch as to confine him to his room, ...' he shall be paid nine shillings weekly. When he became able to 'walk out' the member was allowed six shillings a week, so long as he remained unfit to work.<sup>45</sup> After the termination of a year's illness most societies again reduced the benefit; an amount was often fixed at the discretion of their officers or committees. Similarly, if a member became permanently incapacitated a reduced weekly allowance would be paid. The committee of the Wakefield Female Benefit Society resolved in 1810, for example,

Whereas Mary Clarkson, a Beneficiary Member has now been ill two years and confined to her Bed, and ... has been paid the first year full allowance and the 2<sup>d</sup> Year Walking allowance: It is resolved - that she be allowed and paid the sum of one shilling a Week out of the sick fund until her recovery or Death. And it is further resolved that she be paid out of the private fund as a present the sum of ten shillings and sixpence this Quarter in addition to the one shilling per week; the same to be paid by two instalments. 46

The Free Gift Society at Wakefield paid four shillings a week to members afflicted with permanent lameness, blindness or any other incurable disease (and to those aged over 70). Chronically ill members were permitted to employ themselves without losing their benefit, providing they did not earn above six shillings per week.<sup>47</sup>

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45. Articles to be Observed by The Members of the Friendly Society at Almondbury. Revived the Twenty-fifth Day of July, 1810, p.7, HPL (PRT Societies: Almondbury Friendly Society).
46. Minute Book of the Wakefield Female Benefitt (sic) Society, Committee Meeting, April 9, 1810, Ms. WDA (Local Collection W.334.7).
47. Rules for the Regulation of a Friendly Society called A Free Gift, p. 4, Ms. WDA (JGC).



Friendly societies apparently tried to exclude high-risk categories from membership. Only certain age groups were admitted as members. Typically the upper age limit was 40, the lower seventeen. Scales of admission were often drawn up which differentiated between age groups. Admission rates to the Wakefield Lodge of Loyal Ancient Shepherds, for example, varied from 12s 6d for those aged between eighteen and 35 to 20s for the 39-40 age range.<sup>48</sup> Most societies also insisted an individual should be in good health when he entered into membership. For example,

No person shall be admitted a member of this Brief, but such as shall be at the time of admission, of a sound constitution, as also his wife free from all lameness, sickness, and disorders whatforever... 49

If the person entering the society attempted to deceive the members as to his state of health, he would be henceforth excluded. Intake was also often limited to a small geographical area, and soldiers, seamen and militia men were usually excluded.

Before being entitled to any payment of benefits, a member had to have paid an entrance fee and to have subscribed a fixed sum weekly or monthly to the society for a minimum period, usually of several months' duration. Subscription rates varied from club to club, but were usually higher in the affiliated orders. Members of the Wakefield Society of Odd Women paid an entrance fee of between 5s 6d and 10s 6d, and just 6d a month in contributions. (Their rates of sickness benefit were also low; just two shillings a week). The Almondbury Friendly Society

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48. General Laws of the Golden Fleece Lodge, of Loyal Ancient Shepherds, p.11, WDA (JGC).

49. Articles to be Observed by the Members of the Benevolent Brief, p.9, WDA (Local Collection, Box 8).

demanded an entrance fee of 3s 6d and a contribution of 2s 9d every quarter. Meanwhile, members of the Golden Fleece Lodge of Loyal Ancient Shepherds paid 1s 6d per month in subscriptions.<sup>50</sup> In some local societies the size of contributions were determined by the number of members sick. The Free Gift Society of Wakefield, for example, asked members to pay 3d a week for every sick member up to a limit of one shilling a week.<sup>51</sup>

The Wakefield Female Benefit Society differed fundamentally from most other Wakefield and Huddersfield friendly societies, in that it was supported by both beneficiary and non-beneficiary members, the latter having most say in the management of the Society. By the first meeting of the Society in July, 1805, 177 honorary members had offered their support, and 57 beneficiary members were admitted. The Society was directed by a committee of middle-class ladies, and it was this committee which determined the rules of the Society and the allocation of benefits. The Benefit Society combined the functions of most friendly societies, including the payment of allowances to sick members, with those of a lying-in charity. Special payments were made to lying-in members, and a sub-committee was set up to organise loans of linen.

The Society also maintained two funds. The first was made up of the contributions of beneficiary members. The second and largest fund was a 'private' one, supported by the subscriptions and donations of honorary members. The Society did in fact become extremely wealthy.

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50. Rules of the Friendly Society of Odd Women, Ms. WDA (JGC); Articles to be Observed by The Members of the Friendly Society at Almondbury, p.6, HPL (PRT Societies: Almondbury Friendly Society); General Laws of the Golden Fleece Lodge, of Loyal Ancient Shepherds, p.3, WDA (JGC).

51. Rules for the Regulation of a Friendly Society called A Free Gift, p. 3, Ms. WDA (JGC).

In 1818 the rules of the Society were registered and its funds therefore came to be protected by the law. By 1831 funds totalled over £2,400.<sup>52</sup> Money from the private, charitable fund was paid out regularly to members.<sup>53</sup> Income from the beneficiary members' fund never seems to have been sufficient to meet the payment of allowances. The payment of subscriptions by beneficiary members seems to have been more of a token gesture of self-help, rather than a real effort to provide benefits to sick and pregnant members.

The Huddersfield Co-operative Trading Benefit Society, established in 1829, and enrolled under the Friendly Societies Acts in 1838, provides us with a more 'typical' example of a friendly society, in that it was supported and directed solely by beneficiary members. The objects of the Society were, however, more ambitious and wide ranging than was usually the case in friendly societies, and it presumably attracted a 'better class' of member. The objects included assisting members to find employment, the purchasing or renting of land and buildings for the use of the Society, the establishment of a cooperative store, the erection of dwellings and schools to house and educate members, and the relief of sick members. Rates of admission to the Sick Brief were 2s for members aged under 50 and 10s for those aged over 50. Persons aged 55 and over were not admitted. The subscription rate was 1s a month and a member would become entitled to the benefits of the Brief two months after his entrance. No person was admitted to the Brief.

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52. Minute Book of the Wakefield Female Benefitt Society, Committee Meetings, January 12, 1818, June 30, 1831, Ms. WDA (Local Collection W.334.7)

53. For example, in 1811 it was ordered 'That the President do pay Francis Paget of Pot ovens a Beneficiary member in consideration of her Lying in of Twins, the sum of five shillings, as a Donation out of the Private Fund'. Again in 1812, one guinea was paid out of the private fund to Mary Tyson, a beneficiary member, who had been ill a considerable time, but had neglected to apply for the relief she was entitled to. Ibid., Committee Meetings, July 8, 1811, July 13, 1812.

... but who is in good health, having the proper use of all his limbs, and not subject to any hereditary complaint, so as at certain times of the year to render him unable to follow his usual occupation.

The Brief was governed by a President, two Inspectors and a committee of seven members, who were chosen in rotation. The President was to receive notice from sick or lame members, and pass on this information to the Inspectors, who would visit the sick once a week to check on their state of health and pay their allowances. If the sick member resided more than two miles from Huddersfield, a certificate of sickness was to be signed by a doctor or two 'respectable' witnesses. Members unable to follow their employment because of sickness or any 'providential' accident were allowed 10s a week for up to six months. If the indisposition continued, members would be paid 5s for the following six months. After the termination of a year's illness, the President would call a general meeting of the members to determine the rate of any further allowances. When a sick member was so far recovered as to be able to resume his usual employment, he was to give notice to the President within three days. Failure to comply with this rule led to a 2s fine or exclusion. If a member of the Brief feigned illness in order to receive an allowance, he would be excluded henceforth.<sup>54</sup>

Those friendly society members who applied for benefit were subject to both the general regulatory statutes of the society (of which there were usually many) and rules specifically concerned with the receipt of sickness money. A member was normally denied benefit if it was suspected

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54. Rules of the Huddersfield Co-operative Trading Friendly Society, Established, April 20, 1829. Revised and Enrolled April 12th, 1838, especially pp. 13-15, HPL (Misc. Pamph: Co-op. Trading Friendly Society).

that his illness resulted from misconduct or carelessness. The West Riding of Yorkshire Provident Society ruled, for example, that 'no member shall be entitled to claim from the funds in respect of any sickness or accident brought on or occasioned by gross intemperance or immorality'.<sup>55</sup> The Prince Albert Lodge of Ancient Druids at Thurstonland, near Huddersfield, stipulated that no member would receive any benefit from the Lodge for any 'hurt or sickness' occasioned by

... drinking fighting or attending dog fighting  
cockfighting bullbaiting or mankind fighting with  
each other, wrestling the veneral (sic) disease or attend-  
ing any demoralizing game or place unless in the  
capacity of Peace officer ... or by carrying or  
firing a Gun except of it be in the military service  
selfe defence or the protection of Property... 56

The Almondbury Friendly Society added hunting and playing at football to a similar list.<sup>57</sup> Benefits were also discontinued if sick members went out at untimely hours, frequented pubs or gaming houses, took violent exercise, laid wagers or became intoxicated.<sup>58</sup> Although many of these prohibited activities were clearly unsuitable for the sick, they also suggest that an attempt was being made to enforce strict codes of moral behaviour and discipline on members. Members were encouraged to report breaches of rules by others. Robert Firth, a member of the Deighton Lodge of Odd Fellows, wrote in 1832 of

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55. Rules of the West Riding of Yorkshire Provident Society, 1857, p.7, HPL (Unclassified).
56. Prince Albert Lodge of the Ancient Order of Druids, Thurstonland, Sick Rules, 1856-1863, pp. 5-6, Ms. HPL (S/TD 4).
57. Articles to be Observed by The Members of the Friendly Society at Almondbury, p. 8, HPL (PRT Societies: Almondbury Friendly Society).
58. The West Riding of Yorkshire Provident Society even stipulated that 'No member receiving sick allowance shall leave home, except with the approval of the medical officer, who shall prescribe, in writing, upon the sickness paper, the hours at which he may walk out for air or exercise; and in all cases upon leaving home without such permission, he shall not be allowed to receive any sick allowance nor claim medical aid on account of the same illness'. Rules of the West Riding of Yorkshire Provident Society, 1857, p. 8, HPL (Unclassified).

... having seen Brother John Gledhill intoxicated with Lickours (sic) and at the same time Laying Sick and Receiving Sick Money from this Lodge No 156 and having Rowld (sic) upon the ground...

I Beg leave to move that the case of John Gledhill Be investigated and the subject Be Brought Before the consideration of the Lodge No 156 Being A Breach of the 20 & 21 By Law. 59

In addition to paying sick benefits some friendly societies appointed club doctors to attend their sick members. This 'attendance' normally covered advice, and possibly medicine, but until late in the nineteenth century it was very unlikely to include surgical operations or other more specialised treatment. The practice of employing a club doctor became more common during the nineteenth century. The practice may have been given a boost by the passing of the Poor Law Amendment Act in 1834, which placed more stringent restrictions on the receipt of medical relief.<sup>60</sup> By the mid-nineteenth century medical attendance was recognised as one of the normal benefits which membership of a friendly society should confer. Again the affiliated orders took the lead in this movement. By mid-century individual courts of the Ancient Order of Foresters appointed their own medical officers, and the Manchester Unity of Oddfellows included among its objects the provision of medicine and attendance. In societies which remained without the facility of their own medical attendant, sick members were presumably expected to pay for medical treatment, if it was felt to be necessary, out of their sick benefit.

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59. Deighton Lodge of Oddfellows, No. 156, Misc. Correspondence, HPL (Unclassified).

60. P.H.J.H. Gosden, The Friendly Societies in England 1815-1875, p. 143. See also Chapter 3 for a discussion of Poor Law medical relief in the area.

Medical practitioners were selected by friendly society members to provide medical attendance and medicines at so much per head of membership. Remuneration of medical officers was normally low, in the region of two to three shillings per head in most cases. Members frequently complained that the attendance they received from their club surgeon was poor.

H.W. Rumsey, drawing on evidence from the returns of medical men based in 40 large English towns, reported to the Select Committee on Medical

Poor Relief in 1844 that

The whole system of medical attendance in clubs is generally complained of in these returns as defective and unsatisfactory in the highest degree.

... I should say the members of sick clubs are not generally satisfied with their medical attendant. They like to have the power of electing him. They expect him to walk in their annual processions, and they thank him for his services at their club feasts, but individually they often complain that they are not sufficiently supplied with medicines and attendance. 61

Rumsey went on to stress that the post of medical officer to a friendly society could not be remunerative if members were properly attended.

A Gomersal Poor Law Guardian (serving in the Dewsbury Union of West Yorkshire) stated in 1854 that club members did not normally receive medical care of a high standard.

I do not think they obtain as satisfactory medical attendance as the paupers do. I have heard many complaints by the members of the clubs, of neglect on the part of their medical man. 62

If the medical care given by friendly society medical officers was of such low quality, it is surprising that a growing number of people opted for membership of these organisations during the nineteenth century.

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61. SCMPR 1844, Evidence of H.W. Rumsey, Esq., p. 536, Q.9086.

62. SCMR 1854, Evidence of Joseph Ellison, Esq., p. 169, Q.2606.

Medical men complained bitterly throughout the century about the low salaries paid by friendly societies, while those they treated grumbled about inadequate treatment. Yet it is doubtful that the standard of care was so low, or indeed much different to that offered by the Poor Law authorities. After all, complaints of low payment, too low for a conscientious medical practitioner to even cover his expenses, let alone make any sort of profit, were common amongst Poor Law medical officers. Rates of payment to Poor Law medical officers often averaged out at only two to three shillings per case and a few pence per visit. Moreover, friendly society members not only selected their own medical attendant, but also had the power to dismiss him if he proved unsatisfactory. Membership of a friendly society presumably gave the individual the 'right' to complain about his medical officer (just as today the English tax payer grumbles about his National Health Service doctor). Rumsey also suggested in his report that friendly society members'

... dissatisfaction is, I dare say, frequently unfounded and unjust; but the consciousness that their medical contractor is underpaid makes the members naturally suspicious about the due fulfilment of the contract. 63

In Wakefield and Huddersfield at least, friendly society surgeons were apparently not the 'lower order of practitioners, half-educated, ill-conditioned men, who are of no benefit to the community' that Rumsey speaks of. It is true that the top medical men of the locality, those with the wealthiest private practices and hospital appointments, did not normally take up appointments as club surgeons. It is also true

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63. SCMPR 1844, Evidence of H.W. Rumsey, Esq., p. 536, Q.9086.



that competition for these posts involved doctors in undercutting practices.<sup>64</sup> But these positions were usually taken by either newcomers to the area or recently-qualified men, who saw friendly society appointments as one way of establishing themselves in the locality and a means of support, albeit a limited one, while they built up a practice. If they hoped to establish a practice in the area, it would be expected that they would try to provide at least a reasonable level of medical care for their friendly society patients, even if it resulted in personal financial loss. Individuals who took up friendly society appointments also often held the position of Poor Law medical officer or surgeon to the local volunteers, police, prison or assurance societies. William Dean of Slaithwaite, near Huddersfield, held all of these posts. In addition, he was Registrar of Births and Deaths for Slaithwaite and Chairman of the Local Board of Health. William Henry Thornton of Horbury, near Wakefield, combined the post of friendly society surgeon with those of Union medical officer, and surgeon to the police and several assurance societies. On paper at least, Thornton was excellently qualified, being an M.R.C.S. (1849), L.S.A. (1850), M.B. (London, 1850) and M.D. (London, 1853). John Bradshaw of Huddersfield also gave his services as a friendly society surgeon from time to time during the mid-nineteenth century. In addition, he held two more prestigious appointments, as a certifying factory surgeon and as surgeon to the Huddersfield Infirmary.<sup>65</sup>

To supplement the services of the club medical officer, many friendly societies made arrangements with local charitable dispensaries and hospitals to obtain the medical treatment these institutions could

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64. For an example of a conflict between two Wakefield surgeons who were competing for friendly society appointments, see Chapter 7, Section III.

65. PMD, 1852, 1860, 1870.

offer for their members. The rules of the Wakefield and Huddersfield Infirmaries both made provision for the treatment of members of subscribing friendly societies,<sup>66</sup> and several local societies came to make use of this facility. This made it possible for friendly society members to receive medical aid not covered by their medical attendant, in particular operations and other surgical treatment. In the year 1831-32, the inaugural year of the Huddersfield Infirmary, six local friendly societies paid an annual subscription to the charity: the Holmfirth Benevolent Society, the Foresters Royal Court, No. 29, Marsden, the Old Friendly Society, Holmfirth, two lodges of Oddfellows and one lodge of Ancient Shepherds.<sup>67</sup> By 1855-56 thirteen societies subscribed, and by 1865-66 sixteen.<sup>68</sup> In addition to, or instead of, annual subscriptions, some friendly societies paid donations to the infirmaries. In 1859 the Huddersfield Foresters Society promoted a congregational collection at the Parish Church, which raised £10 4s, and donated a further sum of £10 6s to the funds of the Infirmary. In return, the Infirmary Committee resolved the Society should have the privilege for six years of having one in-patient and two out-patients on the books at a time. In 1866 a Huddersfield lodge of Oddfellows donated £70 to the Infirmary, and became entitled in return to recommend six out-patients or three in-patients.<sup>69</sup> The

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66. The rules of the Huddersfield Infirmary provided that any officer of a society on subscribing three guineas annually could have on the books one in-patient or two out-patients at a time, provided an engagement was entered into to remove any such patient on notice being given, or to take away the body in case of death, or to pay the funeral expenses. Rules and Regulations of the Huddersfield and Upper Agbrigg Infirmary, 1834, p.8, HPL (B.362).

67. First A.R. H.I., 1831-32.

68. 24th and 34th A.R.s H.I., 1855-56, 1865-66.

69. Minute Book of the Huddersfield Infirmary, Vol. II, Meetings of the Monthly Board, January 3, 1859, p.358, November 5, 1866, p.510.

reports of the Wakefield Infirmary first record a payment by a friendly society in the year 1858-59, of one guinea by the Ossett Lodge of Oddfellows. By 1865-66 six friendly societies paid annual subscriptions to the charity.<sup>70</sup>

#### IV. The Nature of Illness experienced by Friendly Society Members

The payment of benefits to sick members accounted for by far the greatest proportion of friendly society expenditure. Indeed payment of this type of benefit was perhaps the most important function of these organisations. The arrangements made for the payment of sick relief by friendly societies took into account the likelihood of long-term, chronic sickness, resulting in a protracted or even permanent period of unemployment. Sickness was normally talked of in terms of months and years rather than days and weeks. Many friendly society members were recorded as being sick for both long periods and at frequent intervals. In 1839 the Huddersfield Royal Shepherds Sanctuary, No. 99 paid out a total of £3 6s to A. Beaumont of Paddock, who was certified sick from July 12 to September 20 of that year. Beaumont was also recorded as being sick in 1837, 1841, 1842, 1844 and 1846 (eight weeks in the last year).<sup>71</sup> During the year 1861-62 the Wakefield branch of the British Friendly Union Society recorded that £21 had been expended on sickness benefits. Of this, Henry Rhodes received payments totalling

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70. 72nd and 79th A.R.s W.I., 1858-59, 1865-66. If a member of a club which did not subscribe to the infirmaries was admitted as a patient, he was normally expected to make a contribution towards his keep while receiving treatment. In 1833, for example, the committee of the Huddersfield Infirmary inquired into the case of George Brook, an in-patient, who was found to have 6s a week coming in from a friendly society. It was resolved that he pay 3s a week to the Infirmary as long as he remained an in-patient. Minute Book of the Huddersfield Infirmary, Vol. I, Meeting of the Infirmary Committee, February 4, 1833, p. 318.

71. Royal Shepherds Sanctuary, No. 99, Huddersfield, Treasurers's Book, 1832-1870, Notices of illness of members, Ms. HPL (Royal Shepherd Sanctuary 3/2, 4/2).

five guineas for sickness in March (two weeks), April (four weeks) and May (four weeks). John Heald was recorded sick several times between August and December, and received a total of £6 12s 6d in benefits.<sup>72</sup>

The chronic, long-term nature of the illness experienced by friendly society members may also explain why the appointment of medical officers took second place to the payment of sickness money. Little is known of the type of sickness experienced by members, but complaints such as rheumatism, influenza, inflammation of the chest, throat and eyes, bowel disorders, heart disease and minor injuries seem to have been fairly common.<sup>73</sup> A medical man could do little to 'cure' these kinds of disorder, and the patient may have seen the payment of a regular weekly benefit as being of more value than medical treatment.

Sickness then was often long term and chronic. In addition, quite a high proportion of friendly society members appear to have been subject to bouts of illness. In 1838 43 out of the 194 members of the Grand United Order of Oddfellows, Charity Lodge, Number 97, Cleckheaton, were recorded as sick. (It is possible that some of those listed as sick may have been counted several times). Between 1864 and 1871 the same Lodge recorded aggregate sickness of between seventeen weeks or an average of 1.5 days per member per annum, and 93 weeks three days or nearly 7.5 days per member per annum (1864 and 1871). The average number of days sickness per member over this period was 4.4 days per annum.<sup>74</sup>

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72. Wakefield British Friendly Union Society, Annual Report, No. 20, 1861-62, WDA (Local Collection, Box 2C).

73. Deighton Lodge of Oddfellows, No. 156, Misc. Correspondence (especially doctors notes), Ms. HPL (Unclassified).

74. Grand United Order of Oddfellows, Charity Lodge, No. 97, Cleckheaton, Membership Book, 1824-1839 (Sick Brothers list), First to Eighth Annual Reports, 1863-1871, Ms. and Printed, HPL (S/CL 12, 15).

The main avowed purpose of the West Riding of Yorkshire Provident Society, which was set up and registered in 1857, and based in Leeds, was to deal with long-term illness amongst its members. The officers of the Provident Society claimed that the failure of many benefit societies was due to a lack of attention to the laws of sickness and mortality. The Society made provision not only for old age pensions, life insurance and ordinary sick allowances, but also for protracted illness and assurance against severe accidents, '... founded upon the latest information as to the laws of sickness and mortality'. The Society, which limited its operations to the West Riding, was managed by a council based in Leeds, district boards and branch committees, and was composed of honorary and beneficiary members. The management of the society was in the hands of the upper- and middle-class honorary members. The council, for example, was made up of eminent and wealthy individuals, including The Right Honourable The Earl of Ripon, The Very Reverend Dr. Hook and two MPs. Several important Wakefield and Huddersfield men were also included on the Society's provisional committee.<sup>75</sup> Visiting committees, also composed of honorary members, were appointed by each branch to report on the state of members receiving sick allowances. Medical officers, who had to be qualified practitioners and members of one of the Royal Colleges of Physicians and Surgeons or L.S.A.s, were selected

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75. For example, Col. J.C.D. Charlesworth and J. Barff of Wakefield, and T.P. Crosland, Esq. and George Armitage of Huddersfield. John Barff and George Armitage were both important local woollen merchants and manufacturers, T.P. Crosland was an MP for Huddersfield and an eminent man in the affairs of the town, while J.C.D. Charlesworth was one of the largest coal proprietors in the West Riding, also playing an active role in the public and political affairs of Wakefield. For more on Crosland and Charlesworth, see Appendix 9.

by the members from a list of practitioners who had been approved by the council. The duties of medical officers were to examine applicants for life and sickness insurance, and to attend members requiring medical assistance and supply them with medicines.

The Society was supposedly specially adapted to the requirements of the working classes. A graduated scale of payments was set up according to age, and the largest allowances possible were paid without endangering the funds of the Society. An attempt was made to make the provisions of the Society within reach of the 'ordinary' labouring man, but in fact the contributions were too high for all but the best-paid artisans to afford. For example, to secure 10s per week during sickness for a twelve-month period (in payments and benefits to continue for life) persons aged 20 were to pay 6d per week or 1s 11d a month, a person aged 35, 3s 1d a month and a person aged 50, 6s 0d a month. Combined benefits were also available to cover sickness, old age and death. For example, for 2s a week a person not exceeding 21 years of age could secure 10s a week in sickness benefit, 10s a week pension after the age of 65 and £50 at death.<sup>76</sup>

The return of a local medical practitioner, given as evidence for the 1852 Report on the sanitary state of Wakefield, quoted figures from three unidentified Wakefield friendly societies over a ten-year period. These figures also indicated a high level of sickness (4.5 days sickness

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76. Rules of the West Riding of Yorkshire Provident Society, 1857, HPL (Unclassified) Abstract of the Tables of the West Riding Provident Society, c.1857, HPL (Unclassified). In the same period the wages of the best-paid workers in the textile industry, the slubbers, averaged 27s per week in the Leeds area. Meanwhile, most other adult male workers received something in the region of 15s to 24s a week. E. Baines, The Woollen Manufacture of England, p. 93. For more on wages in the woollen industry, see Chapter 2.

per member), and long periods of average sickness (22.5 days per man sick). Although statistically imprecise, the return has been reproduced in full in Table 5:1.<sup>77</sup>

TABLE 5:1

RETURN from Three Clubs in Wakefield during a period of Ten Years (c.1840-1850)

Number of members	5,260		
" off work by sickness	1,040		
" of days work lost by sickness	23,489		
" of deaths	47		
Percentage of members off work by sickness	19.77		
Number of days sickness per man sick	22.5		
" " " " per member	4.465		
" " " " per 1,000,000 living	8.930		
		£	s
Amount raised	5,272	18	0
Expended in sick relief	2,195	16	7
" " medical attendance	855	9	2½
Burial fees, public house expenses, etc.	2,221	12	2½

W.R. MILNER

Source: W. Ranger, op.cit., Evidence of W.R. Milner, Esq., p. 88.

Nineteenth-century parliamentary returns also gave evidence both of long-term sickness and high levels of sickness amongst friendly society members. A return for an unidentified, registered Huddersfield friendly society for the years 1846 to 1850 gave its average annual membership as 50. The average number of weeks sick over the same five-year period was 42, or 5.9 days sick per member per annum. The return of a large Wakefield society, with an average of 160 members a year,

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77. In 1844 Rev. J. Clay submitted a similar return on Preston friendly societies to the First Report into the State of Large Towns and Populous Districts, which showed widely different amounts of sickness and rates of payment in eleven clubs. The Table is reproduced in Appendix 11.

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TABLE 5:II

Membership and Sickness in Selected Wakefield and Huddersfield Friendly Societies, 1860-1870

Name of Society	Date of Establishment	Five Years Ending With	No. of Members in Returns Classified According to their Occupation		Special Class	Number of Members		Amount of Sick Pay During the 5 Years	Number of Sick Days Per Member		
			Light Labour	Heavy Labour		At Beg. of 5 Years	Entered During 5 Years				
			With Exposure	Without Exposure				Weeks	Days		
<b>Huddersfield</b>											
Wesleyan Methodist F.S.	1840	1860	4	56	2	6	58	10	212	0	18.71
Perserverance Lodge M.U.	1840	1865	3	66	3	5	61	16	283	0	22.05
Manoah Tent Court I.O.R.	1838	1870	8	37	2	5	33	19	156	5	21.10
Court Conquerer A.O.F.	1837	1870	1	19	1	3	19	5	74	5	18.71
Court Kosseth A.O.F.	1853	1865	1	7	20	0	21	10	60	0	11.61
Peace and Prosperity Lodge	1851	1865	1	19	2	3	24	3	110	5	24.63
Richard Oastler Lodge O.D.	1852	1865	1	31	17	14	55	10	206	2	15.88
		1865	11	13	14	4	-	49	51	4	6.33
N.I.O.O.F. Heart of Honesty Lodge	1864	1865	4	55	13	23	-	95	155	5	9.84
Strangers Refuge Lodge M.U.	1847	1870	5	56	8	24	76	17	233	0	15.03
Victory Lodge M.U.	1816	1870	29	156	13	41	18	78	1,264	0	34.43
<b>Wakefield</b>											
Wesleyan Methodist F.S.	1832	1865	1	29	5	7	38	4	391	0	55.86
Hope at the Fountain Lodge G.U.O.O.F.	1845	1865	-	52	27	3	47	35	263	2	19.27
Old Oak at Home Lodge	1844	1865	3	14	10	7	37	7	257	0	19.26
		1870	4	21	13	9	36	20	222	2	27.79
Prince Alfred Lodge M.U.	1830	1870	3	29	27	12	68	10	507	2	39.03
							Miners 5 } Mariners 2 }				
Court Village United A.O.F.	1836	1865	-	26	11	12	26	23	159	5	19.57

over the same period, gave similar results. The number of weeks sick averaged out at 178, or 7.7 days sick per member per annum. In 1849, for example, there was an aggregate of 260 weeks sick, and membership for that year totalled 185. The number of days sick per member averaged out to 9.8.<sup>78</sup>

The first quinquennial return of sickness and mortality, drawn up in 1880 and covering the years 1860 to 1875, indicated similar results concerning the duration of illness experienced by friendly society members. (This return also showed something of the nature of employment followed by friendly society members, breaking occupations into four categories, viz., light and heavy labour, both with and without exposure). Extracts from the returns of a selection of Wakefield and Huddersfield friendly societies are given in Table 5:II.

#### Concluding Remarks

Nineteenth-century observers and historians have pointed with great frequency to the financial instability of friendly societies.<sup>79</sup> Many friendly societies, in particular local fraternities, broke up in the nineteenth century because of a lack of funds or even bankruptcy, a result of mis-management, an over-generosity in the payment of benefits or a failure to attract a sufficient number of young and healthy members

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78. Abstract of Returns of Sickness and Mortality, and of Reports of Assets, etc, of Friendly Societies in England and Wales, during the Five Years ending 31st December 1850, pp. 1852-53, C (31). For details of mortality and sickness rates for different classes of occupation, based on friendly society returns, see H. Ratcliffe, Observations on the rate of mortality and sickness existing amongst friendly societies (Manchester, 1850) in W. Farr, Mortality in Mid 19th Century Britain (Amersham, 1974 reprint), with introduction by R. Wall.

79. See, for example, P.H.J.H. Gosden, The Friendly Societies in England 1815-1875, pp. 94-114.

to support the sick and the aged. Yet although the century certainly witnessed many personal and community tragedies, caused by the collapse of societies, overall they grew and prospered for the first three-quarters of the nineteenth century.<sup>80</sup> During the last quarter of the century, however, a financial malaise began to creep over even the largest and best-organised societies. Improvements in medical and sanitary science, and in the standard of living of the working class, caused an increasing number of their members to live well into old age. While the death rate fell among friendly society members, sickness claims rose among the same groups. The speedy killers of the first half of the nineteenth century, typhus, cholera, influenza and diseases of the digestive organs, were replaced by the lingering illnesses of tuberculosis, cancer, and respiratory and circulatory diseases. As Gilbert<sup>81</sup> has remarked, in the last quarter of the century friendly societies experienced a phenomenon that would not be fully understood until after the First World War, that increased length of life did not necessarily mean better health. Meanwhile, the decline in the national birth rate in the last part of the nineteenth century resulted in a shortage of young members.

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80. The funds of several Wakefield and Huddersfield friendly societies were in a flourishing condition by the third quarter of the nineteenth century. For example, in 1862 the Wakefield British Friendly Union Society recorded a balance in the funds of £920. Meanwhile, through the 1870s the membership and financial state of the Prince Albert Lodge of the Ancient Order of Druids, Thurstonland, showed marked increases. In 1873 there were 87 members and a balance of £570, and in 1876 96 members and a balance of £606. Wakefield British Friendly Union Society, Annual Report, No. 20, 1861-62, WDA (Local Collection, Box 2C); Prince Albert Lodge of the Ancient Order of Druids, Thurstonland, Annual Reports, 1872-73, 1875-76, HPL (S/TD 10).

81. B.B. Gilbert, op.cit., p. 171.

A failure to understand and respond to the changes that were occurring, and increased competition for young members through the offer of larger benefits, marked the decline of friendly societies.<sup>82</sup>

However, the first three-quarters of the nineteenth century could well be described as the 'golden age' of friendly societies. During this period they provided a good system of medical relief for large numbers and quite a wide cross-section of the working class. The emphasis which friendly societies placed on the payment of benefits, rather than on providing medical attendance and medicines, was in many cases well adapted to the needs of their members. The nature of the illnesses suffered by friendly society members was, as has just been indicated, typically long term, seasonal and chronic. While medical treatment could do little to cure these cases (at least for much of the nineteenth century), the payment of a regular benefit could go a long way towards relieving the member and his family, providing them with a small income and removing them one step further from the threat of pauperisation. The friendly society movement was one of the most significant examples of self-help on the part of the working class to emerge during the nineteenth century. These fraternities gave their members a degree of choice in selecting their medical attendants, and led to a decreased reliance on private charity and poor relief.

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82. Ibid., pp. 167-180, for reasons for the decline of friendly societies in the last quarter of the nineteenth century.

CHAPTER 6

Fringe Medical Practice

The establishment of new dispensaries and infirmaries,<sup>1</sup> and the provision of a formal channel of medical relief through the agency of the New Poor Law,<sup>2</sup> in theory gave the poor of the nineteenth century more access to medical treatment than they had ever had before. Those wealthy enough to pay for private medical care, meanwhile, were able to choose from a large number of attendants, including a growing range of specialists, as the number of qualified medical personnel increased during the century.<sup>3</sup> Yet rich and poor alike continued to resort to a variety of 'unorthodox' sources of medical aid in the case of sickness. The nineteenth century saw not only the survival of the traditional fringe practitioner, the folk healer, the wise woman, the bone setter and the quack, but also witnessed the flourishing of other para-medical groups: for example, chemists and druggists, patent medicine vendors and medical botanists.

Following the definition suggested by Roy Porter,<sup>4</sup> we shall distinguish between orthodox medicine and fringe medicine on the grounds of legal and professional inclusion and exclusion, rather than on any objective

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1. The establishment of medical charities in Wakefield and Huddersfield has been covered in Chapters 2 II. b) and 4.
  2. See Chapter 3 for the provision of Poor Law medical relief in Wakefield and Huddersfield.
  3. See Chapter 7 for details of the numbers and practices of 'regular' medical practitioners in the two towns.
  4. R. Porter, 'Quacks: An Unconscionable Time Dying' unpublished paper, Wellcome Institute for the History of Medicine, London, 1983, p.1.

judgement as to the quality of treatment given, its scientific standing or its success rate. All the alternatives to be discussed here were provided by legally unqualified, non-professional personnel.<sup>5</sup>

In the growing urban settlements of the West Riding the fusion of town and country/traditional and modern in many aspects of life was reflected in the wide array of alternatives to orthodox medical treatment. Belief in the ancient ideas of disease transference, the healing power of springs and wells and in old folk remedies, existed side by side with the new 'sciences' of hydropathy, homoeopathy, phrenology and medical botany, apparently without conflict. Despite the proliferation of new forms of para-medical treatment, traditional fringe practices remained popular during the nineteenth century. In some cases new ideologies and treatments were grafted onto existing practices, leading to their transformation or refinement. In this way, for example, ancient healing wells and springs were developed, with the aid of hydropathic theories, into the extensive spas and bathing establishments of the nineteenth century. The use of fringe medicine then did not, as we might expect, diminish in the nineteenth century. Rather the combination of old and new elements led to an overall increase in the range and amount of medical alternatives.

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5. With the exception perhaps of the chemists and druggists who were slowly organising and taking on some features of a professional group by the second half of the nineteenth century. The setting up of the Pharmaceutical Society in 1841, the establishment of the Pharmaceutical Journal and the development of uniform standards of training and examination, which became compulsory under the 1868 Pharmacy Act, were important aspects of this process. For more on these developments, see G.E. Trease, Pharmacy in History (1964). Friendly societies and sick clubs offered an 'alternative' source of medical treatment, in the sense that they were substitutes for the relief supplied by agencies of the wealthy, a form of self-help on the part of the working classes. But the friendly society and medical club differed in a fundamental way from para-medical provisions, in that the treatment made available by these organisations was given by a qualified member of the medical profession. For this reason, friendly societies have been discussed separately in Chapter 5.

This chapter will look at the range of alternative forms of medical treatment and the extent to which they were used by the populations of Wakefield and Huddersfield. Numerical evidence of fringe practice in the two communities will be examined in Section I. Section II will discuss different forms of fringe medicine, including folk healing, quackery, medical botany, water cures and the prescribing activities of chemists and druggists. Reasons for the continuing and even growing popularity of fringe medicine will be sought. It will be suggested that the growing adoption of commercial techniques by many elements of the fringe was one of the chief reasons for this development.

The existence and use of fringe practices was a countrywide phenomenon, but it was especially widespread and important in the manufacturing districts of the North. Contemporaries could not fail to recognise the popularity of alternative medicine with the poor of this region. This fact (together with the existence of strong networks of medical charities and friendly societies) was used to explain the relatively low cost of medical poor relief.<sup>6</sup> The Northern labourer was depicted as being more self-reliant than his Southern and Midland counterparts. Independence in obtaining medical treatment was one more aspect of the self-determination of the 'sturdy' Northern labourer, which was realised through such mediums as the Mechanics Institute, the friendly

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6. The amount spent on Poor Law medical relief before 1834 in the North was estimated as being one-sixth of that spent in Southern and Midland counties. SCMPR 1844, Evidence of G.C. Lewis, p.9, Q.13.

society, the trade union and other working-class organisations. The Northern labourer was also depicted by contemporaries as being more willing to submit to the lure of unqualified medical personnel and self-medication.

The medical profession was also quick to point out the relative strength of the quack in the Northern manufacturing towns. This region was of special concern in their efforts to discredit and stamp out unqualified practice. The large number of letters and articles appearing in the major medical journals on this subject reflected this concern. For example, a leading article in The Lancet in 1857 drew attention to the problem of the unqualified practitioner in the North.

Such persons exist in numbers which would surprise those less conversant with the real state of the case than ourselves. Hanging about the suburbs of town, infesting its central parts, and acting ostensibly as druggists, these people absorb much money and destroy many lives and much health. But the north is the favoured habitat of such individuals; and more especially the manufacturing districts of Lancashire and Yorkshire. 7

What the belligerent medical profession and other nineteenth-century commentators frequently failed to point out is that the practice of resorting to unorthodox forms of medical treatment was not confined to the poor. The better off (as shall be demonstrated later), who could after all afford to experiment, supplemented attendance by regular medical practitioners with various forms of unorthodox treatment.

Nineteenth-century commentators also failed to offer much in the way of numerical evidence to back up their statements about the

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7. 'Quackery in the Manufacturing Districts', The Lancet, 1857, Vol. II, p.326.



extent of unqualified practice. The medical journals, for example, mostly confined themselves to attacks on individual quacks and their misdemeanours. Nineteenth-century observers presumably faced similar difficulties in retrieving figures as the historian faces today. Until recently medical history has mainly been concerned with the orthodox practitioner and institutional forms of medical provision. The unqualified practitioner has been pushed into comparative obscurity. This fact is compounded by a dearth of sources relating to alternative forms of medicine. The quack, with his ambiguous social, medical and legal position, left few records of his activities. Novels, diaries and contemporary histories, however, go a short way towards illuminating the lifestyles of unqualified practitioners, while census enumerators' books and town directories offer us limited numerical evidence on this group. The local press of the nineteenth century, meanwhile, featured advertisements by different elements of the medical fringe, in particular the chemists and druggists, which gives further clues as to their activities. Medical journals of the period also constitute an important, albeit heavily biased, source of information, especially with reference to the competition of the unqualified with regular practitioners.

#### I. Numerical Evidence

The starting point for a collection of numerical data has been the census returns and nineteenth-century trade directories. These sources are not without their problems, and neither appears to show the extent of unqualified practice. All in all the numerical data tends to understate the size of the medical fringe. It is unlikely that the small groups of fringe practitioners recorded in the census

enumerators' books and directories would have aroused the concern of interested laymen and the fury of the medical profession, especially when it is remembered that fringe practice was supposed to have reached a peak in the North. While figures for certain para-medical categories, notably chemists and druggists, dentists and opticians, appear to be fairly reliable, the totals obtained for other groups were very low. The trade directories were also inconsistent in what they chose to include. They omitted such groups as quacks, medicine vendors and midwives from their listings, while including other fringe practitioners: for example, bone setters, herbalists and medical botanists.

More categories are represented in the census enumerators' books, although the classification of fringe groups seems to have varied from census to census, and the totals given for unqualified practitioners are again lower than we might expect. Although the practice of quack medicine was not strictly illegal, followers of this employment may not have wished to declare their true means of livelihood on an official return. One suspects that the majority of fringe practitioners did not appear on the returns at all. Many, after all, were itinerant, and may have avoided the enumerator. Others gave false or inaccurate descriptions of their occupations. For example, it is possible that those deriving an income from the sale of drugs, with or without medical advice, were included in the vague categories of 'hawker', 'traveller' or 'salesman'. Meanwhile, some individuals, presumably unable to live off what they earned from medical practice, combined doctoring with another trade. For example, in 1851 the extravagantly named Anthony Bunusconi Chevalier de la Barre, then resident in Huddersfield, described himself in the returns as an engineer and dentist. The 1861 enumerators'

book for Wakefield Township recorded John Mitchell as a dentist, optician and jeweller.<sup>8</sup> Others (in particular women) may not have regarded themselves or been classified as medical personnel. This was the group who carried on doctoring on a part-time basis, as a favour or paid service to family or neighbours, who passed on remedies, attended at births and nursed the sick. Some of this 'less visible' group may have given their services free or at least very cheaply. Other part-time healers had recourse to the sale of remedies or to occasional practice as a source of extra income.

The 1841 occupational abstract taken from West Riding census returns gives unimpressive figures for most para-medical groups. Only the chemists and druggists were well represented, with a total of 643 for the county (including eighteen female druggists). The totals for Wakefield and Huddersfield were 21 and 23 respectively. The results for other fringe groups were surprisingly low. For example, only two medical botanists were returned for the whole of the West Riding, along with eight dentists, two herbalists, six leech dealers and bleeders, four medicine vendors, two quack doctors and 22 midwives<sup>9</sup> (see Table 6:I). An analysis of the 1851 census for the West Riding has produced similar results: 314 chemists and druggists, 28 dentists, 20 midwives, nine medicine vendors, nine medical botanists and four quack doctors throughout the whole region.<sup>10</sup>

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8. C. Huddersfield, 1851, Wakefield, 1861.

9. 1841 Census, Occupation Abstract, PP, 1844, XXVII (587). For full reference, see Bibliography.

10. E.M. Sigsworth and P. Swan, 'Para-medical provision in the West Riding', The Society for the Social History of Medicine, Bulletin 29, 1981 (Dec.), pp. 37-39.

Compared with the county as a whole, Wakefield and Huddersfield appear to have had more than their fair share of fringe practitioners in relation to their size. Data has been extracted for the two towns from the census returns for 1841, 1851, 1861 and 1871, and from a selection of nineteenth-century trade directories, dating from 1822 to 1870.<sup>11</sup>

The complete results of the analysis are given in Tables 6.II and 6.III. Defects in the source material (as already suggested) mean the figures given are unlikely to be precise or complete, but at least what they do suggest is that certain groups of para-medical personnel survived well into the middle decades of the century. There was even an increase recorded in some categories. The chemists and druggists showed the largest gains in both towns. In 1822 there were six listed in Wakefield and five in Huddersfield. By 1861 the figures were eighteen and sixteen respectively.<sup>12</sup> While the populations of Wakefield and Huddersfield had risen by 63% and 162%, the number of druggists had increased by over 200% in both towns. Other groups also became better represented as the century progressed. In 1847 there was one resident dentist each in Wakefield and Huddersfield, whose services were presumably supplemented by travelling dentists. By 1866 both towns had five resident dentists.<sup>13</sup> No quack doctors appear on the 1841 census returns for either town, but by 1861 four had the temerity to declare themselves as such, three in Wakefield and one in Huddersfield.<sup>14</sup> As the century

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11. For a complete listing of the trade directories referred to, see Bibliography.

12. Baines, 1822; White, 1861.

13. White, 1847; White, 1866.

14. C. Wakefield and Huddersfield, 1841, 1861.

TABLE 6:I

Number of Qualified and Unqualified Medical Personnel  
in Selected West Riding Towns in 1841

Medical Occupations	York County (West Riding)			Wake- field	Hudders- field	Leeds	Bradford	Shef- field	Halifax	Doncaster
	Males	Females	Total							
<u>Qualified Personnel</u>										
Physicians	56	-	56	3	3	14	1	14	3	1
Surgeons, apoth- ecaries and medical students	805	-	805	21	22	137	35	88	68	15
<u>Unqualified Personnel</u>										
Chemists and Druggists	625	18	643	21	23	138	45	111	40	22
Medical Botanists	2	-	2	-	-	-	-	1	-	-
Herbalists	3	-	3	-	-	2	-	-	-	-
Quack Doctors	1	1	2	-	-	-	1	-	1	-
Medicine Vendors	4	-	4	-	-	1	-	-	1	-
Leech-dealers and Bleeders	-	6	6	-	-	-	-	2	2	-
Midwives	-	22	22	-	1	3	3	7	-	-
Opticians	127	-	127	-	6	-	1	107*	-	1
Dentists	7	1	8	-	-	1	-	5	1	-

Source: 1841 Census, Occupation Abstract, PP, 1844, XXVII (587).

\* The figure of 107 for Sheffield opticians includes those involved in the manufacture of optical glass and instruments.

TABLE 6:II

Number of Para-Medical Personnel in Wakefield  
and Huddersfield between 1822 and 1870  
(extracted from trade directories)

Para-Medical Occupations	1822		1828		1837		1847		1853		1861		1866		1870	
	W	H	W	H	W	H	W	H	W	H	W	H	W	H	W	H
Chemists and Druggists	6	5	10	6	13	9	20	14	19	16	19	18	19	21	18	19
Homoeopathic Chemists (Botanic)	-	-	-	-	-	-	-	-	-	1	-	1	-	1	1	1(1)
Patent Medicine Vendors	-	2	1	1	-	1	-	-	-	-	-	-	-	-	1	-
Herbalists	-	-	-	-	-	-	-	-	2	-	1*	1	2	2	4	5
Medical Botanists	-	-	-	-	-	-	-	-	-	-	-	4	-	-	-	-
Apothecaries (unqualified)	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-
Bone Setters	1	-	1	-	-	-	-	-	-	-	1	1**	1	-	1	-
Opticians	-	-	-	1	-	-	-	-	-	-	-	1	1	1	4	1
Dentists	-	-	-	-	1	-	1	1	4	5	4	4	5	5	4	7
Bath Proprietors	-	-	-	-	-	-	-	-	-	1	1*	1	1	1	1	-

W - Wakefield

H - Huddersfield

Source: Trade Directories: Baines, 1822, Parson and White, 1828, White, 1837, 1847, 1853, 1861, 1866 and 1870. (See Bibliography for complete references).

\* Edward Morrison, herbalist, galvanist and bath proprietor.

\*\* George Haigh, spinal doctor.

TABLE 6:III

Number of Para-Medical Personnel in Wakefield and  
Huddersfield in 1841, 1851, 1861 and 1871  
(extracted from census enumerators' books)

Para-Medical Occupations	1841		1851		1861		1871	
	W	H	W	H	W	H	W	H
Chemists and Druggists	13	12	15	19	21	29	20	25
Herbalists/ Herb Sellers	-	-	-	1	1	1*	1	4
Medical Botanists	-	-	-	1	-	6	1	2
Hawkers/ Travelling Doctors	-	-	4	2	1	-	-	1
Quack Doctors	-	-	-	1	2	1	-	-
Apothecaries (unqualified)	-	-	-	1	-	-	-	-
Bone Setters	-	-	-	1	-	-	-	-
Midwives	-	1	-	-	-	1	-	1
Opticians	-	-	1	1	1	1*	1	1
Dentists	-	-	1	2	4	4	3	8
Homoeopthists	-	-	-	-	-	-	-	1
Phrenologists	-	-	-	-	-	-	1	-
Turkish Bath Keepers	-	-	-	-	1	-	-	1

Source: Census Enumerators' Books, Wakefield and Huddersfield, 1841, 1851, 1861 and 1871.

\* James Daley of Huddersfield combined the activities of optician and herbalist.

progressed new categories appeared in the enumerators' books and trade directories, including herbalists, homoeopathic chemists, medical botanists and in Wakefield a single phrenologist. According to White's Directory for 1861, and the census returns for the same year, the population of Huddersfield was served by 29 chemists and druggists, six medical botanists, two herbalists, one quack doctor, one homoeopathic chemist, a spinal doctor, an optician and a turkish bath proprietor.<sup>15</sup>

## II. Forms of Fringe Practice

Evidence of the widespread use of unqualified medical personnel has been found in the pre-1834 Wakefield and Huddersfield overseers' accounts. A surprising aspect of medical relief under the Old Poor Law in the West Riding (as seen in Chapter 3) was the diversity of both the treatment and medical personnel utilised by the overseers. Contracts were made from time to time in Wakefield, Huddersfield and other nearby townships with qualified medical men to supply the poor with treatment and drugs for a fixed payment. Supplementing this was the payment of individual bills to medical men, including unqualified practitioners. Payments to local bonesetters, doctresses and quack doctors appear frequently in the accounts, and sick paupers were occasionally paid lump sums to enable them to visit distant spas and specialised fringe practitioners. Midwives and 'nurses' (often female paupers) were employed extensively to attend sick and lying-in paupers.

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15. White, 1861; C. Huddersfield, 1861.



In July and August, 1784 the accounts for Huddersfield Township included payments of 2s 0d for a midwife, 6d for a Godfrey bottle for Rachel Hudson's child and 5s to Nat. Hudson, affected by the 'Itch', to enable him to visit the Whitworth Doctor.<sup>16</sup> The accounts of the Overseers of Mirfield, a clothing village situated midway between Wakefield and Huddersfield, show that a large proportion of the money paid out for the sick went to fringe practitioners, midwives and nurses and as subscriptions to sick clubs. For example, in October, 1784 2s 6d was paid to the 'Boansetter' for Bet. Swift. In April, 1807 Wid. Jubb was paid one guinea for 'Curing Gladhill', and in July, 1818 Jas. Booth was paid one pound for going twice to Buxton to take the waters. It was also occasional practice to pay medical bills which had already been run up by the poor. Presumably in these cases the choice of attendant had been left to the patient.<sup>17</sup>

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16. Presumably one of the Taylor family of Whitworth, Lancashire, who were famed throughout the North for their bonesetting and other surgical skills for much of the eighteenth and nineteenth centuries. Later in the nineteenth century some of the Whitworth Taylors obtained licences in medicine and surgery; others remained unqualified. All were 'unorthodox' in their methods of treatment. For an account of the activities of the Taylor family, see J.L. West, The Taylors of Lancashire. Bonesetters and Doctors 1750-1890 (Worsley, 1977); Huddersfield Town Book, 1784-1793, Ms. HPL (P/HU/M).
17. Township of Mirfield, Overseers Accounts, 1771-1803 and 1805-1826, Ms. HPL (P/M). The practice of granting lump sums to send paupers for medical treatment dated back a long way. In 1662, for example, the Yorkshire magistrates ordered a voluntary collection to be made in parish churches to enable a poor Wakefield widow 'afflicted with the evil' to be sent to London to be touched by the king. S.H. Waters, op.cit., pp. 62-3.

The employment of unqualified personnel may have been a response on the part of the overseers to the preferences of the poor for a certain type of medical practitioner. Of far greater importance to the Poor Law authorities and ratepayers, however, was the fact that the use of fringe practitioners represented a considerable saving of expense. For example, during the late eighteenth and early nineteenth centuries a midwife charged only 2s 6d or 5s for an attendance, compared with the surgeon's fee of 10s 6d or one guinea for a difficult or time-consuming case. The poor rates of remuneration offered by the overseers, meanwhile, could deter qualified medical men from making contracts to supply medical aid. At times the overseers may have been unable to obtain the services of professional doctors, and have been forced to turn to the fringe practitioner as the only source of available (and cheap) medical treatment. Whatever their motives, the overseers, who were after all an 'official' agency, gave their sanction to the widespread treatment of paupers by unqualified practitioners.<sup>18</sup> Only a small proportion of the poor received medical assistance through the medium of the Poor Law. However, it can be assumed that fringe practitioners, with their advantages of cheapness and familiarity, were also resorted to by those of the poor not in receipt of poor relief.

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18. After circa 1837, when the New Poor Law came into force in Wakefield and Huddersfield, it seems the practice of using fringe medical personnel was largely abandoned by the guardians of the poor. Instead contracts were entered into with regular doctors to provide all medical treatment for sick paupers. However, it is possible that the guardians continued to give lump sums to the poor for payment of medical expenses, rather than force them into pauperisation and onto the poor rate. In these cases fringe practitioners may still have been consulted by the poor.

The use of fringe medicine was not, however, a practice confined to the pauper or near-pauper. Independent labourers, artisans and the wealthy classes were also drawn in large numbers to the quack and the druggist's shop. As a Leeds surgeon remarked caustically to The Lancet in 1854,

Nor is the druggist system confined to the poor, for very many indeed of the middle classes go to the druggist first, and only send for the surgeon when a certificate of the cause of death seems likely to be wanted for the registrar. 19

The wealthy were especially attracted by the water cure, and during the nineteenth century visits to spa establishments by this class became regular and frequent. The new 'sciences' of mesmerism, phrenology, homoeopathy and medico-galvanism also proved to be popular with this group. Lectures in Wakefield and Huddersfield on these subjects were numerous and well attended. Lectures on phrenology appear to have been especially popular, and in Wakefield a Phrenological Society was established in the 1820s. About 150 people subscribed to the publication of a pamphlet on phrenology by a Wakefield physician in 1827, including Earl Fitzwilliam and other local notables. In 1852 lectures on the subjects of phrenology and mesmerism attracted 'numerous audiences' at St. Paul's National School, Huddersfield.<sup>20</sup> The middle and upper classes, in the same way as the poor, had also built up a stock of family remedies for less serious ailments. Philanthropic women, who took upon themselves the task of visiting and nursing the sick, were

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19. G. Wilson, 'On the State of the medical Profession in England, and on Quackery in the manufacturing Districts', The Lancet, 1854, Vol. I, p. 458.

20. D. Alexander, M.D., A Lecture on Phrenology; WDA (Local Collection, Box 14); HHE, July 24 and 31, 1852.

in a particularly good position to develop simple medical skills and a repertoire of homely remedies. Doctors' bills could be a burden even to the middle classes, and it seems they were prepared to try self-medication before calling in a regular medical practitioner.

a) Self-Medication

Clara Clarkson of Alverthorpe Hall, Wakefield, described in her reminiscences how she and other members of her family treated minor complaints. For example, herb teas were taken for tiredness and colds, yeast and port wine for sore throats, hot flannel and bran bags for aches and pains, and oil of cloves and brandy for toothache.<sup>21</sup> The naturalist and traveller, Charles Waterton, Squire of Walton Hall, near Wakefield, a member of one of the oldest families in the county, was an advocate of far more radical forms of self-medication. He became a great enthusiast of bleeding, and made extensive use of the lancet on himself and others. In 1800 Waterton caught pneumonia, and during his treatment he was bled by Mr. Hey, the eminent Leeds surgeon. Waterton was so taken with the treatment that he learnt to bleed himself, and towards the end of his life he reported that he had bled himself 136 times.<sup>22</sup> Throughout his life Waterton fasted rigorously

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21. A.K. Jacques, op.cit.

22. R. Aldington, The Strange Life of Charles Waterton 1782-1865 (1949), p.35. Waterton was an acknowledged eccentric, whose exploits were also recorded in E. Sitwell, The English Eccentrics (1933), pp. 262-85. Despite the adversities suffered during his travels in South America, and the hardships he imposed on himself by means of a strict regime and radical forms of self-medication, he enjoyed an extraordinarily active life until the age of 83.

(recommending a diet of bread and weak tea without milk), purged himself frequently and dosed himself with various pills and potions when ill. Waterton also enjoyed passing on medical advice to others. He recommended travellers should carry with them bark, laudanum, calomel, jalap and, most important, a lancet.<sup>23</sup> He had his own prescriptions and Mr. Waterton's Pills were famous in Walton and the neighbourhood. During the 1849 cholera epidemic Waterton gratuitously distributed amongst the poor of Leeds and adjoining townships a powder which he claimed was highly beneficial in cases of cholera.<sup>24</sup>

While Waterton's remedies represented an extreme form of self-medication, they were apparently not unique. Interesting

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23. Waterton also advocated sulphate of quinine in cases of illness; '... in case of need, I take four grains of it, two in the morning and two in the evening, with marvellously good effect. The dose is easily prepared if you keep by you a little glass-stoppered bottle of the sulphate of quinine and another of vitriolic acid, diluted expressly by the chemist, to dissolve the sulphate. You put two grains of the sulphate into a wine glass and on these you pour four drops of the solution. Add next about two thimblefuls of cold water. Then, with a quill, you stir about the ingredients till all the sulphate has disappeared. Then fill up your glass with cold water and drink it off ... One great advantage of this invaluable medicine is that, although used every day, it never requires to be increased'. Letter to George Ord, 24 October, 1847. In R.A. Irwin (ed.), Letters of Charles Waterton of Walton Hall, near Wakefield (1955), p.64.
24. This action resulted in a verbal conflict with Henry Horsfall, a Wakefield surgeon, following the death of a patient he had been called to visit. The patient had declined to seek medical assistance, continuing to rely on Waterton's powders, which he believed to be infallible. Horsfall sharply attacked Waterton for his interference. The final upshot, however, was that Horsfall was forced to apologise for his attack in order to avoid a legal suit. Waterton's wealth and position apparently excused his dabblings into medical treatment, a crime not so easily pardoned in the case of the less fortunate quack doctor. LM, September 8, 1849, Supplement.

examples of the survival of traditional, and sometimes 'radical', folk remedies are contained in a booklet, written by James Hirst, a Huddersfield weaver, between 1836 and 1892.<sup>25</sup> In this booklet, entitled Notable Things of various Subjects, Hirst kept details of the local weather, instances of longevity and other items of interest to him, including medical recipes. The recipes contained ingredients such as plant extracts, herbs, and more curious components, such as dung of cat and earthworms. The remedies would, he claimed, cure a wide variety of complaints from headaches and sore eyes to stone, cancer and jaundice.

For example,

The juice of ground ivy snuft up into the nose out of a spoon or a saucer purgeth the head marvellously and takes away the greatest and oldest pain thereof that is. This medicine is worth gold though it be very cheap. I have known them that have had marvelous [sic] pains in the head almost intolerable for the space of a dozen years and this helped them presently and never had the pain since they took this medicine.

Pottage made of the leaves and roots of strawberries being eaten fasting certain days of them that have the jundice [sic] doth help them perfectly - This was the secret of a certain monk wherewith he got marvelous much money.

Earthworms slit and cleansed and washed from their slimy and earthy matter (half a dozen of them at least) and cut in pieces or chopped and a good mefs of pottage made thereof, made with oatmeal and water, and so much every day eaten by them that have the black jundice, for the space of twelve days or longer, no doubt it will perfectly cure them thereof, though it be past cure, or else a spoonful of the powder made of them in March or any other time when you can catch them taken every day so long, in a little draught of any drink doeth perfectly cure the same - This is very true and hath been oftentimes proved it hath helped some in four days or five days.

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25. J. Hirst, Notable Things of various Subjects, 1836 - c.1892, Ms. HPL (Diary: Ms/f).

Hirst's remedies contain elements of traditional folk healing practices. For example, emphasis is placed on making up the recipes at certain times of the year, week or day, and on following a closely prescribed ritual.<sup>26</sup>

An egg laid on a Thursday and emptied and filled with salt and set in the fire remaining there untill [sic] it may be made into powder and then cankered teeth rubbed with the powder thereof it both kills the canker and the worms that eat the teeth and destroys them - Proved.

It cannot be said with any certainty that these recipes were widely used. They may have been recorded purely as curiosities. Hirst, however, maintained that the effectiveness of the remedies had been proved, and that some of them were very popular. Also it should be pointed out that most of the recipes, although certainly not palatable, were usable, in that they were composed of apparently harmless, easily obtainable, cheap or even free ingredients.

The widespread use of homely remedies is testified to by the frequency with which chemists and druggists advertised a willingness to make up family recipes. For example, in 1804 G.B. Reinhardt, a Wakefield druggist, promised that

Those Families who may honor (sic) him with their Commands, may depend upon having every Article in the Medical Department, as Genuine as at the Apothecary's Hall, London: ... 27

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26. For more on folk healing practices, see, for example, K. Thomas, Religion and the Decline of Magic (1971), Chapter 7; J. Camp, Magic, Myth and Medicine (1973); W. Henderson, Notes on the Folk-Lore of the Northern Counties of England and the Borders (1879), Chapter 5.
27. WS, July 20, 1804.

Advertisements of this nature were common throughout the nineteenth century. In 1839 G. Hackforth, chemist and druggist, announced to the Wakefield public that he had taken new premises in Kirkgate, which he intended to open as 'A Family Medicine Warehouse, and General Drug Dispensary'.<sup>28</sup> In 1855 John Handley, also of Wakefield, a member of the Pharmaceutical Society of Great Britain, promised those who would entrust him with their family recipes that they would be carefully compounded under his own superintendence, using the best quality articles.<sup>29</sup> Compounding family recipes remained a crucial aspect of the chemists' business throughout the nineteenth century. Judging by the way it was emphasised in their advertisements, it was just (if not more) as important a component of the chemists' trade as the making up of doctors' prescriptions.

The literate section of the population could increase their stock of recipes, and indeed improve their knowledge of many aspects of medical care. A wide range of cheap and easily obtainable books and tracts dealing with the subjects of self-medication and the 'preservation of health' were available in the eighteenth and nineteenth centuries. Some of these were the contributions of various fringe elements (medical botanists, herbalists, mesmerists, and so on); others were the work of orthodox practitioners, anxious to see an improvement in the general health of the population. Some of these works became very famous,

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28. WJ, January 4, 1839.

29. WE, April 7, 1855.



such as Buchan's Domestic medicine,<sup>30</sup> which went through numerous editions following its publication in 1769, rivalling John Wesley's Primitive physic in popularity. Altogether, Buchan's work remained influential for something like 150 years. There were also a large number of similar, but less well-known books on the market. In 1811, for example, the Huddersfield printer and publisher, J. Lancashire, produced The Villager's Friend & Physician,<sup>31</sup> priced 6d. This long pamphlet offered advice on exercise, diet, drinking, bathing, clothing and even the education of children! It also recommended remedies for common complaints, such as fevers, croup, dropsy, measles, smallpox, sore throats and earache. Similar ground was covered by Dr. Alexander of Wakefield in his tract, An answer to the Enquiry, if it be the duty of Every Person to study the preservation of his Health....,<sup>32</sup> which was designed especially for those too poor to obtain medical advice, those living at great distances from medical practitioners, and those who were 'frequently indisposed from trifling causes'.<sup>33</sup>

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30. W. Buchan, Domestic medicine; or the Family Physician (Edinburgh, 1769). The first edition of the book was priced just six shillings. The success of the book was immediate and great: nineteen large editions, amounting to at least 80,000 copies, were sold in Great Britain in the author's lifetime alone (1729-1805). For more on W. Buchan and the background to his work, see C.J. Lawrence, 'William Buchan: medicine laid open', Medical History, Vol.19, No.1, January, 1975, pp.20-35.
31. Anon., The Villager's Friend & Physician: Or, A Familiar Address on the Preservation of Health, and the Removal of Disease on its first Appearance; Supposed to be Delivered by a village Apothecary (Huddersfield, 1811), HPL (Local Pamphlets, Vol. 20).
32. D. Alexander, M.D., An answer to the Enquiry, if it be the duty of Every Person to study the preservation of his Health, what means are the most likely to answer that end, and to which recourse may be had by all Classes of People? (Manchester, 1804), Wellcome Institute Library.
33. Ibid., pp. 26-7.

Health guides written by orthodox practitioners tended to recommend self-help only up to a certain point. In the case of serious illness, they strongly advocated calling in a regular practitioner. They were also fiercely opposed to quackery and fringe practices. For example, the anonymous author of The Villager's Friend & Physician warned,

Avoid, for your life's sake, the ignorant quack who deals out advertised nostrums. Nor less necessary is it to shun the empiric who assumes the character of the regular practitioner, and does to sport with the lives of his fellow creatures, by dispensing medicines in the most critical cases, without a knowledge of the principles of science. 34

Dr. Wright of Wakefield warned against the fraud, deceit and imposture of the quack, and in particular his utilisation of standard remedies without discrimination, in a popular pamphlet published in 1843. He particularly attacked the 'universal specifics', such as Morison's Pills, which were sold in Wakefield market and which in his experience had caused paralysis and mental derangement. Wright suggested some simple remedies for minor complaints as a guard against quackery.<sup>35</sup>

b) Sedentary Fringe Practitioners

Those who chose not to heed advice of this nature, did not necessarily turn to the itinerant quack and vendor of medicines in the case of illness. Continuing a centuries-long tradition, they looked instead to the expertise of neighbours, old wives and local fringe practitioners.

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34. The Villager's Friend & Physician, p.39, HPL (Local Pamphlets, Vol. 20).

35. T.G. Wright, M.D., A Lecture on Quack Medicines, Delivered to the Wakefield Mechanics' Institution, February 20th, 1843 (London and Wakefield, 1843), Wellcome Institute Library.

Many popular healers lived quietly in the community, offering herbal remedies and folk practices, which had been handed down through the generations. Their healing functions may have sometimes owed more to considerations of prestige and tradition than to economic motives. Some of these healers became specialists in certain types of treatment or ailments: for example, aurists, eye doctors, bone setters and leech women. The latter not only supplied regular doctors with leeches, but frequently became experts in blood letting themselves. Sally Oldfield of Honley, near Huddersfield, 'a cheerful, bustling dame', was one such expert,

... ready to answer every call of sick emergency, and learned in knowledge of all bodily ailments. With what dread we watched her fearlessly handle the snake-like horrors known as leeches that were destined to perform such bloody-thirsty deeds upon our trembling bodies, whilst she tried to disarm our fears by humorous jests or soothing words! 36

Sally Dunkirk of Slaithwaite, near Huddersfield, long experienced in treating sickness of all kinds, developed a special talent for dealing with the mentally ill. She was so well regarded that her expertise was called on not just in Slaithwaite, but in many adjoining neighbourhoods. A local inhabitant, describing Slaithwaite life in the 1860s, wrote

Any bad case of fever, or lunacy, of exceptional emergency, was a call for Sally's services. In such cases she became general, and house maid, doctor, and nurse, friend and physician all in one ... A most useful woman was she for the times in which she lived ... If her treatment failed to restore the patient to normal health it was a case forthwith to be sent to a lunatic asylum. Her fees

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36. M.A. Jagger, op.cit., pp. 100-101.

were never much more than a liberal supply of home-brewed beer, unrestricted stock of good "bacca", and the indispensable long clay pipe, with a good "table", and implicit obedience to her orders. 37

Other nineteenth-century fringe practitioners in the Slaithwaite district included David Balmforth, a noted 'toothdrawer' and the local dentist, and Richard Horsfall of Merrydale (known in the area as 'Merrydale Dick'), who became well known in the locality for healing wounds, bruises, sores and dislocations.<sup>38</sup>

Midwives can also be included in the category of 'sedentary' fringe practitioners. Evidence on this group is very limited: as seen in Table 6:III, for example, very few women declared themselves as midwives in the census returns. Since early in the eighteenth century man-midwives or accoucheurs had effectively pushed women out of middle- and upper-class practice, and the status of the midwife had consequently declined.<sup>39</sup> However, for the majority of poor women during the nineteenth century, assistance at childbirth was still provided by a midwife. A few working-class women would call in a druggist or surgeon to attend at a birth, but this alternative was too expensive for most of this class (10s 6d to a guinea). Midwives were valued for more than their low charges; for just a few shillings the midwife would take care

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37. J. Sykes, Slawit in the 'Sixties (Huddersfield and London, n.d., c. 1926), pp. 127-8.

38. Richard Horsfall added 'M.D.' to his name in advertisements and on the labels of his medicine bottles. In time his title apparently was challenged by a local group of regular doctors, and Mr. Horsfall had to appear before an 'authority' to answer the indictment. He did this readily, explaining the initials M.D. stood for Merrydale Dick! Ibid., p.130.

39. For the most thorough history of midwives to date, see J. Donnison, Midwives and Medical Men (1977).

of the mother and baby for a few days after the confinement, undertake household tasks and even look after the husband and other children. The local midwife, usually a respectable widow or married woman with several children of her own, was well known in the community, frequently very experienced and did not normally use instruments in deliveries.

Overseers' accounts again provide us with one of the few pieces of concrete evidence on the employment of midwives by the poor. Before 1834 midwives appeared more in overseers' accounts than any other category of medical attendant, and were employed for at least half the deliveries paid for by the poor rate (both in and out of the workhouse). Midwives were employed in many cases on a regular basis by the overseers, although with only a few exceptions they were paid by case. Rates of payment varied between 2s 6d and 5s throughout the late eighteenth and nineteenth centuries. In April, 1785, for example, Dame Tomlinson was paid 2s for delivering Hannah Finsley by the Overseers of the Huddersfield Township. (A week later the Overseers paid out 1s 4d for 'Finsley Child Funeral'). In March, 1788 Dame Haigh was paid 6s for delivering three poor women. In the first years of the nineteenth century the Mirfield Overseers employed Molly Holroyd on a regular basis as a midwife. In addition to a twice-yearly wage of three guineas, she was paid 2s 6d per delivery.<sup>40</sup> Following the introduction of the New Poor Law this avenue of employment was also effectively closed to the midwife, as midwifery cases were taken over by the newly-appointed Poor Law medical officers.

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40. Huddersfield Town Book, 1784-1793, Ms. HPL (P/HU/M); Township of Mirfield, Overseers Accounts, 1772-1803, Ms. HPL (P/M).

One of the most interesting fringe practitioners in nineteenth-century Wakefield was Joseph Crowther, who carried on the traditional art of bonesetting. He practised in the Wakefield area from early in the nineteenth century until the mid-1860s, when his practice was taken over by one Sarah Crowther, presumably his daughter. Crowther, like most local fringe practitioners, was comparatively poor, living all of his life in Westgate Common, one of the least salubrious parts of Wakefield. Yet his activities, like those of his predecessors, were famed throughout Yorkshire, his family having 'exercised the art, from father to son, time out of mind'.<sup>41</sup>

In 1850, following two severe falls, Squire Waterton, then aged 68, called in Joseph Crowther, who had been recommended to him by his gamekeeper. Despite attendance by qualified surgeons, one of Waterton's arms remained stiff and deformed, causing constant pain, and he had even considered amputation. Crowther's diagnosis reflected badly on the efforts of the surgeons: despite treatment by several regular practitioners, Waterton's elbow and shoulder were still out of joint, his wrist badly damaged and the whole arm shrunk. The treatment, as recorded by Waterton, was somewhat drastic. Following 21 days of embrocations, stretching, pulling, twisting and jerking, Crowther cured the shoulder and wrist. The last act was one of 'unmitigated severity'. The bonesetter 'smashed to atoms' the callus<sup>42</sup> which had formed in the dislocated elbow joint, 'the elbow itself cracking, as though the interior part of it had consisted of tobacco-pipe shanks'. Within days, however,

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41. R.A. Irwin (ed.), op.cit., Letter to George Ord, 25 April, 1851, p.82; G. Phelps, Squire Waterton (Wakefield, 1976), p.132.

42. Callus - hard tissue, formed at the site of a broken bone, which is gradually converted into new bone.

Waterton could claim that the arm was completely recovered. The total fee paid to Crowther is not mentioned, but Waterton gave him a £5 note as a bonus.<sup>43</sup>

Following the completion of his treatment, Waterton gave his impressions of bonesetters and their work.

Let me hasten to give you a true idea of a bonesetter. He is not a quack; he pretends to cure no diseases. He sells no new medicine. His sole occupation is to set bones and put joints to rights and to let blood and draw teeth.

Formerly, when surgery in England was not so mature as at present, and surgeons not so numerous, the bone setter was in great practice ... But, in our times, the surgeon has usurped the office of the bonesetter and he gets all the cases in higher life which can afford to pay him. Whereas the bonesetter, making very low charges, draws all the disabled poor to him and he has twenty times more operations to perform than the surgeon.

Waterton had been in the practice of sending the poor of his neighbourhood to Mr. Wheatman of Carlton, near Pontefract, an 'excellent bonesetter', who died in 1847, three years before Waterton had his operation. Wheatman told Waterton that he treated over 500 cases a year. 'This made him perfect and nothing used to astonish me more than the clear manner in which he pointed out the nature of the case and the determined manner in which he put it to rights.'<sup>44</sup>

c) Itinerant Fringe Practitioners

It was not only the local fringe practitioner, who resided and worked within the community, that survived into the nineteenth century.

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43. G. Phelps, op.cit., pp. 132-3.

44. R.A. Irwin (ed.), op.cit., Letter to George Ord, 31 May, 1851, pp. 83-84.

A variety of itinerant quack doctors and medicine vendors periodically visited Wakefield, Huddersfield and the surrounding villages.<sup>45</sup> The travelling quack moved from town to town, inhabiting inns and lodging houses, and making his appearance on market days to sell medicines, pull teeth, and to diagnose and treat a wide range of ailments. As a nineteenth-century observer of the Huddersfield area reminisced,

In those days quack doctors were very much in evidence. I well remember them visiting the neighbourhood attired in shabby half worn black suits including a frock coat, and top hat. They were very loquacious and talked glibly about the lungs and the kidneys, and the blood and stomach, and all the ills of which the flesh is heir to, and for which they had never-failing remedies and certain cures, with samples available at the moment, and ready to supply a stock of medicines which every family ought to possess. 46

The itinerant quack, who usually lacked any kind of local reputation or established clientele, was very much a showman, and dependent on the generation of publicity. He would announce his forthcoming visits by means of handbills or advertisements in the local press. In August, 1847, for example, many thousand copies of a pamphlet entitled The whole art of preventing and curing diseases, and of enjoying peace and happiness both of body and mind to the longest possible period of human existence ... were circulated amongst the market people of Huddersfield. The author's own pills were recommended to those who

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45. The literature on quack medicine is limited, and concentrates on the most famous or rather notorious quack doctors, James Graham, 'Chevalier' John Taylor, Sally Mapp, Dr. Solomon, etc. See, for example, E. Maple, Magic, Medicine and Quackery (1968).

46. J. Sykes, op.cit., p.129.



wished to attain this happy condition.<sup>47</sup> Mrs. Drummond of Leeds, who was obviously something of a success story in the West Riding, advertised extensively in the local press during the mid-nineteenth century.

Mrs. Drummond (who claimed the titles M.R.C.S. and M.D.) was based in Leeds, and from this base in the auspicious Park Square, she frequented various West Riding towns, accompanied by her assistant 'doctors'. One of her assistants came to Wakefield every Friday, market day, for consultations. The services he offered included the fixing of artificial teeth and the chance to purchase Mrs. Drummond's Famed Herbal Tonic and Aperient Canada Pills, which would cure 'any' disease or debility, including stomach complaints, colds, coughs, consumption, jaundice, gout, fever, scrofula, scurvy, rheumatism, piles, cancer, incontinence, smallpox, tumours, ulcers, worms, ague, hysterical fits, wasting, lowness of spirits, pimples, bad breath and poor sight!<sup>48</sup>

Up until the third quarter of the nineteenth century many opticians, dentists and aurists could be categorised as itinerant fringe practitioners. Before then they had no recognised training or qualifications.<sup>49</sup> The

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47. LM, August 28, 1847, Supplement. The press seem to have been rather ambiguous about the subject of 'quack' medicine. The Leeds Mercury, who reported this event, chose to take a dim view of this particular practitioner, stating 'The whole pamphlet is a tissue of nonsense, but couched in terms calculated to mislead the unwary, and terminates by praising and recommending the author's own trash, in the shape of pills'. Newspapers seem to have taken the side of the medical profession in disputes between regular and unqualified practitioners, and often attacked individual quacks in their columns. On the other hand, the Mercury, in common with most papers, used much space, and made a great deal of money, advertising the services of fringe practitioners, chemists and druggists, dentists, etc., and a vast range of patent remedies.

48. WRH, April 6, 1836.

49. For example, the Royal College of Surgeons' dental licence was not created until 1859. In the same year the first dental school was set up in England, and by 1900 there were eleven schools throughout the country. Between 1841 and 1881 the number of dentists in England increased from 522 to 3,583.

majority of dentists, for example (although they might be based in a large town), earned their living by making visits around a circuit of towns, attending on certain days or weeks at each place. Their businesses were carried on in public houses, hotels and in the back rooms of shops. In April, 1810 Mr. Northern, surgeon dentist, advertised in the Wakefield Star that he

Respectfully informs the Ladies and Gentlemen of Wakefield and its Vicinity, that he intends making his periodical visit on MONDAY the 24th Inst. and may be consulted at Mr. HADFIELD'S, Spirit merchant, until the 8th of May - Afterwards at his house in Leeds. 50

Mr. Moseley, surgeon dentist of London and Hull, 'respectfully announced' in 1841 that in compliance with the requests of his patients, he would attend at various towns in the West Riding for a limited period. He would visit Huddersfield on Mondays and Tuesdays, where he could be consulted at Mr. Thomas Herring's, saddler. He would also attend at Mr. Gray's, Wood Street, Wakefield on Fridays.<sup>51</sup> Similarly, in 1849 the following advertisement appeared in the Leeds Mercury.

THE LADIES' DENTIST. - RETURN TO BRADFORD -  
CHEVALIER BERNASCONI DE LA BARRE ... has returned from Switzerland and Italy. Apply as before 156, Briggate, Leeds; or at 62, Portland Crescent, (Private Residence). Attendance at Bradford, punctually every Monday and Thursday, at his Rooms, Mr. Barrow's, Watchmaker, Bank Street; Wakefield every Friday; inquire at Nichols and Sons, Booksellers.

In the next issue of the Mercury de la Barre added that he would also attend every Tuesday at the Imperial Hotel, Huddersfield.<sup>52</sup>

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50. WS, April 19, 1810.

51. WJ, March 12, 1841.

52. LM, January 13 and 20, 1849.

Mr. Swift, Aurist, attended at many towns in Lancashire and Yorkshire in the mid-nineteenth century, treating eye and ear complaints. In 1841, for example, he arranged to visit Huddersfield on November 9th at the Victoria Tavern, and Leeds on the 10th and 11th at the Bull and Bell. His drops for deafness were obtainable at Mr. Swift's (chemists), Huddersfield.<sup>53</sup>

In many cases itinerant fringe practitioners depended more on their wits and techniques of salesmanship to earn a living, than on any medical skill they might or might not possess. In this way they differed from their more stationary counterparts, whose livelihood depended on their continued success in treating members of a local community. The itinerant quack was also more likely to be of doubtful respectability, and to be involved in cases of malpractice or dupery. In May, 1854 W. Freeland, an itinerant vendor of 'speedy cures for all diseases', was brought before the magistrates at the Wakefield Court House. He was not summoned, however, in connection with his activities as a medicine vendor, but on a charge of being drunk and incapable. The defendant stated that he had come from Cleckheaton

... to place his infallible cure in the hands of the inhabitants of Wakefield as were so unfortunate to be bodily afflicted, and so weak in mind as to spend money on his wares.

The Wakefield Express reported that the inhabitants of Wakefield were generally awake to that sort of dupery, and that Freeland had not been very successful. Freeland was unable to pay the fine and court costs,

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53. LM, November 6, 1841.

which amounted to 19s, and the Express remarked cynically that his stock would soon be disposed of if he could not raise the money, '... and a good opening will be afforded for an enterprising fellow to begin business in a new line'.<sup>54</sup>

Except where malpractice by unqualified practitioners led to serious injury or death, or where trickery was practised on a large scale, the authorities appear to have ignored them. Random sampling from nineteenth-century Quarter Sessions Indictment Books turned up only a few cases involving fringe practitioners, and these were usually cases of fraud rather than malpractice.<sup>55</sup> One such case was the trial at Wakefield Court House in 1857 of a travelling quack, William Langley Riley, who was charged with obtaining money on false pretences. Riley, a Wakefield labourer, had been travelling around the countryside in a conveyance, under the designation of 'Drs. Langley Riley and Co.'. Riley had used an original method of duping the public. He had pretended to be a medical officer from the Royal Botanical College of Health in London, who had been sent down by the Government for the special behoof of the poor. He had professed to his 'beneficiaries' that he was dispensing medicine gratis, charging only for the Government stamp. A large medicine chest was produced in court containing spurious drugs. Despite the evidence brought against him by several witnesses, Riley was acquitted.<sup>56</sup>

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54. WE, May 6, 1854.

55. Cases of malpractice involving fringe practitioners have been discussed in connection with the medical profession's opposition to the unqualified in Chapter 7, Section III.

56. The Lancet, 1857, Vol. II, pp. 282-83; Quarter Sessions Indictment Book, March, 1857 - January, 1858, Leeds Sessions, October 20, 1857, pp. 236-38, Ms. WYCRO (Q54/86).

d) Medical Botany

While the traditional quack doctor continued to thrive during the nineteenth century, this period also witnessed the emergence of a brand new form of fringe practice, medical botany. Although followers of medical botany claimed to have no connections whatsoever with quack medicine, it was usually practised by unqualified personnel, initially on a self-help basis, by the 1860s more frequently by commercial elements. The system of medical botany became very popular in the middle decades of the century, especially with the working classes and in Northern England. Medical botany was imported from America by Dr. Isiah Coffin, who in the 1840s organised the Friendly Botanic Society of Great Britain and local societies in several Northern towns, including Huddersfield, Halifax, Brighouse and Manchester.<sup>57</sup>

Part of the success of the movement was due to the emphasis placed on self-medication, and Coffin's promise to make 'every man his own physician'. The treatments were simple and based largely on herbal remedies. (The herbs Coffin used were chiefly *Lobelia inflata* (an emetic) and Cayenne pepper (a counter-irritant and gastric stimulant) which were combined with the administration of herb teas, warmth and a nutritious diet). Components of the remedies became easily obtainable during the mid-nineteenth century from the agents of Dr. Coffin, and handbooks were available to explain the treatment of a wide variety of common ailments. Medical botanists were actively opposed to the treatments and monopoly position of the medical profession, which helps

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57. P.S. Brown, 'Herbalists and medical Botanists in mid-Nineteenth-Century Britain with special Reference to Bristol', Medical History, Vol. 26, No. 4, October, 1982, pp. 405-20.

explain the appeal of the movement to a working class already disenchanted with and suspicious of regular medical practitioners.<sup>58</sup> Coffin maintained that the remedies of regular doctors were worse than useless, and delighted in pointing out cases of malpractice and divergences between methods of treatment by qualified medical men. In contrast to the mysteries of orthodox medicine, Coffin's remedies were, he maintained, empirical, natural, easy to comprehend and apply, and effective.<sup>59</sup>

It was not only the medical aspect of Coffinism which appealed to the working man. The organisation of recruitment also helped account for the success of the movement. As John Pickstone has suggested, the recruiting methods adopted by Coffin 'took the characteristic form of social and religious movements aimed at the industrious classes', Methodism and the Temperance Movement, for instance. Much of the support for medical botany came from working men involved in these movements.<sup>60</sup> Coffin made lecture tours of towns and encouraged the formation of local societies, members of which had to possess his book, The Botanic Guide to Health (priced 6s), and be proposed and seconded by two members. The democratic organisation of these societies (which had much in common with friendly and cooperative societies and trade unions) also attracted the working classes. There was an elected committee, whose responsibility

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58. See Chapter 7, Section IV.

59. A.I. Coffin, The Botanic Guide to Health (5th ed., Manchester, 1846). Another very popular handbook was W. Fox, M.D., The Working Man's Model Family Botanic Guide or Every Man His Own Doctor (11th ed., Sheffield, 1887). Fox's book, like many other guides, set out the main principles of botanic practice and the most useful methods of treating common ailments in easily comprehensible terms.

60. J.V. Pickstone, 'Medical Botany (Self-Help Medicine in Victorian England)', Memoirs of the Manchester Literary and Philosophical Society, No. 119, 1976-77, pp. 85-95.

it was to see that sick members were visited and prescribed for. Meetings often began with a lecture by one of the members or a visitor. Members also got the chance to give an account of successful treatments and to report on any difficult cases they had come across. Agents were appointed by the society to keep a store of medicines and relevant books.

Medical botany became popular in Wakefield, and, more especially, Huddersfield (where Methodism, teetotalism and other working-class movements were also of greater significance) during the mid-nineteenth century. The Huddersfield Botanical Society was one of the first to be established, and in 1845 the members presented Dr. Coffin with an inkstand,

... as a small token of respect and esteem, for your professional abilities, and gratitude for the dispensation of the plain and simple, yet invaluable, principles contained in your system of Medical Botany ... - a system which we have fully proved by experience to be in perfect unison with nature, as well as by the many astonishing cures affected not only by you, but by many of our own Members, and persons who attended your Lectures when delivered in this town. 61

Agents set themselves up in Huddersfield to supply the necessary herbs and a growing range of patented preparations. By the 1860s, for example, two Huddersfield booksellers offered for sale Dr. Coffin's Indian Pills, '... the best Family medicine ever offered to the public...', priced 1s 1½d per box. In 1866 T.N. Swift, chemist and druggist, begged

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61. A.I. Coffin, op.cit., pp. 333-34.

... to inform the public that he is the appointed agent of Dr. Skelton, of London, of whom may be had all Dr. Skelton's preparations, and also every variety of Herbs used in Medical Botany.

T.N. Swift, 51, King St, Huddersfield. 62

By the 1860s there were at least six botanic practitioners in the town.<sup>63</sup>

While hotly denying any links with quackery, these practitioners made claims similar to those of even the most ambitious quack doctor. In

1861, for example, the following advertisement appeared in the Huddersfield Examiner.

NEVER DESPAIR - But go and CONSULT Mr. J.L. FIRTH, MEDICAL BOTANIST, 38, Buxton Road, opposite the Co-operative Stores, Huddersfield, on all DISEASES incident to the Human Frame, namely, Consumption, Asthma, Coughs, Colds, Rheumatism, Jaundice, Liver Complaints, Gravel, Gout, Scrofula, Scurvy, Dysentery, Diarrhoea, Dropsy, Female Irregularities, Erysipelas, Indigestion, Spasms, Cramp, Nervous Debility, Bilious Complaints and Febrile Diseases in all forms. 64

Two botanic practitioners established commercial dispensaries in Huddersfield.

Mr. Booth, proprietor of one of these establishments, imitating a common quack technique, supplied testimonials from grateful patients in his advertisements, such as those of 'W. HOLLINS, Bradford road, Huddersfield, cured of gravel, and pain in the back in two days' and Mr. George Holmes of Lockwood, near Huddersfield, who was cured of dropsy with one bottle of medicine.<sup>65</sup>

J. Wildes, proprietor of the Huddersfield Botanic and Eclectic Dispensary, offered, in addition to 'Botanic and

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62. HE, January 9, 1864, March 25, 1865; Tindall's Huddersfield Directory and Year Book, for 1866, p.222.

63. C. Huddersfield, 1861; White, 1861.

64. HE, July 13, 1861.

65. HE, March 2, 1861.



Eclectic' treatments, vapour and shower baths, priced 1s, and from four to ten o'clock on Saturdays, for the benefit of the working class, 6d. He also offered prospective customers free medical advice on Wednesday and Thursday mornings, although medicines would still be charged for.<sup>66</sup> In addition to the six resident botanic practitioners (compared with 23 regular doctors in 1861), Huddersfield was also visited by itinerant medical botanists. For example, in 1868 Mr. R. Bean (for 20 years assistant to the eminent botanic practitioner, Dr. Skelton) was available for consultation every Wednesday at Mr. T.N. Swift's, chemist and druggist, Cross Church Street, Huddersfield.<sup>67</sup>

By the 1860s medical botany appears to have moved away from the ideal of self-help medicine by the working man. Not only had it become far more commercial, but it also had fallen into the genre of quack medicine, with its emphasis on patented cure-alls, on extensive advertisement, often with excessive claims, and on treatment by unqualified personnel, including itinerant practitioners.<sup>68</sup>

e) The Water Cure

One form of medical treatment embraced by both quack practitioners and orthodox medical men, and utilised by both rich and poor, was the water cure. This method of treatment was adapted and modernised during the late eighteenth and nineteenth centuries, becoming if anything

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66. HE, July 13, 1861.

67. HE, May 16, 1868.

68. John Pickstone also dates the decline of medical botany to the 1860s. The father of Jesse Boot was a follower of Coffinism and a Wesleyan lay-preacher, devoted to good works. It is symptomatic that Jesse Boot converted his father's business into a proprietary medicine store, retailing medicines by modern methods. J.V. Pickstone, 'Medical Botany', pp. 94-5.

more popular. The notion of the healing power of water had very ancient origins. Many holy wells and springs dated back to the pagan era, and several English spas, Bath and Buxton, for example, were popular in Roman and Medieval times.<sup>69</sup> Some of the wells and springs in the Wakefield and Huddersfield areas were of antique, if not ancient, origin. The water of St. Helen's Well, Honley, near Huddersfield, for example, was for centuries reputed to possess many curative properties. In Wakefield St. Swithin's Well, Kirkthorpe Well, New Wells and California Well were valued for their health-restoring powers. In 1827 a new spa was discovered at Stanley, near Wakefield, which had similar properties to Malvern Water. The water was reputedly good for kidney and bladder infections and for body sores. The recommended dose was 'two tumblers before breakfast'.<sup>70</sup> The ancient St. Swithin's well was still used by local inhabitants in the eighteenth and nineteenth centuries. The water was believed to be effective in curing many complaints, especially tubercular diseases. In the late eighteenth century the old folk method of disease transference was still widely practised at St. Swithin's well. As a twentieth century local medical man and sceptic remarked,

... when the well was open it was near the hedge on which used to be hung bits of rag with which people had washed. They were left hanging under the delusive idea that as the rags wasted away so would the part affected, which had been washed therewith, proceed to mend and become sound.

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69. See, for example, W. Addison, English Spas (1951); P.J.N. Havins, The Spas of England (1976).

70. M.A. Jagger, op.cit., p.168; WE, December 16, 1939; E.N. Steele, Glimpses of Stanley's Past (Wakefield, 1974), p.34, WDA.

Whether effective or not, the well was still popular with Wakefield people in the middle decades of the nineteenth century. (The Reverend Samuel Sharpe, Vicar of Wakefield, was in the habit of bathing there).<sup>71</sup>

The science of hydropathy gave the water cure a fresh rationale, although the system of treatment it embodied did not really offer much that was new. Hydropathy emphasised 'natural' and gentle remedies: rest, a good diet and moderate habits, combined with bathing and drinking large quantities of spa water. Hydropathy differed from the other fringe practices already discussed, in that it did not face the united resistance of all regular doctors. However, it opposed, and was opposed by, the traditional allopathic practitioners of medicine. As John Smedley explained in his introduction to Practical Hydropathy in 1861,

The medical profession generally look with contempt on Hydropathy, believing we have no sound principles for the basis of our action, such as they suppose they have in their counter-irritants, setons, issues, mercurial ointment, their soothing narcotics, stimulating quinine, steel mixtures, colchicum, ... They cannot believe mere water can have either the powerful or curative effects of their severer applications, or produce such quick results. 72

The system did win partial and complete converts from the medical profession. Some orthodox practitioners embraced the system of hydropathy in toto, becoming spa doctors. Others, while not seeing hydropathy as a cure for all ills, believed the emphasis placed on fresh air, bathing and relaxation could be beneficial, especially for those with delicate

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71. J.W. Walker, op.cit., p.523.

72. J. Smedley, Practical Hydropathy (4th ed., 1861), p.iii. Smedley, a hosiery manufacturer, was proprietor of the Matlock Hydro, one of the chief nineteenth-century hydropathic establishments. For more on hydropathic techniques, see R. Price, 'Hydropathy in England 1840-70', Medical History, Vol. 25, No. 3, July, 1981, pp. 269-80.

constitutions or convalescent patients. In common with other systems of medical treatment of ambiguous status (homoeopathy and mesmerism, for example), both qualified and unqualified medical practitioners were involved in hydropathic medicine, in promoting spas and in treating visitors to these establishments.

The inhabitants of Wakefield and Huddersfield participated in the spa treatment's new wave of popularity during the nineteenth century. Local springs and wells were developed into bathing establishments. Meanwhile, several of the spa establishments already in existence gained a new lease of life. In 1832, for instance, the 'once celebrated' cold bath at Kirkthorpe, Wakefield, was reported to have been repaired and put into 'excellent condition' for the reception of bathers.<sup>73</sup> The wealthier inhabitants of Wakefield and Huddersfield visited more distant spas, the most popular being Harrogate, Buxton and Ilkley. To a greater extent than other types of fringe medicine, the water cure became popular with the wealthy (although the poorer classes, as shall be seen later, were not totally excluded). This popularity was in part due to the mildness of hydropathic treatment compared with the radical regimes imposed by allopathic practitioners. But it was also a result of the pleasing social life associated with spa towns, which by the nineteenth century had been toned down from the rowdy and burlesque social activities of the previous century, to a dignified round of 'at homes', tea parties, card games and promenades. A.B. Granville noted in his tour of Northern spas in 1841 that Harrogate had two distinct seasons, the town being inhabited first by persons

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73. LM, August 18, 1832.

of a lower social class, and then in August by a more aristocratic clientele. In July Harrogate was, wrote a correspondent of Granville,

... as yet, full of clothiers from Leeds, and cutlers from Sheffield, besides all the red noses and faces in England collected together. There is not a livery-hat in the place but our own, and ours, at present, is the only 1£ 1s subscriber on the books at the sulphur well; showing the caliber (sic) of the company, who cannot afford more than five or ten shillings, and most of them the half of the smaller sum. But Sheffield and Leeds will soon loom homewards, and then, they say, better company will come.

Granville's informant proved correct.

At the close of that month (July) the Spa season properly begins, and this lasts till Doncaster races. Before that time, carts and gigs empty their gatherings daily. Coroneted chariots, britzschkas, and postchaises, ply about in abundance, after that, bringing their more noble cargoes of aristocratic visitors. 74

The better-off inhabitants of Wakefield and Huddersfield frequented the spa towns in high season. Clara Clarkson of Wakefield, for example, went once or twice a year, usually in May and September, to Harrogate or Ilkley. In latter years she came to prefer Ilkley. In 1876 (then aged 65) she spent two month-long vacations in Ilkley. Although the town had, as she described it, 'changed astonishingly', with the addition of many new buildings and villas, and an increased influx of visitors, she was still able to spend her days quietly, pleasantly and uneventfully.<sup>75</sup> However, the cost of spa treatment was prohibitive for the majority

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74. A.B. Granville, Spas of England. 1: the North (first published 1841, reprinted Bath, 1971), p.37.

75. A.K. Jacques, op.cit., pp. 156-58, 163.

of the population. By 1884, for example, the bill for a Wakefield couple for one week's baths and medical attendance at the Ilkley Spa totalled £4 10s 6d.<sup>76</sup>

The proprietors of spa establishments in the neighbourhoods of Wakefield and Huddersfield did their utmost to attract custom away from their more opulent (and usually more expensive) competitors. They claimed that both the quality of the water and the range of facilities were equal to, if not better than, those of more distant spas. Much in fact was done to improve the facilities of local spas, and to develop a social atmosphere which would attract a wealthy clientele.

In 1827 a large spa baths was established by a company of subscribers at Lockwood, half a mile South of Huddersfield, on the site of an old sulphur well.

The existence of mineral springs had suggested to the speculative mind dreams of an English Baden, or at least of another Harrogate. The river was spanned with a rustic bridge, grounds were laid, and a Bath Hotel opened its doors. 77

Granville reported in 1841 that the water, although mild in composition, was believed by locals to be effective in curing many disorders, particularly those of the skin.<sup>78</sup> The baths were enlarged and improved several times during the nineteenth century. In 1852, for example, the swimming bath was roofed, and in 1860 facilities were made for improving the filling and warming of the baths, and an additional slipper bath was opened.<sup>79</sup> By the 1860s there were facilities for swimming, warm, Buxton,

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76. Misc. Medical Bills to Mr. Whitely of Wakefield. The Spa Hydropathic Establishment, Ilkley, August 25, 1884, WDA (JGC).
77. D.F.E. Sykes, op.cit., pp. 404-5.
78. A.B. Granville, op.cit., p.405.
79. HE, May 1, 1852, May 18, 1860.

shower, vapour, sulphurous, fumigating and shampooing baths. According to local nineteenth-century observers, the baths became increasingly popular in the middle decades of the century. In 1833 over 10,000 baths were taken at the Lockwood establishment. In the 1867 season there were almost 30,000 bathers.<sup>80</sup>

The commencement of the bathing season in the locality, which took place in the first week of May, was promoted as an important social event. The opening day of the Slaithwaite Spa (established in 1825), which by the 1860s was known locally as the 'Harrogate of the district', was one of 'Slawit's' great days.

It was a time anticipated and remembered for music and dancing and fine ladies and gentlemen; the elite of the Colne Valley were on view on this occasion, and patrons and visitors made their appearance at their best. 81

At the 35th Anniversary of the Slaithwaite Baths in 1861, for example, afternoon tea was taken, followed by a concert. Speeches were made by Slaithwaite worthies, including the schoolmaster and the local medical practitioners, William and Thomas Dean, praising the water cure in general, and the Slaithwaite Spa in particular.<sup>82</sup> By the 1860s the Spa offered a wide range of facilities: in addition to numerous kinds of baths, there were pleasant grounds and walks and two bowling greens. Clients could either pay for individual baths (the charge, for example, in 1852 for a swimming bath was 6d, for a shower bath 1s 0d, for a

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80. E. Parsons, op.cit., Vol. II, p.395; C.P. Hobkirk, op.cit., p.10.

81. J. Sykes, op.cit., p.157.

82. HE, May 18, 1861.

Buxton bath 1s 6d and for a hot bath or vapour bath 2s) or make an annual subscription. The charge for one person for a season during the 1850s and '60s was 12s 6d, and for a family 25s.<sup>83</sup>

It was not only the wealthy classes who availed themselves of the water cure. The poor clearly could not afford charges of this kind, but they were not completely excluded from the benefits of bathing. This class had made long use of local springs and wells both as a water supply and for bathing. In the early nineteenth century the labouring classes of the Huddersfield area frequented springs situated at Holmfirth, Kirkheaton, Lockwood and Slaithwaite. The water at Slaithwaite had, for example, '... long been beneficially used by the inhabitants in cutaneous, rheumatic, and other diseases, before the erection of the present commodious baths'.<sup>84</sup> The poorer classes continued to visit those springs which had not been taken over and developed by the wealthy, and which therefore cost nothing to use. In addition, they gained some access to the newly-established baths. A large proportion of visitors to the Lockwood and Slaithwaite spas during the nineteenth century were said to be mechanics and factory workers.<sup>85</sup> The higher wage earners of these groups may have been able to afford the bath charges: meanwhile, subscription charities were set up by wealthy clients for those too poor to pay for themselves. At the Slaithwaite establishment, for example,

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83. HE, May 1, 1852; J. Sykes, op.cit., p:158:

84. Baines, 1822; White, 1837.

85. A.B. Granville, op.cit., p.406.



... the need of so powerful an aid in freeing the poorer classes of their community from troublesome and disabling disorders, have so convinced the wealthier inhabitants of the advantages to be derived from the gratuitous distribution of mineral water to the afflicted poor, that a subscription charity for that purpose has been established at the Spa. This is as it ought to be, and the propagation of this information ought to stimulate others to follow the benevolent example at other watering-places. 86

By the mid-nineteenth century most major spas also had subscription charities attached to them to enable the sick to visit their establishments gratis. It also became a general practice for hospitals and dispensaries, and to a lesser extent Boards of Guardians, to make annual subscriptions to these charities to enable them to send their own patients for treatment. The Wakefield Board of Guardians, for example, subscribed to the Ilkley Bath Charity. The governors of the Huddersfield Infirmary, meanwhile, authorised the payment of annual subscriptions to the medical charities at Harrogate, Buxton, Ilkley and Southport in 1853.<sup>87</sup> From then on patients were sent regularly by the Infirmary's medical officers to watering places as part of their cure or to convalesce.<sup>88</sup>

So far nothing has been said of the significance of sea bathing as a health cure. Seaside holidays for rich and poor alike became more popular in the mid- and late nineteenth century, especially as

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86. Ibid., pp. 406-7.

87. Minute Book of the Huddersfield Infirmary, Vol. III, Meeting of the Monthly Board, September 5, 1853, p.251.

88. For example, in June, 1855 it was resolved at a monthly board meeting 'That Samuel Clay aged 56 having been a Patient in the Infirmary 3 years ago & never having worked since; have the recommendation to the Buxton charity'. On June 23, 1856 it was decided to send Tom Hirst (recommended by Dr. Scott) and Sarah North (recommended by Mr. Bradshaw) to Buxton to convalesce following treatment at the Infirmary. Ibid., Vol. II, Meetings of the Monthly Board, June 4, 1855, June 23, 1856, pp. 289, 308.

the railways began to facilitate cheap and easy transport to the coast.<sup>89</sup> The favourite resorts of the inhabitants of Wakefield and Huddersfield included Scarborough, Southport and Blackpool. The sea-bathing holiday shared many features of the spa cure, with emphasis on relaxation, fresh air and bathing. A visit to the seaside was more likely to be seen as a vacation than a health cure, but it was also popular with convalescent patients, the chronically sick and those with weak constitutions.

Sea bathing also was advocated by many regular practitioners. Patients were sent to sea-bathing charities by the governors of the Huddersfield Infirmary as an alternative to spa treatment on the recommendation of the institution's medical officers. Dr. Walker, physician to the Infirmary, was also very active in the campaign to set up a Sea Bathing Infirmary on the West coast for the benefit of the poor, to be supported by charitable subscriptions and the Poor Law Unions. The treatment that could be supplied by such an institution, Walker claimed, would be especially beneficial in more 'tedious cases', for example, scrofula, rheumatism, spinal disease and paralysis.<sup>90</sup>

f) Chemists and Druggists

Numerically chemists and druggists made up the most important group of para-medical personnel in the nineteenth century. The most obvious function of the chemist was to make up the prescriptions of

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89. See, for example, J. Lowerson and J. Myerscough, Time to Spare in Victorian England (Hassocks, Sussex, 1977), Chapter 2; J. Walvin, Beside the Seaside: A Social History of the Popular Seaside Holiday (1978).

90. J.K. Walker, M.D., Reasons for Establishing a Sea Bathing Infirmary, on the Western Coast, for the Benefit of the Poor (Huddersfield, 1840), HPL (Misc. Pamph: Sea Bathing Infirmary).

qualified medical men, but they combined a number of 'fringe' activities with this function. The willingness of chemists to make up family remedies has already been referred to. In addition, they offered for direct sale to the public a wide range of drugs and chemicals, and constituted the largest group of stockists and suppliers of patent medicines. They were also actively involved in the counter prescribing of drugs, including many of their own remedies.

From the seventeenth century onwards the traditional pharmaceutical practitioners, the apothecaries, had been abandoning their role as dispensers of drugs, and turning instead to general medical practice. This transition was speeded up by the passing of the Apothecaries' Act in 1815. In the late eighteenth and nineteenth centuries the number of chemists and druggists increased, partly in response to population growth, especially in urban areas, but also to fill the gap left by the apothecaries as they devoted more time to medical practice.<sup>91</sup> The towns of Wakefield and Huddersfield were no exceptions to this development. The title 'apothecary' had all but disappeared from early nineteenth-century town directories, as this group was absorbed into the category of 'surgeon'. This change in terminology (and actual practice) was paralleled by a considerable growth in the number of chemists and druggists, as shown in Table 6:IV. In 1780, for example, there were just two chemists' shops in Huddersfield; by 1837 there were nine, and in 1870 nineteen.<sup>92</sup>

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91. For more information on these developments, see, for example, B. Hamilton, 'The Medical Professions in the Eighteenth Century', *Economic History Review*, 2nd Series, Vol. IV, No. 2, 1951, pp. 159-69; S.W.F. Holloway, 'The Apothecaries' Act, 1815: A Reinterpretation', Parts I and II, *Medical History*, Vol. 10, Nos. 2 and 3, April and July, 1966, pp. 107-29, 221-36; G.E. Trease, *op.cit.*, pp. 169-74, 181-82, 185-89; Kremers and Urdang, *History of Pharmacy* (4th ed., Philadelphia, 1976), pp. 102-17.

92. T. Dyson, *op.cit.*, p.467; White, 1837, 1870.

TABLE 6:IV

Ratio of Chemists and Druggists to Qualified  
Medical Practitioners, 1822-1870

<u>Year</u>	<u>Chemists and Druggists</u>		<u>Qualified Practitioners (Physicians)</u>		<u>Ratio of Chemists and Druggists to Qualified Medical Practitioners</u>	
	<u>Wakefield (shops)</u>	<u>Huddersfield (shops)</u>	<u>Wakefield</u>	<u>Huddersfield</u>		
1822	6	5	18 (6)	17 (3)	1:3.0	1:2.6
1828	10 (9)	6 (5)	21 (6)	14 (3)	1:2.1	1:2.3
1837	13 (12)	9	19 (4)	17 (3)	1:1.5	1:1.4
1847	20 (19)	14	25 (6)	21 (3)	1:1.3	1:1.5
1853	19 (17)	16 (15)	26 (7)	23 (5)	1:1.4	1:1.4
1861	19 (18)	18 (17)	22 (4)	23 (4)	1:1.2	1:1.3
1866	19 (18)	21 (19)	19 (5)	22 (3)	1:1.0	1:1.0
1870	21 (19)	19	18 (3)	21 (3)	1:0.85	1:1.1

Source: Trade Directories: Baines, 1822, Parson and White, 1828, White, 1837, 1847, 1853, 1861, 1866 and 1870.

This increase in the number of chemists and druggists in Wakefield and Huddersfield, especially in the middle decades of the nineteenth century, could have been the result of two developments. The first possibility was that a growing number of medical practitioners had their prescriptions made up by chemists, which led to an increased volume of trade for this group. The second was that the inhabitants of the two towns made growing use of the chemists' services, and thus facilitated a rise in their numbers.

Although there was an increase in the number of qualified medical practitioners in Wakefield and Huddersfield during the nineteenth century, it did not keep pace with the growth in the number of chemists and druggists (see Table 6:IV). A nationwide survey, using information extracted from the 1841 census returns, concluded that there was one

chemist and druggist in Great Britain to every two medical practitioners.<sup>93</sup> By the 1850s and '60s it seems the proportion of chemists and druggists was even higher. In 1822 there was one chemist and druggist to every three medical practitioners in both Wakefield and Huddersfield. By 1866 the ratio was one to one. The unequal growth experienced by these two groups was partly offset by the tendency of doctors to turn the function of dispensing over to the druggist during the mid-nineteenth century. Up until then it was not uncommon for individuals to combine the activities of a surgeon-apothecary and druggist. For example, in 1810 M. Barber of Wakefield, 'Surgeon, etc.', not only offered his services 'IN EVERY DEPARTMENT OF HIS PROFESSION', but also kept a chemist's shop in the town centre, where he dispensed his own prescriptions and those of other medical men. In 1842 William Rowlandson of Wakefield, 'Surgeon, Chemist, etc, etc', begged '...most respectfully to inform the inhabitants of this Town and Neighbourhood, that he has opened an Establishment for the Dispensing of Medicine, where he intends carrying on the Business of a Chemist and Druggist, in all its branches'.<sup>94</sup> Although pharmacy did not pass entirely out of the hands of the medical profession, by the middle of the century the roles of the different medical groups tended to become more sharply delineated, and the chemist could expect to take over most of the business of dispensing prescriptions.

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93. 'Unqualified Medical Practitioners', Medical Times and Gazette, 1853, Vol. II, p.143.

94. WS, January 5, 1810; WJ, October 6, 1842.

Although the increased trade which came in from making up doctors' prescriptions was an obvious boon to the chemist, it is inconceivable (especially when we remember that there was one chemist to every medical practitioner in the 1860s) that the chemist could have survived solely on his income from this source.<sup>95</sup> Of course no chemist attempted to do this. A typical chemist's shop would in addition to a wide range of pharmaceutical preparations, stock a selection of toilet articles, tobacco, snuff, tea, coffee and other foodstuffs, oils, herbs and dyes. In some cases the chemist combined with his pharmaceutical enterprises the activities of a grocer, bookseller, tea or lead merchant. In the early nineteenth century, for instance, G.B. Reinhardt of Wakefield carried on the businesses of 'Chymist, Druggist, Tea-Dealer and British Wine Merchant'. W.P. Lockwood, chemist, who advertised very extensively in the Wakefield newspapers during the mid-nineteenth century, offered to the public drugs, pharmaceuticals and miscellaneous articles connected with the trade, plus a range of cosmetics, hair dyes, perfumes, candles, spices, pickles, sauces, herbs, Italian goods, and so on. In addition he acted as an agent to several insurance companies. Thirteen of the nineteen individuals listed as chemists and druggists in the 1853 Wakefield town directory were also in business as tea-dealers.<sup>96</sup>

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95. A good class family business in Highgate, which dispensed prescriptions for several eminent London doctors, including four Presidents of the Royal College of Surgeons in the 1830s and '40s, found it necessary to prescribe for customers and sell a range of non-pharmaceutical goods in order to make a profit. Even a large business concern like this was making up only an average of 350 prescriptions per annum in the 1830s. A.E. Bailey, 'Early nineteenth century pharmacy', The Pharmaceutical Journal, Vol. 185, 1960, pp. 208-12.

96. WS, July 20, 1804; WJ, December 13, 1850; WE, May 27, 1854; White, 1853.

In 1854 George Henry Crowther set himself up in business in Wakefield as a chemist and dentist.<sup>97</sup>

The sale of chemicals, the ingredients of remedies, patent preparations, family medicine chests and the chemists' own special 'cure alls' also came to be staple parts of the chemists' trade during the nineteenth century. The increased turnover of these items was in part a natural response to the population growth of the nineteenth century. But also there appeared to be an increased demand for the chemists' services from the public. This growing demand is testified to by the fact that the number of chemists and druggists more than kept up with the population growth in Wakefield and Huddersfield during the early and mid-nineteenth century (see Table 6:V and Figure 6:I).

TABLE 6:V

Ratio of Chemists and Druggists to the Populations  
of Wakefield and Huddersfield, 1821-1871

<u>Year</u>	<u>Township Population</u>		<u>Number of Chemists and Druggists</u>		<u>Ratio of Chemists and Druggists to Population</u>	
	<u>Wakefield</u>	<u>Huddersfield</u>	<u>Wakefield</u>	<u>Huddersfield</u>		
1821	10,764	13,284	6	5	1:1,794	1:2,657
1831	12,232	19,035	11 E	7 E	1:1,112	1:2,719
1841	14,754	25,068	13	12	1:1,135	1:2,089
1851	16,989	30,880	15	19	1:1,133	1:1,625
1861	17,611	34,877	21	29	1:839	1:1,203
1871	21,076	38,654	20	25	1:1,054	1:1,546

E = estimates derived from trade directory listings for 1828 and 1837.

Source: Census Enumerators' Books, Wakefield and Huddersfield, 1841, 1851, 1861 and 1871; Baines, 1822, Parson and White, 1828, White, 1837.

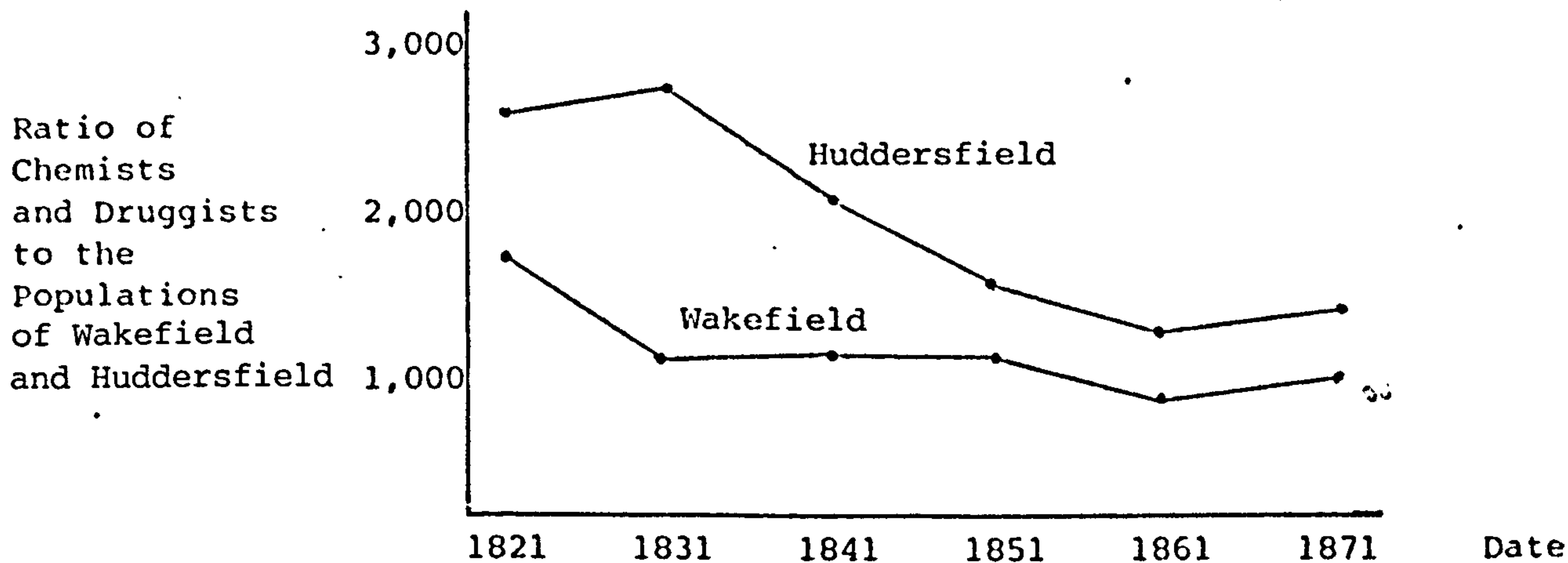
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97. WE, June 3, 1854.

Table 6:V and Figure 6:I demonstrate that the ratio of chemists and druggists to the populations of Wakefield and Huddersfield increased significantly in the early and middle decades of the nineteenth century. In 1821 there was approximately one druggist to every 2,700 inhabitants in Huddersfield. By 1861 the ratio was one druggist to every 1,200 inhabitants. In Wakefield over the same period the ratio fell from one druggist to every 1,800 people to one for every 840 inhabitants in 1861. Wakefield was much better served by chemists and druggists throughout the century, but in both towns the increase in their numbers proportionally far outstripped population growth.<sup>98</sup>

FIGURE 6:1

Ratio of Chemists and Druggists to the Populations of Wakefield and Huddersfield, 1821-1871



Sources: As in Table 6:V.

98. The township populations were considered to constitute a fair basis of comparison as most chemists and druggists' shops were situated within the township boundaries, in fact, usually in the town centres. Meanwhile, most of the outlying villages, especially the larger ones, had their own chemists' shops. In 1866, for example, the village of Meltham, situated five miles from Huddersfield, had one druggist's shop for its population of 4,046. Horbury, just two and a half miles from Wakefield, with only 3,246 inhabitants, supported three druggists' shops in 1866 (1:1,082). White, 1866. Most towns in England recorded an improvement in the ratio of chemists' shops to the population in the first half of the nineteenth century. A survey of eight provincial and manufacturing towns resulted in a figure of one shop for every 1,720 people in 1850. D. Alexander, Retailing in England during the Industrial Revolution (1970), p.101.



The importance of the chemist's role in selling medicines directly to the public, and in particular his counter-prescribing activities, was testified to by the growing concern it aroused among contemporaries, especially the medical profession. In 1853, for example, a leading article in the Medical Times and Gazette remarked,

... we reflect, that already the Profession is yearly deprived - we might almost say robbed - of thousands of pounds by pharmacutists, who prescribe over their counters or even boldly visit patients at their own homes. 99

Again the Northern manufacturing districts were pointed to as areas where the practice of resorting to the druggist's shop had reached a peak. In 1844 H.W. Rumsey stated in his evidence to the Select Committee on Medical Poor Relief that in Wakefield '... probably from 4,000 to 5,000 poor resort annually to druggists', that is, approximately one-third of the population.<sup>100</sup> A surgeon describing the extent of unqualified practice in the Leeds district complained in a letter to The Lancet in 1854, that the 'lower' extreme of a surgeon's potential practice was effectively closed to him by the prescribing druggists.

These people sell to the working class for a few pence whatever to themselves seems fit and proper for all manner of diseases, never leaving their crowded shops, and of course living at no expense for horse, carriage, taxes, &c, while all their receipts are in ready money. But when the patient has spent all his ready cash, what then? Why he goes to the regular practitioner, where he gets credit for months, years, or very frequently for ever. (his emphasis).

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99. 'The Pharmaceutical Society and the Medical profession', Medical Times and Gazette, 1853, Vol. I, p. 60.

100. SCMPR 1844, Evidence of H.W. Rumsey, Esq., p. 547, Q.9121.

Meanwhile, he added, very many of the middle class also resorted first to the druggist in the case of illness.<sup>101</sup>

With few restrictions on the sale of drugs, chemists (and as shall be seen later, virtually anybody else) were able to sell their wares unimpeded throughout the nineteenth century. The involvement of chemists, and other retail groups, in the sale of drugs directly to the public is illustrated by the massive 'over-the-counter' sale of opium preparations in the nineteenth century.<sup>102</sup> The widespread use of opiates, in particular their administration to children, aroused the concern of both the medical profession and the interested layman.

The habit thus introduced has become to an alarming degree prevalent, especially in the manufacturing counties, ... and is not confined to infants suffering from disease, but is also extended to those in a state of health, in order to ensure their more easy management when their mothers are absent from home. 103

Opiates were not only obtainable from chemists and druggists' shops, including the most respectable establishments,<sup>104</sup> but also from quacks

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101. G. Wilson, op.cit., The Lancet, 1854, Vol. I, p.458.

102. See V. Berridge and G. Edwards, Opium and the People (1981); V. Berridge, 'Opium Over the Counter in Nineteenth Century England', Pharmacy in History, Vol. 20, No. 3, 1978, pp. 91-100.

103. Second Report of the Commissioners for inquiring into the State of Large Towns and Populous Districts, PP, 1845, XVIII (602), p5. For the dosing of infants with opiates, see also M. Hewitt, Wives and Mothers in Victorian Industry (1958), Chapter X.

104. In 1845 Dr. Lyon Playfair described how far the practice of purchasing opium preparations had extended among the working classes of Lancashire. Three druggists in one district of Manchester, '... all of acknowledged respectability...', sold a total of nine gallons of laudanum weekly. A surgeon based in Wigan, who also kept a druggist's shop, certified to Playfair '... that he is in the habit of selling various preparations of opium under the forms of infants' mixture, Godfrey's cordial, paregoric elixirs, and laudanum; also, crude opium, combined with other substances, according to popular recipes'. Ibid., (610), App., Part II, Dr. L. Playfair, Report on the Sanatory Condition of the Large Towns in Lancashire, pp. 62, 65.

and medicine vendors, and other retailers, including the ubiquitous corner shop, and even the pub. Opium and its derivatives were also contained in large numbers of patent cures and infant calmatives. Wakefield and Huddersfield were in no way immune to the problems associated with the use of opiates, although Dr. Walker of the Huddersfield Infirmary maintained that the charity was responsible for saving the lives of a large number of children who had been dosed with narcotics.<sup>105</sup>

In 1843 Dr. Wright of Wakefield fiercely condemned the use of Godfrey's Cordial and other 'Soothing syrups'.

These baneful medicines contain Laudanum, or some other preparation of Opium, which ought never to be administered, but with the utmost caution, to the young. And yet, to such a dreadful extent is the practice, of lulling and stupefying their sickly and restless infants, indulged in, by ignorant, idle, and vicious mothers, that these Godfrey's Cordials and Soothing Syrups, and a similar nostrum called Peace, are prepared wholesale by most druggists, ... and I have been informed, that several hundred pounds weight of these pernicious compounds are made and sold annually in this Town, besides the stamped medicines of similar effect. (his emphasis).

Wright went on to describe the cycle of doping, feeding with 'trashy' food, abdominal disease and more doping, until 'the Peace of Death at length releases the little sufferer. This is no imaginary picture, but one drawn from practical experience amid the diseases of the poor'.<sup>106</sup>

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105. First Report of the Commissioners for Inquiring into the State of Large Towns and Populous Districts, PP, 1844, XVII (572), App., J.R. Coulthart, Esq., Report upon the Sanatory Condition of the Town of Ashton-under-Lyne, pp. 78-80.

106. T.G. Wright, M.D., A Lecture on Quack Medicines, p.26, Wellcome Institute Library.

In a similar way to other nineteenth-century retail groups (and fringe practitioners), the chemists and druggists of Wakefield and Huddersfield organised sales promotions of their products. They did this by distributing trade cards and through the medium of the local press. Newspaper advertisements were directed in part to medical practitioners, promising accuracy in the compounding of prescriptions. But they were directed more towards the general public. When W. Clater commenced business in Wakefield in 1827, for example, he placed the following advertisement in the local paper.

W. Clater  
Chemist and Druggist  
Market Place, Wakefield

Respectfully informs the Nobility, Gentry, and Inhabitants  
of Wakefield, and its Vicinity, that he has commenced  
Business in the above place, and has laid in an entire,  
fresh, and extensive Assortment of all kinds of Drugs,  
Chemicals, and Galenicals. 107 (my emphasis)

When Charles Spivey of Huddersfield retired from his chemist's business in 1860, he returned thanks, not to the medical profession, but '... to the Inhabitants of Huddersfield and neighbourhood for their liberal support during the many years he has been amongst them, ...'. He recommended that the same support be given to his successor in business. <sup>108</sup>

Chemists also used sale drives to increase their turnover of particular products, especially patent medicines and their own preparations. In 1810, for example, R. Elliott of Huddersfield brought several of his own specialities to the public notice:

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107. WHJ, January 19, 1827.

108. HE, July 28, 1860.

The following Valuable Medicines prepared by  
R. ELLIOTT,  
Chemist and Apothecary, Huddersfield, are strongly  
recommended to the Public.

Elliot's Restorative and Healing Tincture  
Elliot's Family Cordial  
The Ceylonian Powder  
Elliot's Lozenges            109

When G.B. Reinhardt took over the chemist's shop of his late father  
in 1832, he advertised that business would be carried on as usual in  
the same premises,

... whereat may be had, as usual, faithfully  
prepared from the Recipes of the late G.B.  
Reinhardt, his invaluable Medicine, BALSAM of  
HOREHOUND, for curing Coughs, Colds, Asthmas,  
Hooping Coughs, Declines, and Consumptions. Also  
(opportunely) his truly valuable and never  
failing Medicine for the Cholera Morbus, or  
Vomiting and Purging; and also his excellent  
medicines for Worms; all which Medicines, from  
trial and experience, have obtained very high  
reputations, and can only be prepared by G.B. Reinhardt,  
as he is the sole possessor of his late Father's  
Recipes.            110

Chemists and druggists were the largest group of stockists and vendors  
of patent medicines in Wakefield and Huddersfield.<sup>111</sup> In many cases  
they were the sole suppliers of certain remedies. For example, in  
the mid-nineteenth century Dr. Locock's Pulmonic Wafers, Holloway's  
Ointment and Dr. Bright's Pills of Health for both sexes were obtainable  
from F. Cardwell and G.E. Smith in Wakefield and W.P. England in Huddersfield.  
In 1839 Mr. Smith also informed the 'afflicted' of Wakefield,

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109. WS, February 2, 1810.

110. WHJ, November 16, 1832.

111. For an interesting survey of the vendors of patent medicines in  
the Bath area, see P.S. Brown, 'The vendors of medicines advertised  
in Eighteenth-Century Bath Newspapers', Medical History, Vol. 19,  
No. 4, October, 1975, pp. 352-68 and 'Medicines advertised in  
Eighteenth-Century Bath Newspapers', Medical History, Vol. 20,  
No. 2, April, 1976, pp. 152-68.

... that Mrs. HAIGH has appointed him to sell her valuable Ointment, which will be found very efficacious in the following Diseases, viz.- Relief in Cancers, Abscesses, Bad Breasts, Swellings and Tumour, Wounds, Ulcers, etc. etc.... The Proprietor of the above Ointment being well aware of its unrivalled efficacy, wishes it to be made generally known The Ointment may also be had at her residence, in the Little Bull Yard, Westgate, Wakefield. 112

Chemists and druggists did not, however, enjoy anything like a complete monopoly in the retail of medicines and patent preparations. Competition for custom existed not only between the qualified and unqualified medical practitioner, but also between the various fringe elements. The chemist faced stiff competition from quack doctors and itinerant medicine vendors.

As the Pharmaceutical Journal grumbled in 1846,

... as the law now stands every man who has a 'doctor's shop', with coloured bottles, is a Chemist and Druggist. The itinerant quack doctors ... are, according to law, Chemists and Druggists. Although they periodically frequent the markets, they (also) have Druggist's shops, and enjoy the same legal privileges as a Member of the Pharmaceutical Society. 113

The public could also obtain drugs and patent medicines from a variety of other retailers: stationers, newspaper proprietors, grocers, butchers and publicans, to name but a few. The traditional corner shop, situated typically in the poorest area of towns, also sold drugs and patent preparations, and were much resorted to by a predominantly working-class clientele. Booksellers, stationers and printers, with their easy access to advertising facilities, were always major suppliers

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112. WJ, May 17, 1839.

113. Pharmaceutical Journal and Transactions, Vol. 5, 1845-46, p.193. Quoted in J.K. Crellin, 'The Growth of Professionalism in Nineteenth-Century British Pharmacy', Medical History, Vol. 11, 1967, p.223.

of patent medicines. In the early nineteenth century, for example, the Hurst family, booksellers, stationers, printers and proprietors of the Wakefield and Halifax Journal, advertised and sold a wide selection of patent remedies to their readers. In 1816, the Wakefield and Halifax Journal advertised Botanical Bitters, prepared by Dr. Harmstrong, for the cure of cholera morbus, bowel disorders, bilious and liver complaints, heartburn, jaundice, worms, and so on, priced 11s for a pint bottle or 22s a quart. This preparation was also retailed by Mr. Nichols of Wakefield and Mr. Smart of Huddersfield, both stationers and booksellers. In just one issue of the Wakefield and Halifax Journal in January, 1827, its proprietors advertised for sale at the Journal office Butler's Acidulated Cayenne Lozenges (in 2s and 4s 6d boxes), Butler's Pectoral Elixir, for coughs, colds and asthma (in 1s 1½d and 2s 9d bottles), Perry's Essence, for tooth and ear ache (1s 1½d and 2s 9d), Solomon's Drops, for 'impure' blood, skin eruptions, scrofula, dropsy, 'venereal taints', etc (11s and 33s a bottle), Mr. Lignum's Improved Vegetable Lotion for Scorbutic eruptions (2s 9d), Mr. Lignum's Scurvy Ointment (1s 9d) and Marshall's Universal Curate for all sores, burns, ulcers, cancerous tumours, ringworm, St. Anthony's Fire and so on (1s 1½d and 2s 9d).<sup>114</sup>

A more unlikely stockist of patent medicines was Mr. Hollingshead, a Huddersfield draper, who acted as agent for the sale of John Kaye's Worsdall Pills, '... the most extensively established Family Medicine of the present day' (sold in boxes costing 1s 1½d,

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114. WHJ, February 16, 1816, January 12, 1827.

2s 9d and 4s 6d). They were supplied in other Yorkshire towns during the 1840s by a variety of shopkeepers, including booksellers, grocers, tailors and hairdressers.<sup>115</sup>

This large group of non-pharmaceutical medicine suppliers were seen, not surprisingly, as a major problem by the druggist. But the chemists and druggists' own lack of specialisation led to difficulties in eliminating competition from other retail groups and the itinerant hawkers of medicines. The Pharmaceutical Journal complained in 1843,

The indiscriminate sale of drugs by unqualified persons would produce much less injury to the credit and interests of the regular Druggists, if the public had the means of forming a correct estimate of the value of the articles they purchase, and of the qualifications of the parties concerned. But unfortunately in most country towns not only is every Grocer or Oilman a Druggist, but almost every Druggist is a Grocer or Oilman. The Druggist has no badge or credentials to designate his superior qualification: in fact, he is not of necessity more qualified than the Grocer. The blue and red bottles in the windows are common to all; and this is the criterion understood by the public as indicating what is called "a doctor's shop". 116

#### Concluding Remarks

The eighteenth century has often been epitomised as 'the great age of quackery', but the nineteenth century was perhaps an even more important epoch for fringe practitioners. Those who wished to resort to alternative medicine found a wider range of practitioners and treatments than ever before. The traditional folk healers and itinerant quacks

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115. William's Directory of the Borough of Huddersfield, 1845, p.15.

116. Pharmaceutical Journal and Transactions, Vol. 3, 1843-44, p.101. Quoted in J.K. Crellin, op.cit., p.222.



survived, while new fringe practices developed. The fringe practices which have been discussed here form by no means an exhaustive list. Homoeopathy, mesmerism, medical galvanism and phrenology, for instance, which combined 'scientific' theories with an ambiguous medical status, also had their influence, even in provincial towns such as Wakefield and Huddersfield. By the 1860s, for example, several chemists and druggists in both towns specialised in homoeopathic preparations, and during the same decade 'Roman or Turkish Baths' were opened in Wakefield and Huddersfield. In 1871 a single phrenologist was recorded in the Wakefield census returns, and in Huddersfield a female homoeopathist.<sup>117</sup> Several individuals set themselves up as medical galvanists during the middle decades of the nineteenth century. Samuel Braithwaite, for instance, a Wakefield optician and watchmaker, branched out into the manufacture of 'Electro-Galvanic machines' in the 1850s, which he promoted as curative agents 'in Paralysis - Indigestion - Fits - Nervous complaints and other forms of long standing disease'.<sup>118</sup>

The boundaries between fringe and core medicine were frequently vague; both regular and fringe practitioners, for example, became involved in hydropathic medicine and homoeopathy. For this reason it is difficult to be precise about the number of fringe medical personnel and about what really constituted fringe practice. Several medical men made their appearance in Wakefield and Huddersfield during the nineteenth century, who while claiming to be 'legally' qualified, were of dubious social and professional status. In a similar way to the

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117. C. Wakefield and Huddersfield, 1871.

118. WJ, October 25, 1850.

traditional quack, they advertised extensively and made excessive claims with regard to their medical skills. In the 1820s, for example, Doctor Dunn, who claimed to be a graduate of an 'ancient University' and a Member of the Royal College of Surgeons, London, set himself up in practice at Mr. Blakeney's, a Wakefield boot and shoemaker. Dunn claimed particular success in curing eye and ear disorders. In addition Dunn promised to cure ruptures, cancers, scurvy, scrofula, all kinds of fits, nervous disorders, loss of appetite, indigestion and all disorders of the stomach and bowels, consumptions, asthma, gout, sore legs, rheumatism, and so on ad infinitum.<sup>119</sup>

A Dr. Cavanaia advertised in a similar vein in the Wakefield press in the 1860s, visiting the town each Friday to attend patients. Again his status was rather dubious. He professed to be a member of the University College of Physicians and Surgeons, Philadelphia. However, he had no British qualifications, and Cavanaia adopted advertising techniques which broke all professional codes of conduct:

WHY SUFFER FROM DISEASES, WHEN IMMEDIATE RELIEF CAN  
BE OBTAINED by applying to DR. CAVANIA, M.D., ...  
consult a Doctor of a quarter of a century's practical  
experience, and whose successful treatment of all  
diseases has gained for him a world-wide reputation  
... the miraculous cures daily bring persons and letters  
from all parts of England; diseases in the blood are  
cured so that there is no return, and this too without  
cutting or burning ...

Cavanaia also added the testimonials of some of his satisfied customers to his advertisements; for example, of John Barras, sexton at West Ardsley, near Wakefield, who was cured of an acute and crippling case of 'sore legs' in ten weeks, following two months' unsuccessful treatment

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119. WHJ, January 7, 1820.

by regular doctors. Also cited was the case of Mrs. Housley of Lofthouse, near Wakefield, afflicted with an abdominal abscess and extreme debility, who had been given up as incurable by two surgeons. As the testimonial graphically explained, Mrs. Housley

... suffered from a large abscess, the size of a child's head, ... about a foot in circumference; quarts of thick matter were discharged; she was in great agony, ... and was losing flesh daily; was so weak she could not walk, and had to be taken to Dr. Cavana in a carriage, more dead than alive. In a few days she found relief, and in six weeks the abscess was healed up, in two months able to walk, in twelve weeks quite restored to her health and retained her flesh, and able to attend to her family. It is her husband's wish and her wish that this should be published. (Signed) HOUSLEY. 120

Individuals such as Dunn and Cavana are difficult to classify. Their qualifications may well have been invented. On the other hand, they may have had a medical training and have practised 'regularly' before opting to seek their fortunes on the medical fringe. Whether they saw themselves as regulars or fringe practitioners, it is likely they would have been labelled as quacks by the Wakefield medical profession.

The medical profession carried on a fierce campaign against fringe practice, in particular the quack doctor, throughout the nineteenth century. Although they effectively pushed unorthodox practitioners towards the periphery of medical practice, they certainly were not able to wipe them out. The sedentary local healers, whose practices tended to be less 'aggressive' than their itinerant contemporaries, were also more difficult to detect. Except in cases where they were accused of malpractice, this group remained unmolested by the regular medical practitioner. Meanwhile, the more flamboyant itinerant quacks

were pushed (literally) into the marketplace to compete as they would for customers. They retaliated against the attacks of regular practitioners by developing their marketing skills, becoming in effect 'small-time entrepreneurs'.<sup>121</sup> The quack advertised his services and products in the press, and in handbills and posters to a greater extent than ever before. Dr. Wright of Wakefield claimed that quacks had not only become more common in the nineteenth century, but also more successful. He described how the quack doctor's 'zany' had been replaced by bills and adverts, which were 'ten times more efficient'.<sup>122</sup>

It was not just the itinerant quack who sharpened up his techniques of salesmanship. Most fringe practitioners and medicine retailers jumped on the nineteenth-century commercial bandwagon. Various elements of the fringe, spa proprietors, chemists and druggists, medical botanists, and so on, came to rely more and more on newspaper advertisements for publicising their services. Many fringe groups benefited from the growth in provincial newspapers during the nineteenth century. Chemists and druggists developed more competitive retailing techniques, basing themselves in more central locations, setting up attractive window displays, and offering customers competitive prices and special offers. A glance at any nineteenth-century provincial newspaper illustrates the 'big sell' techniques of the patent medicine vendors, their promotion of brand names and distinctive packaging, their offer of money-saving bargains through the purchase of bigger and bigger quantities. Medicines and medical treatment became another commodity, to be bought and bargained for just like any other purchase. A Lancet editorial of 1857, which

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121. M. Ramsey, 'Medical Power and Popular Medicine: Illegal Healers in Nineteenth-Century France' in P. Branca (ed.), The Medicine Show, p.192.

122. T.G. Wright, M.D., A Lecture on Quack Medicines, p.10, Wellcome Institute Library.

attempted to analyse the popularity of quack medicine in the manufacturing districts of Yorkshire and Lancashire, remarked that

Large towns consist almost entirely of operatives who look upon physic as a trade, - and a poor one too, - who have not the ability to form any opinion as to the proficiency of their betters in point of general education - who rather like some one of their own class - who have a strong belief in a natural gift for doctoring, and, above all, believe most fervently in cheap physic, cheap advice, and cheap visits. 123

The success of fringe practitioners, however, was not based solely on the development of commercial techniques. The sedentary folk healer, who was less likely actively to solicit custom, based his or her popularity on tradition, familiarity and not infrequently medical skill. The quack doctor, meanwhile, was able to appeal to either new 'scientific' theories or traditional folk remedies, backing his claims to medical skill up with magical tricks or psychological comforts. Fringe practitioners, without the restraints of orthodox medicine's efforts to implement a strict code of ethics, could promise more to the potential patient. Many offered speedy 'wonder' cures. John Kaye of Dalton Hall, near Huddersfield, for example, proclaimed his Worsdell's Pills (which purified the blood, drained the system of impurities, freed passages for the healthy circulation of fluids and improved indigestion) as the 'best' antidote to sickness (all for 1s 1½d to 4s 6d a box):

... we have no hesitation in saying (fearless of contradiction), that there never was a medicine which, for the short time it has been before the Public, has wrought cures so numerous and striking. 124

Cheapness and a quick recovery were important considerations to the working class, who were soon reduced to poverty if members of their

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123. 'Quackery in the Manufacturing Districts', The Lancet, 1857, Vol. II, p.326.

124. William's Directory, 1845, p.15.

family, in particular the bread winner, became sick. Orthodox medicine had not yet proved itself any more successful than fringe remedies. Meanwhile, the medical profession were unable to shake off the poorer classes' suspicion of both their treatments and motives during the nineteenth century.<sup>125</sup> Fringe medicine frequently offered more attractive forms of treatment, in many cases being less drastic and painful than the traditional allopathic methods.

Those resorting to fringe practitioners probably had more say in how they were to be treated. The reputation of fringe practitioners came from the public, not from their professional peers, and they had to establish a name for themselves with that public (even, as was frequently the case with itinerant quacks, if this was only very short lived) and show themselves adaptable to changing demands. It was easy enough for a patient to switch to another supplier of medicines, a spa which offered better facilities, or a new and more enterprising fringe practitioner. Fringe medicine usually provided a cheap substitute for orthodox medical treatment. The middle classes wished to keep their doctors' bills to a minimum, and were apparently ready to try cheaper (and sometimes more 'promising') alternatives. For the poor resort to a druggist's shop, the local healer or market-place quack was often the only form of treatment that they could afford. Too poor to pay for a regular doctor, it was one way to avoid the stigma of applying for poor relief or to a public medical charity, or appealing to the private benevolence of a medical practitioner.

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125. See Chapter 7, Section IV.

Medicine and Society in Wakefield and Huddersfield,

1780 - 1870

(2 Volumes)

VOLUME II

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CHAPTER 7

The Medical Profession in Wakefield and Huddersfield

The nineteenth century has been depicted by medical historians as the most important epoch in the development of the 'modern' medical profession. Far-reaching legislative and structural changes were embodied in the Apothecaries' Act of 1815 and the 1858 Medical Act, the most significant structural development being the disappearance of the 'pure' physician, surgeon and apothecary and their replacement by the general practitioner of medicine. These changes were accompanied by efforts on the part of the medical profession to achieve higher standards of training, qualification and practice. Around the same time concerted efforts were made to improve the status of the profession, raise the level of entrants and to formulate codes of behaviour between medical practitioners: to ensure, in part at least, that the practice of medicine was recognised as a 'gentlemanly' calling. Attempts to eliminate the competition of the unqualified were linked to the above aspirations, as medical men sought not only to increase the size of their practices, but also to achieve for themselves a monopoly over medical treatment.

Few localised case studies have been undertaken to test the more general conclusions reached on the changing structure and practices of the medical profession during the nineteenth century.<sup>1</sup> Little is known of how legal and structural changes affected medical communities or individual practitioners. Nor have the attempts of local groups

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1. With the important exception of M.J. Peterson's study of the mid-Victorian medical profession in London (1858-86). M.J. Peterson, op.cit.

of medical men to organise and raise their professional status received much attention, especially outside the capital. Likewise, little is known about the social characteristics of medical men; their incomes, standards of living, status in the community and ability to integrate with local elites.<sup>2</sup>

This chapter will attempt to answer some of these questions with reference to the medical communities of Wakefield and Huddersfield. To make the presentation of this large chapter easier, it has been divided into four sections. Section I will examine the career structures of medical practitioners in the two communities: their numbers, qualifications, practices and appointments; if and how these changed during the nineteenth century. Did, as is often claimed by historians, the profession become overstocked during this period? Did practice-building and job opportunities improve, decline or merely change? Did the nineteenth century witness the demise of the 'pure' physician, surgeon and apothecary and the rise of the general practitioner? It will be suggested that the growth in the middle-class market and changing job opportunities encouraged the rise of the general practitioner of medicine, and that in place of the tripartite division medical men could be seen as being spread along a scale according to their training, practices and appointments.

The social characteristics to be discussed in Section II reflected and reinforced this scale. Few attempts have been made to analyse the social and economic position of medical men, except for the most famous

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2. Again with the exception of the work of Ian Inkster, which analyses the efforts of early nineteenth-century Sheffield medical men to legitimise their professional and social status through social action. I. Inkster, 'Marginal Men: Aspects of the Social Role of the Medical Community in Sheffield 1790-1850' in J. Woodward and D. Richards (eds.), op.cit., pp. 128-63. For more on Inkster's arguments, see Section IV.

and prominent. Professional success and social status were, however, closely related. Section II will look at the social characteristics of Wakefield and Huddersfield medical men: their social origins, incomes, household structures and place of residence. These characteristics illustrated the success or failure of medical practitioners in winning appointments and patients. It will be suggested that social status and family background were vital influences on the career prospects of medical men.

Sections III and IV will look at the ways in which medical men attempted to further themselves professionally and socially. The nineteenth century witnessed a burgeoning of medical societies, set up to deal with both scientific and professional concerns. As will be shown in Section III, these efforts were by no means confined to the metropolis and larger provincial towns; smaller communities of medical men could also support these activities. Nor, unfortunately for the profession, was intra-professional conflict confined to communities with large medical populations. As will be illustrated in this Section, even within small provincial communities such as Wakefield and Huddersfield conflict between medical men was rife. Section III will, however, also focus on one of the key issues upon which all medical men were able to unite: efforts to rid themselves of the competition of the unqualified practitioner.

The relationship of the medical practitioner with the middle classes and local elite groups was of great importance in determining both his professional success and social standing. The involvement of medical men in the affairs of the two communities (in particular their activities in local voluntary societies) will be focused on in Section IV. This analysis, it is hoped, will shed further light on the position of medical men in the social order of the nineteenth century.

Emphasis will be placed throughout the chapter on the mid-nineteenth century, which has been depicted by both contemporaries and historians as an important epoch of consolidation for the profession. By this time most structural and legal changes had been worked through, and doctors were able to concentrate more on efforts to improve their social and professional status. The advantages of examining the professional and social development of the medical profession against the background of two very different communities will also be emphasised. As will be seen (particularly in Section IV) the economic and social structures of Wakefield and Huddersfield partially determined the careers and social and civic activities of medical practitioners.

Concentration on two middle-sized communities has facilitated the use of a wide range of the large (almost unmanageable) range of quantitative and qualitative evidence available. From 1847 onwards an annual directory of medical practitioners was published, giving details of the qualifications and appointments of regular doctors. Census returns and trade directories give further information on the numbers, professional qualifications and social characteristics of medical men. The growing number of medical journals which appeared during the nineteenth century provide the historian with information on the issues, both scientific and professional, closest to the hearts of the medical profession. All these sources have been referred to. Material relating specifically to Wakefield and Huddersfield was also consulted. The records of medical charities and medical societies were of particular value. Newspapers, the memoirs of local medical men, the records of voluntary societies and occasional sets of doctors' bills served to give a more rounded picture of the social and occupational activities of medical men.

## I. Occupational Characteristics

### a) Numbers

The number of medical practitioners in Wakefield and Huddersfield increased steadily during the nineteenth century. Their numbers failed, however, to keep up with the large population growth in the two towns. By 1780 Wakefield already had nine resident medical practitioners: three physicians and six surgeons and apothecaries. In the same year only three qualified surgeons and apothecaries were recorded in Huddersfield.<sup>3</sup> By 1822 Wakefield had eighteen medical practitioners, Huddersfield thirteen. The number of medical men grew slowly in the middle decades of the century. A peak was reached in Wakefield in the 1850s, when a total of 26 practitioners resided in the town. In Huddersfield the largest number of medical men was recorded in the early 1860s, when they totalled 23. By the 1870s the number resident in both towns was in decline,<sup>4</sup> despite the fact that the populations of Wakefield and Huddersfield continued to rise.<sup>5</sup> (See Tables 7:I and 7:II and Figure 7:I).

Taken alone these figures do not mean much. How did they compare with the totals for other towns, and more significantly did the number of medical practitioners in Wakefield and Huddersfield keep pace with the demand for medical treatment in the nineteenth century? The data given in Tables 7:I and 7:II and Figure 7:I indicates that following an impressive increase around the turn of the century, the ratio of

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3. Medical Register for the Year 1780, pp. 160,165.

4. Baines, 1822; White, 1853, 1861, 1870.

5. See Chapter 2 for more on the population growth of the two towns in the nineteenth century.

TABLE 7:1

The Increase of Wakefield and Huddersfield  
Medical Practitioners and Township Populations, 1780-1871

Year	Qualified Medical Practitioners (% Increase)		Township Populations (% Increase)			
	Wakefield	Huddersfield	Wakefield	Huddersfield	Wakefield	Huddersfield
1780	9	3	8,000	E	7,000	E
1821	18 (100)*	13 (333)*	10,764 (25.7)*		13,284 (47.3)*	
1831	21 (17)	14 (8)	12,232 (13.6)		19,035 (43.3)	
1841	24 (14)	18 (29)	14,754 (20.6)		25,068 (31.7)	
1851	26 (8)	21 (17)	16,989 (15.1)		30,880 (23.2)	
1861	24 (-8)	23 (10)	17,611 (3.7)		34,877 (12.9)	
1871	17 (-29)	21 (-10)	21,076 (19.8)		38,654 (10.8)	
Total Increase 1821-71	-1(-5.6)	8(61.5)	10,312 (95.8)		25,370 (191.0)	

\* These are percentage increases over a 40 year period.

E = estimated population.

TABLE 7:II

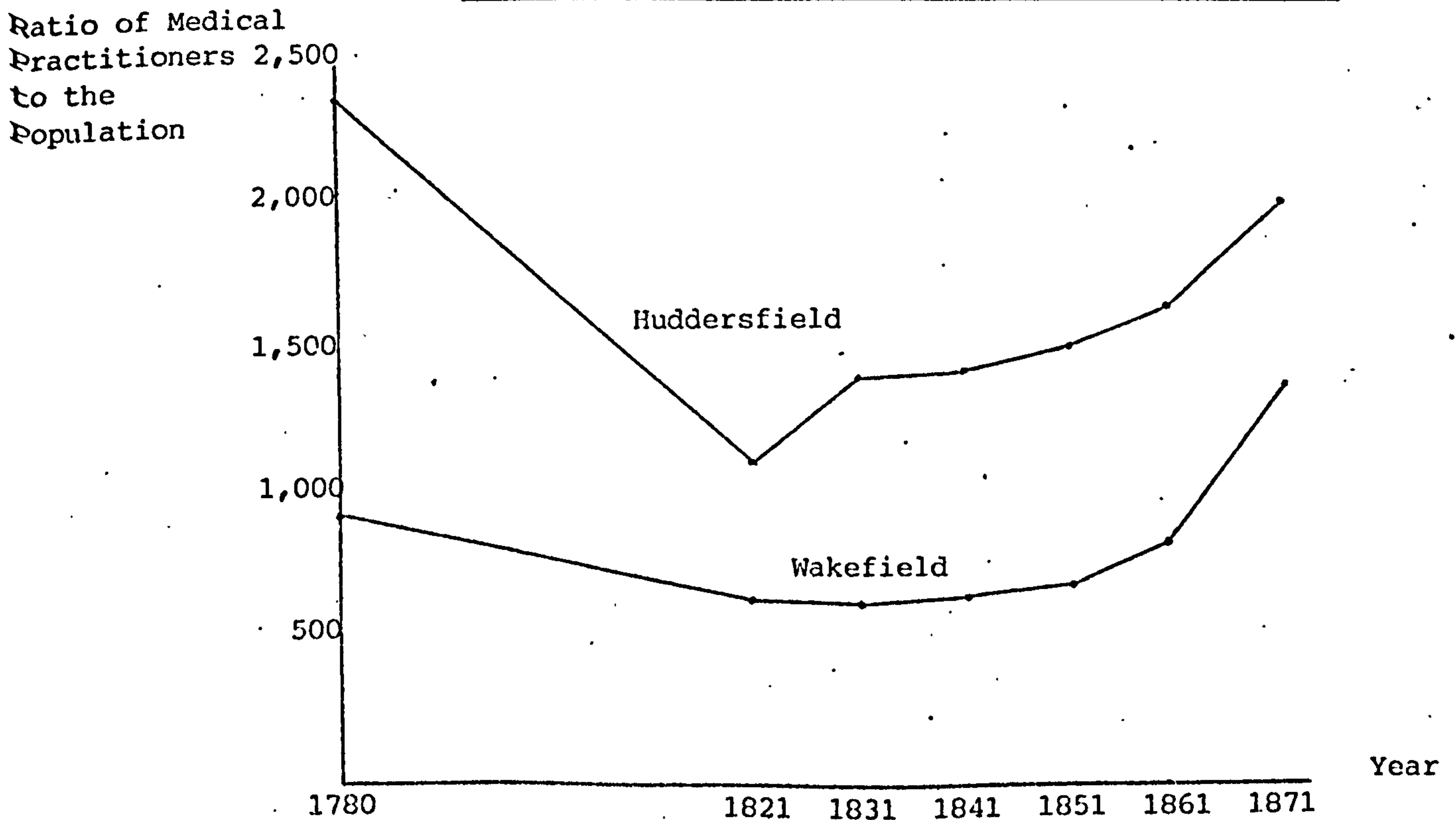
Ratio of Wakefield and Huddersfield  
Medical Practitioners to the Population, 1780-1871

Year	Ratio of Practitioners to Township Populations	
	Wakefield	Huddersfield
1780	1:889	1:2333
1821	1:598	1:1022
1831	1:582	1:1360
1841	1:615	1:1393
1851	1:653	1:1470
1861	1:734	1:1516
1871	1:1240	1:1841

Sources: Medical Register for the Year 1780; Census Enumerators' Books, Wakefield and Huddersfield, 1841, 1851, 1861 and 1871; Trade Directories: Baines, 1822, Parson and White, 1828, White, 1837, 1853, 1861, 1870 (see Bibliography for complete references); Provincial Medical Directories, 1847-72.

FIGURE 7:I

Ratio of Wakefield and Huddersfield  
Medical Practitioners to the Population, 1780-1871.



medical practitioners to the populations of both towns diminished progressively. Between 1821 and 1871 the population of Wakefield increased by some 96 per cent. By 1871, however, the number of medical practitioners in the town had actually fallen below the 1821 figure (from eighteen to seventeen). Between 1821 and 1871 Huddersfield's population rose by a massive 191 per cent. Over the same period the number of doctors in practice rose from thirteen to 21. This, however, represented a percentage increase of only 62. In the decade of Huddersfield's largest population growth, 1821 to 1831 (43 per cent), only one more doctor established himself in practice in the town.

Clearly the number of medical practitioners did not keep up with the general population rise in Wakefield and Huddersfield. However, it should be remembered that by far the greatest population growth took place amongst those classes who could by no means afford the services of a private medical practitioner, the labouring classes and the poor. It was to the upper and middle classes that the medical practitioner turned for his main source of custom and income, and these groups grew more steadily during the nineteenth century.<sup>6</sup> Medical practitioners were probably more than capable of supplying the demand for private medical treatment despite the overall increase in population. In terms of practices there was a limit to the number of medical men Wakefield and Huddersfield could accommodate.

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6. For more on the social composition of Wakefield and Huddersfield, see Chapter 2.



Using data taken from the occupation abstract of the 1841 census,<sup>7</sup> the number of medical men in Wakefield and Huddersfield could be compared with totals for other West Riding towns. The total number of medical practitioners in the West Riding in 1841 was given as 778.<sup>8</sup> Of this total, 56 were classified as physicians and 722 as 'surgeons, apothecaries and medical students' (over the age of 20). It is hardly surprising to find that Leeds and Sheffield, the towns with the largest populations and boasting major hospitals, numerous other medical charities and medical schools, also supported the largest number of doctors. 130 medical practitioners resided in Leeds, 87 in Sheffield (including fourteen physicians in both towns). 30 practitioners resided in Bradford, including one physician. Only ten medical men resided in Barnsley, none of whom were recorded as physicians, while Doncaster provided employment for thirteen medical men, including one physician. Wakefield and Huddersfield both had 22 resident practitioners (including three physicians in each town).<sup>9</sup>

These figures become more meaningful when they are examined together with the populations they served. Table 7:III shows the ratio between medical practitioners and the populations of selected West Riding towns.

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7. 1841 Census, Occupation Abstract, PP.1844, XXVII (587). For full reference, see Bibliography.
  8. Excluding the 83 individuals recorded as being under 20 years of age. Presumably most of these were as yet unqualified (although lack of formal qualifications did not entirely preclude the practice of medicine). The usual age of qualification for Wakefield and Huddersfield medical men was between the ages of 21 and 25. C. Wakefield and Huddersfield, 1841, 1851, 1861, 1871; PMD 1847-72.
  9. The figures cited for Wakefield and Huddersfield differ from those I have given in Table 7:I. The discrepancies can be explained by the fact that trade and medical directories were also utilised to arrive at the number of practitioners in Table 7:I, which hopefully gives a more accurate computation of the number of doctors practising in the towns.

TABLE 7:III

Ratio of Medical Practitioners to the Populations  
of Selected West Riding Towns, 1841 and 1851

Place	Total Number of Resident Medical Practitioners in 1841 (Physicians)		Population in 1841	Ratio of Medical Practitioners to the Population	
				1841	1851
West Riding	778	(56)	1,154,101	1:1483	1:2539+
Sheffield Parish	87	(14)	111,091	1:1277	1:2082+
Bradford Township	30	(1)	37,765	1:1259	1:3052+
Leeds Borough and Town	130	(14)	152,054	1:1170	1:2426+
Huddersfield Borough and Township	22	(3)	25,068	1:1139	1:1470
Halifax	67	(3)	130,743	1:1951*	1:1399+
Doncaster Borough	13	(1)	10,455	1:804	1:670
Wakefield Township	22	(3)	14,754	1:671	1:653

\* The figures given for Halifax in 1841 cover the whole Parish, including many outlying villages and rural areas.

+ These figures are taken from the computations of Sigsworth and Swan.

Sources: 1841 Census, Occupation Abstract, PP, 1844, XXVII (587); White, 1847, 1853; E.M. Sigsworth and P. Swan, op.cit., pp. 37-38.

The figures suggest that the larger and more completely industrialised towns of Leeds, Sheffield, Bradford and Huddersfield had less favourable ratios than the smaller market and service centres of Wakefield and Doncaster. Wakefield had the most favourable ratio of one medical practitioner to every 671 inhabitants, approximately half that of Sheffield with one doctor to 1,277 inhabitants.

Similar information was extracted from the 1851 census returns for the West Riding by Sigsworth and Swan.<sup>10</sup> They recorded a total of 538 practising doctors (physicians, surgeons, apothecaries and general practitioners) and 132 unqualified assistants, apprentices and pupils. The ratio of medical practitioners to the population of the Riding was given as 1:2539. These results indicate that a decline in numbers had taken place since 1841 and that the ratio of practitioners to the population had become less favourable. The 1851 total of 538 represents a decline of 31 per cent from the 1841 figure of 778. The number of inhabitants in the Riding to every medical practitioner had increased by over 70 per cent.

Sigsworth and Swan also record the least favourable ratios of medical practitioners to town populations in larger urban communities. (See Table 7:III). Bradford had the least favourable ratio in 1851, followed by Leeds and Sheffield. The medium-sized textile towns of Halifax and Huddersfield had more favourable ratios. The smaller, predominantly market/service towns of the West Riding had the best ratios: for example, Wakefield had a ratio of 1:653, Pontefract 1:959 and Ripon

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10. E.M. Sigsworth and P. Swan, op.cit., pp. 37-39.

1:760. In Leeds and Bradford the ratio of doctors to the populations of the towns had deteriorated markedly since 1841. In Leeds there were half as many doctors to the inhabitants as in 1841. In Bradford the ratio of doctors to the population had declined by a massive 142 per cent.

b) Type of Practice

Sigsworth and Swan have suggested that the much more favourable ratios for the market towns may be explained by the fact that doctors living in these communities also served the surrounding countryside. They point to the large number of grooms employed in market towns as evidence to support their contention. There may be some truth in this suggestion. Several Wakefield practitioners, for example, extended their practices to the surrounding villages and countryside. Indeed some seem to have concentrated on an out-of-town practice. By quite early in the nineteenth century, for example, the Walkers, a family of surgeons, had built up a very respectable country practice, although they continued to base themselves in the centre of Wakefield. The town's senior surgeon, Edward Taylor, also had many patients residing at a distance from Wakefield, and in 1810 he became the first doctor in the area to 'set up a gig'.<sup>11</sup>

Practices such as these, however, were by no means confined to smaller communities. Medical men in the larger, industrialised towns of the region often had far-flung practices. Indeed as their wealthier

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11. H. Clarkson, Memories of Merry Wakefield (1887, reprinted Wakefield, 1969, from the 2nd ed., published in 1889), pp. 166-7.

clientele moved out of town centres to new suburban areas and out-townships, doctors were forced to either follow their migration or extend the geographical limits of their practices.<sup>12</sup> The most eminent medical men of the region, in particular those with hospital appointments, were usually based in the largest towns and cities. They served as medical advisors to the wealthiest West Riding families, either in the capacity of consultant or family doctor. Dr. Simpson, a Bradford physician, recorded in his diary of 1825 making visits on horseback to his more distant patients.<sup>13</sup> In the first half of the nineteenth century Squire Waterton of Wakefield employed Dr. Hobson of Leeds and Mr. Horsfall of Wakefield as his regular medical attendants. Mr. Hey, surgeon to the Leeds Infirmary, was called in to treat more urgent cases of illness or when a second opinion was necessary.<sup>14</sup> (Indeed Hey appeared to have been called to Wakefield on a regular basis by a number of the town's doctors). The practices of medical men, regardless of the type of town in which they established themselves, were apparently not confined to their place of residence.<sup>15</sup> As will be seen in Section II, employment of grooms may well have had as much to do with considerations of prestige as notions of practicality.

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12. See Section II for more on the residential patterns of Wakefield and Huddersfield medical practitioners.
  13. The Journal of Dr. John Simpson of Bradford, 1825, ed. E. Willmott (Bradford, 1981).
  14. R. Aldington, op.cit.; G. Phelps, op.cit.
  15. Meanwhile; many of the larger villages in the Wakefield and Huddersfield area had their own resident medical attendants. In 1847 Horbury, situated two miles from Wakefield and with a population of just 2,500, had one resident surgeon, Mr. William Walker Kemp. Meltham, six miles from Huddersfield, with a population of 3,262, had two resident surgeons, Messrs. Eastwood and Rawcliffe. Mirfield, lying approximately mid way between Wakefield and Huddersfield, had four surgeons for its 6,919 inhabitants in 1847 (1:1730). White, 1847.

A more straightforward explanation for the more favourable ratios of doctors to the populations of smaller market towns is to be found in the social make-up of these communities. Market and service towns were industrially less developed than their larger neighbours. Rather their economies were based on trading and service functions, and as such they were likely to attract a high proportion of middle-class inhabitants, the basis of a medical practitioner's private practice. Wakefield had a large proportion of middle-class inhabitants throughout the nineteenth century. Meanwhile, Huddersfield, which enjoyed something of an intermediate position in terms of the ratio of doctors to potential patients, also had a large middle-class population in comparison with other textile towns (see Chapter 2). Those towns with the most rapid population expansions, such as Bradford and Sheffield, had higher proportions of poorer inhabitants, unable to afford the services of a medical practitioner. As the proportion of poor inhabitants increased during the nineteenth century in larger urban communities, so did the ratio of medical practitioners to the population decline. A large number of physicians was also indicative of a substantial middle- and upper-class clientele. Only the wealthy could afford the services of the more expensive physician,<sup>16</sup> and this class of practitioner was best represented (in proportion to the population) in the smaller market towns of the region. In 1841 Bradford, with a population of 37,765, had only one physician, Leeds had fourteen (one to every 10,861 inhabitants) and Wakefield three (one to every 4,918 inhabitants).

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16. By the late 1850s consultants, that is, those specialising in a medical or surgical practice, charged upwards of three guineas per visit compared with the general practitioner's charge of between 5s and 10s. The Lancet, 1858, Vol. I, p.78. Cited in F.B. Smith, op.cit., p.369.

Other local factors may also explain the presence of large numbers of medical practitioners. A number of lucrative and prestigious posts attracted medical men to Wakefield in the early nineteenth century. In 1818 the West Riding Lunatic Asylum opened at Wakefield, and came to provide a number of honorary and paid appointments. Several medical men combined attendance at the Asylum with private practice. The institution expanded several times during the century, providing a number of full-time paid jobs for those intending to specialise in the treatment of insanity. By the mid-nineteenth century approximately one third of all medical practitioners resident in Wakefield were full-time employees or part-time honorary attendants at the Asylum. Meanwhile, the prison, the House of Recovery, the Dispensary and Infirmary, and a number of smaller charitable enterprises offered paid or honorary medical posts. The number of doctors devoting themselves to full-time private practice in Wakefield was therefore much lower than the figures might first suggest.

One of the most frequent and serious complaints to crop up in nineteenth-century medical journals was of the overstocking of the medical profession. Competition for paying patients was keen. Dr. Simpson of Bradford complained of this development as early as 1825.

The medical profession is quite overstocked ... and since the Peace situations have become very difficult to meet with ... Compared with trade a profession is good for nothing. There are in Bradford three Physicians and ten Surgeons, besides most of the villages in the vicinity have one Surgeon & some of them two. I don't believe that there is full employment for more than one Physician and six Surgeons ... We are surrounded by towns filled with Physicians & these at no great distance. Halifax is eight miles off where there are

four Physicians, Huddersfield eleven miles and four Physicians, Wakefield fourteen miles & five Physicians, ... medical men are ill paid here & liable to numerous bad debts. If I had a son to bring up to a profession I certainly should make the choice of the law. 17

In 1854 a Leeds general practitioner pointed to the problem faced by 'well-taught, talented young surgeons, who are trailing along a dull round of poverty and disappointment', cut off from the 'upper' extreme of practice by the physician, and the 'lower' extreme and the middle classes by the quack and prescribing druggist.<sup>18</sup>

Medical practitioners have left little evidence relating to the geographical range or size of their practices. But it seems that few doctors were able to devote themselves to full-time private practice. A small number in each town dominated private practice: Drs. Richardson, Crowther and Wright, for example, seem to have built up the best medical practices in Wakefield during the nineteenth century. Large numbers of medical men also held honorary or paid appointments, ranging from the prestigious posts of medical officer to the local infirmary through to the more lowly positions of Poor Law medical officer and friendly society surgeon. Most practices also included a certain amount of unpaid medical work amongst the poor. Witnesses to various nineteenth-century parliamentary inquiries into medical relief claimed that most medical men 'expected' to provide some gratuitous medical relief to the poor. Some practitioners even set aside a few hours each week when they would attend the poor gratis. In 1809 Samuel Marshall, surgeon, offered free advice to the poor of Wakefield between 10.00 a.m. and 1.00 p.m.

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17. The Journal of Dr. John Simpson of Bradford, 1825, p.13. The 'Peace' he refers to is that arranged at the Congress of Vienna in 1815, which brought the Napoleonic Wars to an end.

18. G. Wilson, op.cit., The Lancet, 1854, Vol. I, p.458.



on Tuesdays and Thursdays. William Rowlandson, also of Wakefield, gave a similar service on Mondays and Fridays in the 1840s.<sup>19</sup> In 1825 the Huddersfield Medical Society went as far as drawing up a scale of charges based on the incomes of patients. Those occupying houses of £30 rental per annum (or upwards) were to be charged not less than 1s each day for visits, those renting houses at between £15 and £30 6d, and those 'occupying houses at a Rent under fifteen pounds per annum shall be charged for visits or not according to the discretion of the practitioner'.<sup>20</sup>

During the nineteenth century there were three main methods by which a medical man could set himself up in practice. Generally the best situated individuals (as demonstrated in Section II) were those who could enter the practice of their father or other relatives, or those able to marry into a medical family. Those without family connections had to buy a medical practice or set up a new practice.<sup>21</sup> Practices (which could cost several hundred pounds) were purchased from medical men who were about to retire or move to another area. The newly-arrived (and frequently newly-qualified) practitioner took the practice in

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19. WS, February 24, 1809; WJ, October 6, 1842.

20. Huddersfield Medical Society. Minute Book, 1825-1834. Medical Regulations dated 1825, p.1, Ms. HRI. See Section III for more on the activities of the Huddersfield Medical Society.

21. The pros and cons of buying a practice as opposed to setting up a new practice were discussed frequently in nineteenth-century medical journals. An article appearing in The Medical Times and Gazette in 1852 suggested that if a practitioner 'have family or other connexions, so that he may reasonably hope to form a nucleus speedily, - if, in addition, he be young, and, moreover, have an income which will in any degree maintain him for five years, let him make his own practice, and let him not be too nice as to the precise locality and class of persons among whom he pitches his tent'. Medical Times and Gazette, 1852, Vol. II, p. 193. For careers in general practice in London, see M.J. Peterson, op.cit., Chapter 3.

good faith, hoping to inherit patients and a 'good professional reputation'. In 1809 when Richard Milner, surgeon, purchased his second practice, that of the late Mr. Holdsworth, he placed the following advertisement in the Wakefield press:

R MILNER.  
MEMBER OF THE ROYAL COLLEGE OF SURGEONS  
IN LONDON

BEGS Leave to inform the Inhabitants of Wakefield and the Vicinity, that he has taken the House in Kirkgate, lately occupied by Mr. HOLDSWORTH, Surgeon, etc; and respectfully Solicits the Support of the Public in general, and of the late Mr. Holdsworth's Friends in particular.

Mr. Milner has been in Practice at Sherburn since January 1802 - to which Neighbourhood, he can, with Pleasure, refer for his Professional Character. 22

Milner's career progressed well in Wakefield. He remained there until his death in 1825, and his son William R. Milner also practised successfully in the town.<sup>23</sup>

In 1822 Mr. Rutter took over the practice of the late Mr. Birkett, surgeon. In advertising his intention of setting himself up in the town, Mr. Rutter begged

... to inform the Inhabitants of WAKEFIELD and its Vicinity, especially those who so liberally supported his Predecessor, that he has commenced the Practice of SURGEON, APOTHECARY, and MIDWIFERY, in all their Branches, in the House lately occupied by Mr. B., and trusts he shall be found worthy to receive a continuance of their Patronage. 24

Another way of obtaining a practice, or rather a share in a practice, at a smaller cost and at less risk was to form a partnership, preferably with an established medical practitioner. A partnership offered the young practitioner an effective means of introduction; for the older,

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22. WS, January 27, 1809.

23. W.R. Milner was appointed apothecary to the Dispensary in 1832 and resident surgeon to the House of Correction in the 1840s. He also acted as Secretary to the Wakefield Medical Society in the mid-nineteenth century. WHJ, March 2, 1832; PMD, 1848.

24. WHJ, November 29, 1822.

established man a means of lessening his workload. In 1831, for example, articles of agreement were drawn up between George and William Holdsworth, who became partners in equal proportions in the 'business or profession of a Surgeon & Apothecary & Accoucheur' for a period of seven years.

The partnership was dissolved in 1837 'by mutual consent'.<sup>25</sup> Numerous examples of partnerships exist especially during the first half of the nineteenth century: for example, in Wakefield between Stott and Walker, surgeons and apothecaries, in the first two decades of the century, Milner and Bennett, surgeons, in the 1820s, and Dawson and Heald, surgeons, in the 1830s and early '40s.

c) The Rise of the General Practitioner (and Consultant?)

The above examples indicate that by quite early in the nineteenth century medical practitioners were offering their services in more than one branch of medicine. Traditionally medical historians have relied upon a tripartite classification into physicians, surgeons and apothecaries as a framework for the analysis of the medical profession.

The medical profession in early nineteenth-century England consisted, in brief, of three distinctly organised, legally defined status groups practicing "the profession of physic", "the craft of surgery", and the "apothecary's trade". 26

No matter how precise a definition this was for the eighteenth century, by very early in the nineteenth century it had ceased to be a useful

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25. The stock of drugs and all fixtures and instruments were to be divided between the two. William Holdsworth was empowered to receive for his own use all debts owed to the partnership. He was also to deliver to George Holdsworth a bond to pay £154 10s payable with interest at four per cent. Articles of agreement made this 28 day of April 1837 Bet<sup>n</sup> Geo. Holdsworth of Wakef<sup>d</sup> in the Co. of York Surgeon & Apothecary Wm. Holdsworth of the same place Surgeon & Apothecary, Ms. WDA (JGC).

26. M.J. Peterson, op.cit., p.12.

guide for explaining either the structure of the profession or the activities of its members. The three licensing bodies of the Royal Colleges of Physicians and Surgeons and the Society of Apothecaries had little relevance to the majority of medical practitioners, particularly those residing in the provinces. The number of licensed physicians, for example, was insignificant. In 1800 there was a total of only 179 Fellows, Licentiates and Extra-Licentiates in England. By 1847 this number had increased to 683. Together licensed physicians accounted for less than five per cent of all medical men in England. Only 23 per cent of provincial physicians had bothered to affiliate themselves with a college by 1850.<sup>27</sup> A larger number of practitioners held surgical licences - 8,000 by the mid-nineteenth century, and the L.S.A. - between 1815 and 1834 approximately 7,000 were granted.<sup>28</sup> The controlling councils of all three bodies, however, were dominated by small, powerful and self-interested elites, which throughout the century made little apparent effort to represent the interests of the majority of the medical profession.

The law continued to recognise the three groups as distinct entities, and the tasks these groups were supposed to perform were strictly defined.<sup>29</sup>

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27. Ibid., p.8.

28. Ibid., pp. 10-11; Report from the Select Committee on Medical Education, PP, 1834, XIII (602) (hereafter referred to as SCME 1834), Part III, Society of Apothecaries, Evidence of John Ridout, Member of the Society of Apothecaries and Court of Examiners, p.72, Q.1003.

29. Early in the nineteenth century, for example, the practice of physicians was held to be

... properly confined to the prescribing of medicines to be compounded by the apothecary, and in superintending operations performed by surgeons in order to prescribe what was necessary to the general health of the patient, or to counteract any internal disease.

J.W. Wilcock, The Laws Relating to the Medical Profession (1830), pp. 30-31. Quoted in I. Waddington, 'General Practitioners and Consultants in Early Nineteenth-Century England: The Sociology of an Intra-Professional Conflict' in J. Woodward and D. Richards (eds.), op.cit., p.165.

But by very early in the nineteenth century few medical men could afford the luxury of confining themselves to one branch of practice. The 'general practitioner', who combined medical advice with surgical practice, and in some cases pharmacy and midwifery, was becoming commonplace, especially in the provinces. The emergence of the general practitioner can also be seen as a direct result of the increase in the number of medical personnel in the nineteenth century. Competition for patients became keen, and unable to survive through the practice of one branch of medicine, the doctor was forced to diversify.

As early as 1813 it was estimated that there were approximately 12,000 general practitioners in England and Wales.<sup>30</sup> Witnesses to the Select Committees of 1834 and 1847-48 on medical education and registration testified to the fact that there were hardly any medical men, even in London, who could confine their practices to pure medicine or surgery. In his evidence to the 1834 inquiry John Yelloly, M.D., Licentiate of the Royal College of Physicians and former physician to the London Hospital, stated:

In London, the number of well-employed physicians is exceedingly small; and in the country, the largest towns have hardly more than two or three who are very well employed; so that whether employment of physicians has diminished or not of late years, it is perfectly clear that the general practitioner has infinitely the much largest part of the practice, both in London and in the country. 31

Medical historians now tend to agree with Holloway's<sup>32</sup> contention that the most important structural and practical change to take place

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30. SCME 1834, Part III, Evidence of John Nussey, Master of the Apothecaries Company and Apothecary to the King's Household, p.1, Q.12.
31. Ibid., Part I, Royal College of Physicians, pp. 301-302, Q. 4384-5.
32. S.W.F. Holloway, 'Medical Education in England, 1830-1858: A Sociological Analysis', History, Vol. 49, 1964, pp. 299-324. Holloway suggests that as early as the mid-eighteenth century the apothecary had assumed the functions of a general practitioner of medicine. The majority of town apothecaries and practically all those with country practices attended patients of the poorer and lower middle classes, prescribing and supplying medicines to them. Few confined their activities to the dispensing of medicines. S.W.F. Holloway, 'The Apothecaries' Act, 1815', Part 1, p.107.

during the nineteenth century was the replacement of the 'pure' physician, surgeon and apothecary by the general practitioner of medicine, or in the terms of the medical practitioner of the period, the 'surgeon-apothecary'.<sup>33</sup> This development, which had been underway since early in the century, was abetted by two major legislative landmarks, the Apothecaries' Act of 1815 and the 1858 Medical Act. The 1858 Act in particular marked a concrete step towards more uniform standards of qualification and practice. The setting up of the Medical Register in 1858 established the concept of equal recognition of all regular practitioners before the law; the surgeon and apothecary became formally assimilated with the higher status physician. The General Medical Council, also a product of the Act, began to busy itself with raising standards of education and regulating recruitment to the profession.<sup>34</sup> The education of students in hospitals and medical schools gradually improved during the nineteenth century. More demanding and realistic examinations became the rule as medical practitioners began to qualify in more branches of medicine.

Ivan Waddington<sup>35</sup> has added a further dimension to the analysis of the structure of the nineteenth-century medical profession. He has proposed that the old tripartite division was slowly replaced by a new professional structure, based on a differentiation between general practitioners and consultants. The growth of hospitals in the eighteenth

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33. J. Lane, 'The Early History of General Practice, 1700-1850: Sources and Methods', The Society for the Social History of Medicine, Bulletin 30-31, 1982 (June and December), p.19.

34. For a detailed discussion of the doctor's registration movement, see N. and J. Parry, The Rise of the Medical Profession. A Study of Collective Social Mobility (1976), Chapter 6.

35. I. Waddington, op.cit., pp. 164-88, especially pp. 170-73.

and nineteenth centuries, he suggests, gave rise to a new class of consulting physicians and surgeons, who enjoyed many advantages over their colleagues without hospital posts. Consultants were able to attract large numbers of paying pupils, and their incomes from teaching alone could be considerable. Their ex-students, once established in practice, frequently passed on wealthy clients for consultations with their old teachers. Moreover, consultants were provided with a golden opportunity to become medical advisors to lay governors, their families and connections. As an additional bonus, the consultant had access to a large amount of clinical 'material' in the form of hospital patients, in an age when scientific research was becoming an increasingly important and prestigious activity. Not only, Waddington suggests, were consultants able to build up the best practices: they also came to dominate the key political offices, including the licensing bodies.

Qualifications were important indicators of structural change within the medical profession. Preferably from the best universities and hospitals, they could confer status on the medical practitioner and influence the size and quality of his practice. The title 'doctor' was especially sought after by both patients and practitioners. Overall, Wakefield and Huddersfield medical practitioners acquired a wider range and apparently higher standard of qualifications during the nineteenth century.

After 1815 all medical men who wished to practise generally were required by law to take the examination of the Society of Apothecaries.<sup>36</sup>

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36. Only those who were in practice prior to 1815 were exempt from this obligation.

Many practitioners obtained a double qualification from the College of Surgeons and Society of Apothecaries. In 1834 3,500 members of the College of Surgeons (England) also held the L.S.A.<sup>37</sup> By 1848 it was estimated that there were between 14,000 and 15,000 general practitioners in England and Wales: more than half of these possessed the double qualification.<sup>38</sup> By 1851 over half the medical practitioners in Wakefield and Huddersfield held a surgical diploma and the L.S.A. A further ten per cent held a triple qualification.<sup>39</sup>

Information on the qualifications of medical men in the first decades of the nineteenth century is patchy. However, it is safe to suggest that at least up until 1815 it was usual for doctors to qualify in only one branch of medicine, even if they intended to become active in more than one branch. The majority of medical men in Wakefield and Huddersfield qualifying before 1815 held only a single qualification. Medical practitioners such as William Turnbull of Huddersfield, who graduated from Edinburgh University in 1814 as M.D. and became a Licentiate of the Royal College of Surgeons, Edinburgh, in the same year, are rare.<sup>40</sup>

By the mid-nineteenth century the picture was very different. The wider variety of qualifications acquired by medical practitioners in the two towns began to reflect the range of medical tasks they intended

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37. SCME 1834, Part II, Royal College of Surgeons, App. 44, p.87.

38. First and Second Reports from the Select Committee on Medical Registration and Medical Law Amendment, PP, 1847-48 (210), Q.1215. Cited in I. Waddington, op.cit., p. 168.

39. C. Wakefield and Huddersfield, 1851; PMD, 1852.

40. PMD, 1848, 1860.



to undertake. By 1851 approximately three-quarters of all medical practitioners in Wakefield and Huddersfield had acquired the L.S.A., an indication of the numbers practising generally. Over 80 per cent held a surgical diploma and 25 per cent a medical degree or physician's licence. By 1851 a minority of practitioners were qualified in just one branch of medicine. (See Table 7:IV a and b). The most usual combination of qualifications was the L.S.A. and a surgical diploma.<sup>41</sup>

The results of a survey of the qualifications of Wakefield and Huddersfield medical practitioners for the years 1851, 1861 and 1871, showing the number of individuals holding each qualification and combinations of qualifications, are given in Tables 7:IV (a and b). Between 1851 and 1871 the percentage of practitioners obtaining the L.S.A. declined slightly in both towns. The number holding a surgical diploma of some kind remained fairly constant, although the number of Licentiates and Fellows grew, especially in Wakefield. By 1871 more medical men had obtained a medical degree or a licence to practise medicine, particularly in Huddersfield, where the number of individuals with an M.D. or M.B. grew from four to eleven between 1851 and 1871. Many medical men acquired additional medical licences after they had been in practice for some years, to improve their status or their practices. The Licentiate of the Royal College of Physicians or an M.D. from a university not requiring residence were typical 'mid career' qualifications. An increasing number of Wakefield and Huddersfield practitioners also acquired a Licence in Midwifery (L.M.).

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41. C. Wakefield and Huddersfield, 1851; PMD, 1852.

TABLE 7:IV (a)

The Qualifications of Wakefield Medical Practitioners,  
1851, 1861 and 1871

NUMBER AND (PERCENTAGE) OF MEDICAL PRACTITIONERS  
HOLDING QUALIFICATIONS IN EACH BRANCH OF MEDICINE\*

Qualification	1851	1861	1871
L.S.A. (L.A.H.)	19 (73)	24 (80)	20 (65)
M.R.C.S.	22	28	19
L.R.C.S.	1	1	6
F.R.C.S.	-	2	3
Total	22 (85)	28 (93)	27 (87)
M.D.	5	6	7
M.B.	1	1	2
M.R.C.P.	-	2	2
L.R.C.P.	-	5	6
Extra L.R.C.P.	2	1	1
F.R.C.P.	-	1	1
L.K.Q.C.P. Ireland	-	1	1
L.F.P.S.G.+	-	-	1
Total	7 (27)	10 (33)	14 (45)
L.M.	1 (4)	2 (7)	5 (16)
<u>Combinations of Qualifications:</u>			
L.S.A. and Surgical Diploma	14 (54)	17 (57)	12 (39)
L.S.A. and M.D. or Licence in Physic	1 (4)	1 (3)	1 (3)
Licences in Physic and Surgery	1 (4)	2 (7)	3 (10)
Triple Qualification to Practise	3 (11)	6 (20)	7 (22)
<u>Single Qualifications:</u>			
L.S.A.	1 (4)	0	0
Surgical Diploma	4 (15)	3 (10)	5 (16)
M.D. or Licence in Physic	2 (8)	1 (3)	3 (10)
<u>Number in Practice Prior to 1815</u>			
	3	1	0
Total Number of Medical Practitioners Surveyed	26 (100)	30 (100)	31 (100)

\* Some practitioners held double qualifications in one branch of medicine: for example, an M.D. (Edinburgh) and L.R.C.P. (London), or M.R.C.S. (England) and L.R.C.S. (Edinburgh).

+ Counted as both a qualification in medicine and surgery.

TABLE 7:IV (b)

The Qualifications of Huddersfield Medical Practitioners,  
1851, 1861 and 1871

NUMBER AND (PERCENTAGE) OF MEDICAL PRACTITIONERS  
HOLDING QUALIFICATIONS IN EACH BRANCH OF MEDICINE\*

Qualification	1851	1861	1871
L.S.A. (L.A.H.)	16 (76)	20 (74)	15 (58)
M.R.C.S.	16	16	13
L.R.C.S.	1	3	5
F.R.C.S.	-	1	-
Total	17 (81)	22 (81)	20 (77)
M.D.	4	7	9
M.B.	-	1	2
M.R.C.P.	-	1	1
L.R.C.P.	-	1	3
Extra L.R.C.P.	1	1	1
F.R.C.P.	1	-	-
L.F.P.S.G.+	1	1	3
Chir.Coll. P & S, New York+	-	1	-
Total	5 (24)	9 (33)	13 (50)
L.M.	1 (5)	1 (4)	3 (12)
<u>Combinations of Qualifications:</u>			
L.S.A. and Surgical Diploma	12 (57)	16 (59)	11 (42)
L.S.A. and M.D. or Licence in Physic	0	3 (11)	3 (11.5)
Licences in Physic and Surgery	1 (5)	3 (11)	6 (23)
Triple Qualification to Practise	2 (9.5)	1 (4)	1 (4)
<u>Single Qualifications:</u>			
L.S.A.	2 (9.5)	0	0
Surgical Diploma	2 (9.5)	2 (7.5)	2 (8)
M.D. or Licence in Physic	2 (9.5)	2 (7.5)	3 (11.5)
<u>Number in Practice</u>			
Prior to 1815	3	2	1
Total Number of Medical Practitioners Surveyed	21 (100)	27 (100)	26 (100)

Sources: Provincial Medical Directories, 1852-72; Census Enumerators' Books, Wakefield and Huddersfield, 1841, 1851, 1861 and 1871.  
For details of medical licensing bodies and licences and degrees, see Appendix 12.

By the second half of the nineteenth century the double or triple qualifications had largely replaced the single qualification to practise. Early nineteenth-century physicians, such as Drs. Amory, Richardson and Crowther of Wakefield with M.D.s from Cambridge and Edinburgh, for example, were replaced by individuals such as Dr. T.G. Wright, L.S.A. (1830, University College, London, and Edinburgh), M.D. (1831, Edinburgh), M.R.C.S. (1831, London), L.R.C.P. (1841, London), M.R.C.P. (1859, London).<sup>42</sup>

In terms of the number of examinations passed and affiliation to the Royal Colleges, Wakefield and Huddersfield medical men appeared to be better and more widely qualified in 1871<sup>43</sup> than they had been at the beginning of the century or even 20 years before.<sup>44</sup>

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42. Medical Register for the Year 1780; PMD, 1848, 1860, 1870.

43. Ibid.; C. Wakefield and Huddersfield, 1871; PMD, 1872. The problem of reading too much into small samples is heightened by possible inaccuracies in the medical practitioners' returns to medical directories. For example, many of those holding the L.S.A. may not have acknowledged it. G.M. Stansfield remarked in 1856 that some holders of the L.S.A. '... seem to be ashamed of it ...' and did not mention it in their returns to the compilers of the medical directories. G.M. Stansfield, 'Statistical analysis of the medical profession in England and Wales', Associated Medical Journal, 1856, pp. 253-54. Cited in P.S. Brown, 'The Providers of Medical Treatment in Mid-Nineteenth-Century Bristol', Medical History, Vol. 24, No. 3, July, 1980, p. 302.

44. During the nineteenth century a large proportion of Wakefield and Huddersfield medical practitioners were educated and qualified in Scotland. Scottish universities offered higher standards of training, involving the study of medicine, surgery, anatomy, botany, pharmacy and midwifery. Indeed they offered a more practical training for those wishing to enter general practice. Of the nine physicians in practice in Huddersfield in 1861, seven were graduates of Scottish universities. (The two others had qualified at Cambridge and New York). Eight of the ten individuals with medical degrees or licences in Wakefield in the same year had received a Scottish training. By 1871 Scotland had taken over the lead from London as the most common place of training of all Wakefield and Huddersfield medical practitioners. Others received their medical educations in Cambridge, Ireland, Paris and Germany, and later in the century, Manchester and Leeds. Many of course received their education in several different places. C. Wakefield and Huddersfield, 1861, 1871; PMD, 1862, 1872. For details of the places of training of Wakefield and Huddersfield medical practitioners, see Appendices 13 and 14.

The possession of certain qualifications did not necessarily indicate the nature of each individual's medical practice. For instance, Samuel Holdsworth of Wakefield obtained the double qualification of M.R.C.S. and L.S.A., the 'insignia' of a general practitioner, in 1835. Four years later he obtained an M.D. from the University of Pisa. Despite the fact that he held qualifications in three branches of medicine, Holdsworth described himself as a 'physician', and indeed acted as honorary physician to the Wakefield Dispensary and Infirmary.<sup>45</sup> The reverse was also common; medical men qualified in just one or two branches of medicine acted as general practitioners, combining surgery, medicine, pharmacy and midwifery, although not legally entitled to do so. Surgeons, lacking a licence to practise medicine, trespassed on the physician's preserve. Meanwhile, physicians undertook small surgical operations as part of their everyday practice.

By the early nineteenth century Wakefield and Huddersfield medical men were combining a wide range of tasks in their practices. In 1833, for example, Mr. Strafford advertised his services as 'Surgeon, Apothecary and Accoucheur' in the Wakefield and Halifax Journal.<sup>46</sup> Several individuals combined medical practice with a chemist's business. In 1809 M. Barber, Surgeon, etc. took

... the earliest opportunity of informing his Friends and the Inhabitants of Wakefield and its Vicinity, that he has studied SURGERY AND THE PRACTICE OF PHYSIC, in London, for several Years, under the ablest medical Professors, and having since had the Advantage of seeing extensive Practice, apprehends that his medical knowledge IN EVERY DEPARTMENT OF HIS PROFESSION, and his unremitting Attention, will secure the Confidence of those who may place themselves under his Care. 47 (his emphasis).

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45. C. Wakefield, 1851; PMD, 1860.

46. WHJ, January 4, 1833.

47. WS, December 1, 1809.

In 1810 M. Barber took over his late father's chemist shop, adding the dispensing trade to his other lines of business.<sup>48</sup> The combination of medical practice with the chemist's trade tended to have declined by the mid-nineteenth century.<sup>49</sup> But the practice of combining several branches of medicine continued.

Changes in nomenclature reflected developments in structure, although these tended to lag far behind practical changes. In particular medical men clung to the designations 'physician' and 'surgeon' long after they became obsolete in describing the tasks they undertook (and these divisions continued to be used in trade directories for much of the nineteenth century). By quite early in the nineteenth century the description 'apothecary' had ceased to be used in trade and medical directories, and appeared only rarely in census returns.<sup>50</sup> All Wakefield and Huddersfield medical men were classified in the 1841 census enumerators' books as 'physicians' or 'surgeons'. By 1851 the majority of medical men described themselves in the returns as 'general practitioners': two-thirds in Huddersfield and over a half in Wakefield. Those not in general practice now found it necessary to state otherwise. Expressions such as 'practicing

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48. WJ, January 5, 1810.

49. See Chapter 6 for more on the chemist's takeover of the dispensing business.

50. Where the term apothecary was applied in nineteenth-century trade directories and census returns, it often referred to unqualified individuals. For example, the 1851 census returns for Huddersfield Township described Thomas Hick as 'practicing as an apothecary, but not a member of any college'. C. Huddersfield, 1851.

as a physician' and 'consulting physician' were used to stress the purity of their practices.<sup>51</sup> This was especially the case for those medical men with honorary hospital appointments, which were in theory the preserve of 'pure' physicians and surgeons.<sup>52</sup>

The rise of the general practitioner has been closely linked to a widening demand for medical care on the part of the expanding middle class. While this group were unable to afford the fees charged by pure physicians and surgeons, they did demand qualified medical attention.<sup>53</sup> The general practitioner, combining medical and surgical care, and frequently throwing in the services of dispenser and midwife, appealed to both the middle-class mentality and budget.<sup>54</sup> The middle-class populations of Wakefield

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51. C. Wakefield and Huddersfield, 1841, 1851.

52. For example, the rules of the Wakefield Infirmary stipulated 'That no gentleman shall be considered eligible for the office of physician who has not obtained his degree or license in medicine, at one of the Universities or chartered colleges of the United Kingdom; or who practices surgery, or shall dispense his own medicines. And that no gentleman shall be eligible for the office of surgeon, who has not received a diploma from one of the Incorporated colleges of surgeons of the United Kingdom'. Rules and Regulations for The Government of the Wakefield General Dispensary and Clayton Hospital, 1854, p.12, WYCRO (C235/1). The Rules of the Huddersfield Infirmary were even more stringent, excluding from the office of physician all those who practised in the following branches of medicine: 'surgery, pharmacy, or midwifery; or who is in any way connected with such practice'. Rules and Regulations of the Huddersfield and Upper Agbrigg Infirmary, 1834, p.10, HPL (B.362).

53. George Birkbeck (by profession a physician) in his evidence to the 1834 Select Committee claimed that there was a tendency by the 'greater part' of the public to employ general practitioners. This he attributed to the better education of general practitioners, and to a change in the condition of society, which had become adverse to the division of labour, and sought assistance in one individual, rather than the more expensive form of three. SCME 1834, Part I, p.229, Q. 3534-5.

54. Information on the total expenditure and the proportion of the middle-class family budget spent on medical care is limited. P. Branca gives some indication of expenditure on this item in samples of two budgets for families with incomes of £150 per annum, extracted from household manuals published in 1828 and 1874. In 1828 expenditure on illness and amusement (classified together!) was budgeted at £3 14s (2.5 per cent of total estimated expenditure). In 1874 the two items were estimated at £10 (6.7 per cent of expenditure). P. Branca, Silent Sisterhood, p.26.

and Huddersfield provided an important pool of custom for the general practitioner; a rather lesser source of clients for the more specialised consulting physicians or surgeons.

Middle-(and upper-)class families tended to rely for much of their medical treatment on general practitioners, although they were prepared to call in a specialised attendant in more severe cases of illness or where a second opinion was required. Clara Clarkson employed the Walkers, the Wakefield surgical family, for many years. Later in life Dr. Wright became her regular medical attendant.<sup>55</sup> Early in the nineteenth century the Lees, a family of Wakefield solicitors, employed Messrs. Stott and Walker and Messrs. Milner and Bennett, general practitioners, as family doctors. A bill paid to Stott and Walker in 1816 included payments for medicines, surgical attendance and a tooth extraction! Payments were made to Milner and Bennett for the years 1822 to 1824 for pills, medicines, embrocations, plasters and for bleeding. The Lees also employed Dr. Gilby to attend them after his arrival in Wakefield in 1825, helping him obtain a foothold in the town.<sup>56</sup> Between 1870 and 1884 Mr. Whitely of Wakefield (himself a surgeon) employed a number of other general practitioners to attend upon his family. In most cases payments covered both surgical and medical attendance. In 1884 he also called in Dr. Wright for a series of consultations.<sup>57</sup>

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55. A.K. Jacques, op.cit.

56. Bill of Messrs. Stott & Walker to Mrs. J. Lee, dated 1816; Bill of Messrs. Milner & Bennett to John Lee, Esq. for the years 1822-24, WDA (JGC); H. Clarkson, op.cit., p.168.

57. Misc. Medical Bills to Mr. Whitely of Wakefield. Bill of Dr. Wright, 1884, WDA (JGC).



As Waddington himself suggests, his thesis would seem to be rather less relevant to smaller provincial towns such as Wakefield or Huddersfield, where there was little chance of a doctor being able to confine himself to consulting work alone. Honorary dispensary and infirmary appointments did offer medical men the chance to build up a clientele from the lay officers and subscribers, and their connections. But as shown in Chapter 4, most of the support for medical charities came from middle-class groups, who were probably unwilling and even unable to expend large sums on medical care. What this potential client group demanded from their medical advisors (just like the rest of the middle class) was not the specialised services of consulting physicians and surgeons, but the more general range of services provided by a family doctor.

The practice of passing patients on to ex-teachers was also less common in smaller provincial towns. Few students and apprentices were trained at the medical charities during the nineteenth century; in most cases only one or two at a time. Those that were taken on usually became the responsibility of the resident house surgeon, rather than the honorary physicians and surgeons, who after all only attended at the institutions once or twice a week. A large proportion of the pupils taken by the Wakefield and Huddersfield Infirmeries did not even complete their terms of apprenticeship, and when they did complete their training, they often moved to other towns to practise.<sup>58</sup> The fees for apprentices, meanwhile (which were quite high – about £150 for a three-year term at the Huddersfield Infirmary by mid century), went directly to the charity's funds rather than to the medical staff.

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58. A few individuals who were taken as apprentices did return to Wakefield and Huddersfield to practise. In 1840, for example, George Winter Rhodes was taken as an apprentice to the Huddersfield Infirmary for five years 'with the privilege of attending the lectures in London during the last 2 years at a pm of £150'. He became an M.R.C.S. in 1846 and L.S.A. in 1847, and returned shortly after to Huddersfield to practise. In 1863 he was elected honorary surgeon to the Infirmary. Minute Book of the Huddersfield Infirmary, Vol. II, Meeting of the Monthly Board, October 5, 1840, p.7, Special General Meeting, February 27, 1863, p.442; PMD, 1851.

This is not to say that hospital appointments served no useful purpose. The small amount of consulting practice available in the two towns was probably monopolised by honorary medical officers. Those who obtained these posts gained a stamp of approval from the lay governors and were automatically raised to a higher status than their professional brethren.<sup>59</sup> They were in many cases able to build up the best local practices. Honorary appointees also had far more access to clinical material than other practitioners and were able to gain reputations for expertise in specialised fields. What we find in effect is a group of medical practitioners, who, while not detaching themselves completely from other branches of medicine, by dint of their qualifications and honorary posts, were able to concentrate more on a consulting practice.<sup>60</sup>

d) Appointments

Clearly some form of medical hierarchy existed in provincial towns such as Wakefield and Huddersfield. To make a hard and fast division into a consulting group with honorary hospital posts and ordinary general practitioners, however, does not appear to be feasible or useful. Hospital appointments offered more practice-building opportunities than other posts and were much sought after. Medical men themselves stressed the importance of obtaining them in order to succeed in private practice. When the Huddersfield Dispensary was set up in 1814 there was an undignified

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59. For more on the relationship between lay supporters and medical officers to the medical charities, see Section IV.

60. A small number of doctors were less dependent upon their incomes from medical practice, and could be selective in choosing both their clientele and type of practice, confining themselves to consulting work if they so desired. See Section II for more on this wealthy group of practitioners.

scramble amongst the town's medical men for posts. Mr. Wilks, who was appointed senior surgeon to the charity, was strongly urged by a Halifax colleague, John Thomson, to apply for the position. Thomson claimed that those doctors who failed to get elected 'would rue the day as long as their professional life lasts'.<sup>61</sup> Similarly, in 1823 a 'sharp contest' took place for the two newly-created surgical posts to the Wakefield Dispensary. Messrs. Horsfall and Dawson were appointed, obtaining 153 and 130 votes. The unlucky candidates, Messrs. Bennett and Marshall, polled 76 and 62 votes respectively.<sup>62</sup>

What medical historians, preoccupied with the benefits of hospital appointments, have failed to point out is that a wide range of other employment opportunities existed for medical practitioners, offering prestige, salaries or both, and giving a variety of practice-building opportunities. Even in smaller provincial communities such as Wakefield and Huddersfield there were a large, and through the nineteenth century a growing, number of openings as army, police and prison doctors, surgeons to factories, railway and mining companies, medical referees to assurance societies, certifying factory surgeons, friendly society surgeons and Poor Law medical officers (see Table 7:V).

Smaller (and not necessarily medical) charities in some cases appointed honorary medical officers. For example, the Wakefield Town Mission appointed a succession of medical officers to treat sick persons encountered while undertaking missionary work from its initiation in 1840. Dr. Crowther was appointed the first consulting physician, Messrs.

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61. Letter from John Thomson of Halifax to Mr. Wilks, surgeon, dated May 5, 1814, Ms. HRI.

62. WHJ, January 10, 1823.

TABLE 7:V

Medical Appointments in Wakefield and Huddersfield,  
1828, 1851 and 1871

Appointments	Wakefield			Huddersfield		
	1828	1851	1871	1828	1851	1871
Number of Medical Practitioners (in Townships)	21	26	17	14	21	21
Honorary Dispensary and Infirmary Posts*	7	11	5	5	6	7
Salaried Dispensary and Infirmary Posts	2	2	2	1	1	3
Honorary Asylum Posts	3	4	2	0	0	0
Resident, Salaried Asylum Posts	2	2	5	0	0	0
Poor Law Medical Appointments	1	2	3	1	3	4
Certifying Factory Surgeons	0	1	2	0	3	1
Surgeons to factories, mining and railway companies	0	0	6	0	0	2
Prison Surgeons (Salaried Visiting and Resident Posts)	1	2	2	0	1	2
Police Surgeons	0	0	2	0	0	3
Army Surgeons	0	1	2	0	0	3
Assurance Society Referees	0	0	2	0	1	7
Friendly Society Appointments	0	1	2	0	1	3
Honorary Medical Attendant to Charities	0	2	4	0	1	2
Municipal Posts	0	1	1	0	0	1 (1873)
Total Number of Posts +	16	29	40	7	17	38

Sources: Parson and White, 1828; White 1853, 1870; Provincial Medical Directories, 1852, 1872.

- \* In Wakefield including posts at the House of Recovery and Eye Dispensary.
- + Returns to the Medical Directories were notoriously incomplete, and in all likelihood many of the totals are underestimates of the true number of posts.

E. Walker and Son the first gratuitous surgeons.<sup>63</sup> In 1861 Mr. Samuel Knaggs, Esq. was appointed honorary surgeon to the newly-opened Huddersfield and District Ragged and Industrial School.<sup>64</sup> In Wakefield the House of Recovery and Asylum offered further status-conferring honorary appointments and salaried posts. Other prestigious openings were created for medical men within the volunteer movement, which brought them into direct contact with leading local families. In 1860, for example, Frederick Greenwood was appointed surgeon to the Huddersfield Rifle Corps. Other officers to be elected at the same time included T.P. Crosland, Esq. (gentleman and later M.P. for Huddersfield) as captain, and the Thomas Brooks of Colne Villa and Northgate House (manufacturers) as lieutenants. John Haigh, junior, Esq. (ironfounder) was appointed ensign.<sup>65</sup>

While friendly society and Poor Law posts did not confer much in the way of material benefits or prestige, they provided footholds into medical practice and were seen as suitable openings for young general practitioners.<sup>66</sup> Appointment to the paid post of house surgeon to local dispensaries and infirmaries provided a better opening, especially for young men. These posts offered reasonable salaries: in the 1830s the house surgeon to the Wakefield Dispensary was paid £80 per annum, by the 1870s £125.<sup>67</sup> Of more importance these posts provided the newly-

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63. The Eighth Annual Report of The Wakefield Town Mission, 1848, WDA (Local Collection, Box 4B).

64. PMD, 1865.

65. HE, January 28, 1860.

66. For more on Poor Law and friendly society appointments, see Chapters 3 and 5.

67. It was also common practice to pay well thought of house surgeons gratuities, which could be as much as £20. In 1830 William Holdsworth resigned his post as house surgeon to the Wakefield Dispensary. The subscribers to the institution presented him with the sum of 21 guineas to purchase an instrument case as a mark of respect for his four years of 'diligent attention' to his duties. WHJ, December 31, 1830.

qualified practitioner with a valuable practical experience and gave him a means of introduction to medical practice in the town. Upon terminating their appointments as house surgeon (usually after a period of about three years) many individuals established themselves in practice in Wakefield or Huddersfield. Often they were appointed to honorary posts at a later date.

For example, Thomas Abbey Bottomley qualified in 1851 and served as house surgeon to the Huddersfield Infirmary from 1851 to 1855. He set up in practice in the town and in 1865 was elected honorary surgeon to the Infirmary. Similarly in 1869, Thomas Brewer, formerly house surgeon to the Huddersfield Infirmary (1863-68), was appointed to the post of honorary surgeon.<sup>68</sup> Others moved on to other towns to practise, often with some success. William Oxley obtained his first appointment as house surgeon to the Huddersfield Infirmary in 1856. He tendered his resignation in 1863, when the death of a relative gave him the opportunity of entering private practice in Rotherham. In the 1860s he was elected honorary surgeon to the Rotherham Dispensary.<sup>69</sup> Between 1867 and 1871 Lawson Tait, who became famous for his obstetric surgery, and opposition to Lister, spent a beneficial period as house surgeon to the Wakefield Dispensary and Infirmary, after qualifying in Edinburgh in 1866 (L.R.C.S.). He had 'a mass of surgical material' at his disposal in Wakefield and took on the bulk of the operating. During this period Tait published

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68. PMD, 1852, 1865; Minute Book of the Huddersfield Infirmary, Vol. II, Special General Meeting, November 19, 1851, p.208, Meeting of the Monthly Board, January 1, 1855, p.280, General Meeting, December 15, 1865, p.496, Vol. III, General Meeting, November 19, 1869, p.18.

69. Ibid., Vol. II, Special General Meeting, October 29, 1856, p.316, Meeting of the Monthly Board, October 5, 1863, p.455; PMD, 1859, 1866.

frequently on a wide range of surgical subjects and began to lay the foundations of his reputation as a surgeon of considerable talent.

Incidentally, while in Wakefield Tait was called out in consultations even as far as Castleford, and apparently practised as both a physician and surgeon.<sup>70</sup>

Other posts, while perhaps offering less in the way of prestige or practice-building opportunities, provided a steady source of income. One such post was that of visiting surgeon to the Wakefield House of Correction. As early as 1814 it was resolved that William Walker should be allowed a salary of £120 per annum for attendance on prisoners plus £80 for medicines. By 1842 the surgeon's salary had been fixed at £250 per annum. In 1857 it was raised to £300.<sup>71</sup> This figure compared very favourably with other paid medical posts. In the mid-1850s a salary of only £40 per annum was paid to the Union officer for the Wakefield Township (which included payment for medicines!).<sup>72</sup> Henry Dunn served as visiting surgeon to the House of Correction for 30 years, receiving a salary of £250 per annum. Despite this commitment, he still had sufficient time to build up a private practice and to serve as honorary surgeon to the House of Recovery.

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70. J.A. Shepherd, Lawson Tait. The Rebellious Surgeon (1844-1899) (Lawrence, Kansas, 1980), Chapter 2; N.L. Maxwell Reader, 'An Ancient Practice Alive and Well Today', Practitioner, Vol. 206, 1971, p. 693.

71. J. Horsfall Turner, Wakefield House of Correction (Bingley, 1904), pp. 147-8, 205, 219.

72. A Return 'of the Medical Officers under the Poor Law Acts, ...', PP, 1856, XLIX (434), (Wakefield Union).

Several medical men in Wakefield and Huddersfield (particularly those who acquired honorary appointments) were able to accumulate large numbers of posts. William James Clarke of Huddersfield, for example, served as honorary surgeon to the Infirmary from 1853. He was also employed as medical officer to the South District of Huddersfield Township and as surgeon to the County Police and Huddersfield Prison. Dr. William Thomas served as honorary physician to the Wakefield Dispensary, the House of Recovery and the Wakefield Asylum. William Dean of Slaithwaite, near Huddersfield, obtained posts as medical officer and Registrar of Births and Deaths for the Slaithwaite District of the Huddersfield Union, as police surgeon, army surgeon, medical officer to several friendly societies and medical referee to the Royal Assurance Company. In the 1850s Henry Horsfall of Wakefield was appointed medical officer to the Union Workhouse, surgeon to the headquarters of the West Riding Constabulary and medical officer to the Hatfield Collieries. In the 1860s Mr. William Wood served as visiting surgeon to the Wakefield House of Correction and West Riding House of Refuge, as Certifying Factory surgeon, medical officer to the Lancashire and Yorkshire and the Manchester, Sheffield and Lincolnshire Railway Companies, and as medical referee to numerous assurance societies.<sup>73</sup>

A small number of medical practitioners, normally those who had already built up a practice and reputation, created their own appointments by setting up medical institutions. These could be either profit-making establishments or charitable enterprises. In 1855, for instance, Dr. James

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73. PMD, 1848, 1861, 1866, 1871. For a useful survey of job opportunities and the development of pluralism amongst the Glasgow medical profession in the nineteenth century, see O. Checkland and M. Lamb (eds.), Health Care as Social History. The Glasgow Case (Aberdeen, 1982), pp. 21-43.



George Atkinson of Wakefield set up a private asylum at Stanley, near Wakefield, for 'the care and education of persons of imperfect and defective intellect'.<sup>74</sup> Atkinson served as physician to the Wakefield Dispensary and Infirmary and the Wakefield Eye Dispensary over the same period, and presumably these appointments assisted him in his efforts to attract well-off paying patients to his establishment.

The Eye Dispensary was itself set up solely on the initiative of another Wakefield medical man, John Horsfall, Esq., surgeon to the Wakefield Dispensary. Horsfall set up the Eye Dispensary in 1841 'for the Relief of Poor Persons afflicted with Diseases of the Eye'. Horsfall styled himself 'Consulting Surgeon' and was assisted in his venture by his Dispensary colleague, Dr. Atkinson, and by Mr. Burrell, surgeon. Eye operations were performed and medicines dispensed gratuitously every Monday and Friday from 12.00 to 1.00 p.m. at the Eye Dispensary. The Vicar of Wakefield was President of the charity, and he, along with other Wakefield clergymen, dispensed recommendations for treatment.<sup>75</sup> Although Horsfall may have based his venture on altruistic motives, he also obtained some practical benefits. In return for a few hours' work each week, he gained a reputation as something of a specialist and as a person of benevolence. He also gained access to a potential client group of clergymen and ministers.

By the mid-nineteenth century legal and structural developments, changes in medical education and qualifications and in the pool of

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74. WE, January 6, 1855.

75. WJ, October 1, 1841, May 13, 1842.

custom and medical posts had brought the general practitioner very much to the fore. The number of honorary medical posts did not increase by much during the nineteenth century; nor had the limited amount of consulting work available in provincial towns such as Wakefield and Huddersfield given rise to a distinct, specialised class of consultants. Few medical men could honestly describe themselves as 'pure' consulting physicians or surgeons. The number of honorary posts in Wakefield actually declined significantly during the century following the closure of the Fever Hospital and the turnover of the Asylum largely to paid staff. This may explain the decline in the number of medical practitioners in the town after 1850. A wide range of other medical posts, however, had become available, which while offering less in terms of prestige, provided salaries and practice-building opportunities. (See Table 7:V). These posts, together with the increased middle-class demand for medical care, encouraged the development of the general practitioner of medicine.

However, wide divergences still existed between medical practitioners: their qualifications, appointments, and size and quality of their practices. To lump them together under the category 'general practitioner' is just as misleading as to label them according to the tripartite classification. The medical men of Wakefield and Huddersfield can be seen as being ranged along a scale determined by their education, qualifications, appointments and quality of practice (and as will be demonstrated in Section II, by their social status and family background). At the top end of the scale a few medical men in each town were able to build up practices which combined consulting work with attendance as family doctor on the wealthiest local families. Typically these men would monopolise the most important honorary appointments (and as will be shown in Section IV, they hung onto them for many years). In Wakefield, for example,

these men included Drs. William Thomas and T.G. Wright, honorary physicians to the Dispensary, Fever Hospital and Asylum, who combined attendance at these institutions with the two of the best local practices.

Further down the scale were those who built up successful practices based on the expanding middle-class market, who perhaps held posts as prison, police, army or certifying factory surgeon or as assurance society medical referees. This group were likely to hold the double qualification of M.R.C.S./L.S.A., in some cases adding a mid-career M.D., a Licence or a Fellowship to augment their status and practices. Towards the bottom end of the scale were those holding the worst-remunerated Poor Law and friendly society appointments, which, while seen as suitable openings for young men, could also be regarded as 'dead end' jobs for the older practitioner. These individuals would usually be less well qualified and have a smaller share in the middle-class market, perhaps confining their practices to a predominantly lower middle-and working-class clientele.<sup>76</sup>

## II. Social Characteristics

The social characteristics of medical men as might be expected mirrored the occupational characteristics discussed in Section I. The two sets of characteristics in fact acted very much on each other. Wealth and social background influenced the kind of education a medical man could afford and the type of practice he would enter. In turn the quality of his qualifications, practice and appointments determined

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76. For biographies of individual practitioners, including their posts, qualifications and type of practice, see Appendix 14.

income, lifestyle and social prestige. It was a cycle few medical men could break out of, and medical practice appeared to fulfil a status-maintaining role, rather than being a means of upward social mobility. Several criteria which could tell us something of the living standards of Wakefield and Huddersfield medical men will be discussed in this Section, including household structure, servant employment, place and type of residence, and income levels. Although most of this group could be labelled 'middle class', there were significant variations in the social and financial positions of medical men in Wakefield and Huddersfield.

The lifestyles of doctors were in most, although not in all, cases dictated by their incomes from medical practice. A few individuals blessed with large private means (as shall be shown later) had no pecuniary motives for taking up the profession of medicine. Data relating to the living standards of all qualified medical men residing within the township boundaries of Wakefield and Huddersfield has been extracted from the census enumerators' returns for 1841, 1851, 1861 and 1871. The data collected was arranged in a form similar to that used by Brown in his analysis of Bristol medical men as recorded in the census enumerators' books of 1851.<sup>77</sup> The sample resulting from this collection of information for Wakefield and Huddersfield medical practitioners was small, and the data could be reproduced in just two tables (Tables 7:VI and 7:VII).

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77. P.S. Brown, 'The Providers of Medical Treatment in Mid-Nineteenth-Century Bristol', pp. 297-314. Brown in turn bases his interpretation and description of household size and composition on the definitions suggested by Laslett. P. Laslett, 'Introduction: the history of the family' in P. Laslett and R. Wall (eds.), Household and Family in Past Time (Cambridge, 1972), pp. 1-89.

a) Household Structure

Table 7:VI gives details of household size and the position of the medical practitioner in the household, as head or otherwise. It also outlines the structure of households, following Laslett's definitions.<sup>78</sup> Over 20 per cent of all the doctors surveyed were single and resided alone, while a small number lived with usually unmarried siblings. The remainder were members of families. 60 per cent of the doctors surveyed lived in simple families (that is, they were married, with or without children) and ten per cent in extended families (with the addition of parents, aunts, grandchildren, nephews or nieces to the household). Most doctors presided over small households with four or less members, although the samples did include several large families, such as those of Dr. T.G. Wright of Wakefield and Mr. Samuel Booth of Huddersfield, who both had nine offspring living at home.<sup>79</sup> The majority of medical practitioners (over three-quarters) in both towns, whether married or not, were described in the census returns as heads of households.

A small group of young practitioners resided with their parents. A few other individuals, again usually young men, lived in lodgings. Of the 20 per cent of medical men who resided alone, many were bachelors in their 20s and 30s. In some cases presumably, these groups chose not to establish households, or at least not to marry, for reasons of convenience and cost. The data indicates that most doctors eventually married. Out of all medical practitioners listed on the census returns between 1841 and 1871 approximately 70 per cent were or had been married. A

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78. Ibid., pp. 28-32.

79. C. Wakefield, 1861, Huddersfield, 1851.

TABLE 7:VI

The Distribution of Household Size and the Structure of Households  
of Wakefield and Huddersfield Medical Practitioners, 1841-1871

Census	Number of Individuals	Relationship to Head of Household		Number of Households of Specified Size										Mean Household Size	Marital Status					Structure of Households			
		Head	Kin of Head	Lodger	1	2	3	4	5	6	7	8	9		10+	M	Un	Wid	S	NF	SF	EF	MF
				0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0
1841	W	22 <sup>a</sup>	0	0	4	6	3	4	1	1	1	0	1	3.82	13	7	2	4	3	12	3	0	
	H	14	2	2 <sup>c</sup>	2	4	4	0	3	1	1	0	1	3.75	11	7	0	4	1	8	5	0	
1851	W	22	0	2 <sup>d</sup>	5	4	3	4	2	1	1	1	0	3.55	16	6	2	7	0	14	3	0	
	H	12	2 <sup>b</sup>	2 <sup>c</sup>	0	3	4	2	1	1	1	0	1	4.50	12	2	2	1	1	12	2	0	
1861	W	16	1	1 <sup>e</sup>	3	3	2	2	3	1	1	0	2	4.41	11	5	2	4	1	12	1	0	
	H	22	0	3 <sup>c</sup>	3	2	4	5	3	2	2	1	0	4.00	16	7	2	6	2	15	1	1	
1871	W	14	2	2 <sup>e</sup>	2	2	4	2	2	3	0	0	1	4.00	11	5	2	4	1	11	2	0	
	H	19	0	4 <sup>f</sup>	2	4	7	0	1	2	1	1	0	3.79	13	6	4	6	1	13	3	0	

W - Wakefield, H - Huddersfield

M - Married, Un - Unmarried, Wid - Widower.

S - Solitary, NF - No Family (co-resident siblings), SF - Simple Family (married couples alone or with children, or widowers with children).

EF - Extended Family, MF - Multiple Family (two or more conjugal family units)

a - Including two medical practitioners, sharing one residence.

b - Including William Robinson, residing in the household of his father, George Robinson, also a medical practitioner.

c - Including the Huddersfield Infirmary's resident house surgeon.

d - The two individuals not classified as heads were the house surgeon to the Wakefield Dispensary and the resident prison surgeon.

e - One individual classified as a lodger was the Wakefield Infirmary's resident house surgeon.

f - Including the Huddersfield Infirmary's resident house surgeon and assistant.

g - Excluding all medical practitioners employed by and resident in institutions, and lodgers.

Source: Census Enumerators' Books; Wakefield and Huddersfield, 1841, 1851, 1861 and 1871. The Table is based on the definitions of household size and composition suggested by Laslett, in P. Laslett, *op.cit.*, pp. 28-32.

large number of doctors, however, delayed marriage and taking on the responsibility of a family, perhaps wishing first to establish themselves in practice and ensure a stable income.<sup>80</sup>

The gap between qualification to practise and marriage was often large. For example, in 1843 Thomas Ross, a Wakefield general practitioner, married Louisa Spawforth, daughter of a London wine merchant. He was then aged 40 and had been in practice for almost 20 years. Dr. William Thomas of Wakefield was 56 when he entered into matrimony for the first time with Lucy Charlotte, the eldest daughter of the late General Sir Samuel Hawkes G.C.H. Thomas had himself served as an army surgeon between 1806 and 1821, but by the time of his marriage in 1842 he had been practising in Wakefield for 21 years.<sup>81</sup> Not all medical men married so well or so late, but for the majority there was a gap of several years between qualification and marriage.

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80. In fiction, George Eliot's Dr. Lydgate faced a dilemma as to whether he should marry Rosamond Vincy, or first establish himself in practice in Middlemarch and begin the pursuit of his medical research interests. At the age of 27 he had just set up in practice and was forming important connections with the newly-established infirmary. He had determined not to take a wife until he had built up a good practice and income. He broke his resolve, and marriage to Rosamond proved disastrous. Her extravagance and dissatisfaction with her status as a doctor's wife led to debts, poverty and the loss of Lydgate's reputation. Finally, he abandoned his professional and scientific ambitions to become a prosperous spa doctor, but a failure in his own estimation. G. Eliot, Middlemarch (Penguin ed., 1965, first published 1871-72). For more on Lydgate and other Middlemarch doctors, see A. Briggs, 'Middlemarch and the Doctors', The Cambridge Journal, Vol. I, No. 12, September, 1948, pp. 749-62.

81. WJ, March 3, 1843, October 21, 1842 (Marriages).

b) Servant Employment: Its Relation to Income

Most doctors in Wakefield and Huddersfield employed domestic servants. Table 7:VII shows the number of living-in servants employed by medical practitioners between 1841 and 1871. Overall, it seems that throughout the nineteenth century Wakefield medical men hired more servants than their Huddersfield contemporaries, indicating a higher standard of living. Most medical men employed between one and three resident domestics, while a few individuals found the need for four or five.<sup>82</sup> Those with honorary appointments ran the grandest households, employing on average twice the number of servants as medical men without honorary positions. T.G. Wright, honorary visiting physician to the Wakefield Asylum and House of Recovery, employed five servants in his household: a cook, a nursemaid, a housemaid, a waiting maid and a groom. Dr. D.B. Kendall, honorary physician to the Wakefield Dispensary and Infirmary, hired four servants: a cook, nurse, housemaid and footman.<sup>83</sup> Beyond a certain level the employment of servants may have indicated a type of 'window dressing', the hiring of servants for prestige purposes, rather than for necessity. The employment of male servants, such as grooms and footmen, in particular entailed much larger expenditure on the wages bill.<sup>84</sup>

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82. Sigsworth and Swan's analysis of servant employment by West Riding doctors in 1851 yielded the following results. 86.9 per cent of household heads employed servants, 64 per cent of servant-employing doctors had one or two servants, an additional 27 per cent employed three. E.M. Sigsworth and P. Swan, op.cit., p.39.

83. C. Wakefield, 1851, 1861.

84. In 1857 the maintenance of a man servant was calculated at £30 a year, at least twice the cost of keeping a female domestic servant. By the 1870s a man servant was costing between £50 and £60 for board and salary. J.H. Walsh, A Manual of Domestic Economy (1857), p. 226. (2nd ed., 1873), p.224. Cited in J.A. Banks, op.cit., p. 73.



TABLE 7:VII

The Number of Resident Servants Employed by Wakefield and  
Huddersfield Medical Practitioners, 1841-1871

Census		Percentage of Doctors Employing Servants	Number of Servants						Mean
			0	1	2	3	4	5+	
1841	W	95	1	7	9	3	2	0	1.9
	H	92	3	3	9	1	0	0	1.5
1851	W	91	2	6	5	6	2	1	2.1
	H	100	0	6	5	3	0	0	2.2
1861	W	100	0	6	2	5	2	2	2.5
	H	91	2	8	7	5	0	0	1.7
1871	W	89	2	4	2	5	2	1	2.3
	H	85	3	3	9	5	0	0	1.8

The survey covered only heads of households and the kin of heads, excluding doctors residing in medical institutions.

Source: As for Table 7:VI.

Employment of domestic servants was not necessarily a close indication of wealth or high social status. By the mid-nineteenth century the number of middle-class families who could afford servants had greatly increased. The rise in the number of domestic servants was in fact much greater than the general population increase in this period. In 1801 there were approximately 100,000 domestic servants; by 1851 the number had risen to 1,300,000.<sup>85</sup> By mid-century Mrs. Beeton was able to suggest that a typical middle-class home was not complete without at least three domestics: a cook, a parlourmaid and a nursemaid or housemaid.<sup>86</sup> Some historians of the middle class claim on the other

85. H. Perkin, op.cit., p.143.

86. I.W. Beeton, The Book of Household Management (1861), p.8. Cited in J.A. Banks, op.cit., p.76.

hand that most middle-class families were unable to afford three domestics. Rather one general servant would be the norm.<sup>87</sup> The term 'middle class' clearly embraces a wide range of income levels, and it is difficult to suggest what precise criteria typified this group. Most of the doctors surveyed in Wakefield and Huddersfield could be classified as middle class, but the gradations in wealth and status this term covered were large, and this was reflected in the employment of domestic assistance.

The ability of medical men to employ servants could indicate something about their social standing and incomes. A New System of Practical Domestic Economy, published in 1823, suggested that a family earning £200 per annum would be in a position to hire one maid, while those with an income of £700 per annum could employ four living-in servants, one man and three maidservants. An increase in income would be followed by a disproportionate increase in expenditure on servants' wages. The annual wage bill for a family with a yearly income of £200 would be in the region of £9 10s (five per cent of income), while for those with an income of £700 per annum the bill would be about £81 (twelve per cent of income).<sup>88</sup> The size of wage bills as a proportion of income did not increase by much during the mid-nineteenth century.

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87. For example, P. Branca, Silent Sisterhood, p.54.

88. A New System of Practical Domestic Economy: founded on modern Discoveries, and the private communications of Persons of Experience (3rd ed., 1823), Appendix of Estimates of Household Expenses, Part 2. Cited in J.A. Banks, op.cit., p.74.

Very little information is available on the incomes of medical men during the nineteenth century.<sup>89</sup> One way in which we could estimate, albeit in a very tentative way, the financial position of doctors is by the number of servants they employed. For example, Dr. T.G. Wright, with his five resident domestics, and Dr. D.B. Kendall, with four servants, must have had incomes approaching £1,000 and £700 per annum respectively (although part of this may have come from other sources than medical practice). A large number of medical practitioners employed two female domestics. We could estimate their incomes as being approximately £300 per annum.

This fits in closely with the later estimate of the nineteenth-century statistician, Baxter, who cited £300 as the average a doctor might have left after deducting £100 in expenses from his gross earnings in the late 1860s. £300 would afford a family in an industrial town two servants and a house of about seven rooms.<sup>90</sup> For example, George Holdsworth, surgeon-apothecary and certifying factory surgeon, resided in a small nine-roomed 'mansion' in St. John's, Wakefield. He employed two female domestic servants and a groom on a part-time basis. His expenditure on servants' wages in the 1840s was somewhere in the region of £20 per annum, indicating a yearly income of approximately £300.<sup>91</sup>

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89. Only those at the peak of the profession left a record of their earnings, which often ran into several thousand pounds a year. For example, in some years the leading surgeon Abernethy earned £10,000 and Liston almost £7,000. During the 1820s and 1830s Sir Henry Hallford, for many years President of the Royal College of Physicians, made £10,000 per annum. Between 1836 and 1851 William Chambers, physician to St. George's Hospital, had an income ranging between seven and nine thousand guineas a year. I. Waddington, op.cit., p.172.

90. R.D. Baxter, The Taxation of the UK (1869), pp. 105-6. Cited in G. Best, op.cit., p.110.

91. C. Wakefield, 1841; First Factory Doctor's Personal Accounts. George Holdsworth, of St. John's Square Household Accts, May, 1839 to December, 1844 and January, 1845 to August, 1846, Ms. WDA (JGC).

Further down the scale of status and income were individuals such as W.R. Milner, who, as resident surgeon to the Wakefield House of Correction, earned something in the region of £200 per annum by the mid-nineteenth century. He employed one female servant to take care of himself and an unmarried sister.<sup>92</sup>

Towards the bottom end of the scale medical practitioners typically made do with one general servant or housekeeper. Others managed without any resident servants, although these were a minority. They may well have employed living-out servants on a daily or weekly basis, which would not be indicated in the census returns. Medical men in this position often relied on the household services of their wives, unmarried female relatives and daughters. John Moxon of Huddersfield, for example, who started in practice in 1823 as a 'surgeon and druggist', appeared at first to have relied on his unmarried sister and a female ward for the fulfilment of household tasks. By 1851, after dropping the dispensing part of his practice, he had prospered sufficiently to be able to afford one resident domestic servant.<sup>93</sup>

The practice of employing resident medical assistants and taking on living-in pupils and apprentices appears to have dwindled by the mid-nineteenth century. Most Wakefield and Huddersfield doctors had no resident assistants, although a few surgeons and general practitioners kept up the practice of apprenticing young men for terms of five or

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92. C. Wakefield, 1861.

93. C. Huddersfield, 1841, 1851.

six years.<sup>94</sup> Medical practitioners, however, frequently took an active part in educating sons (or other male relatives) for the profession, taking them on as pupils in their practices. Of the eleven resident pupils recorded in the Wakefield and Huddersfield census enumerators' books for 1861, six were the sons or male relatives of the doctors in question. For example, Robert Hollings, general practitioner, had apprenticed his brother, Edwin, and Dr. T. G. Wright had taken his eighteen-year old son, Charles, as his pupil.<sup>95</sup> Otherwise the traditional living-in apprentice was largely replaced by living-out pupils, who stayed with their families or in lodgings. (Many 'unattached' medical pupils and assistants appear in the census enumerators' books.) Except in the case of family members, taking on students or assistants does not seem to have been a particularly prestigious activity. Rather it was a source of cheap labour, and, in the case of apprentices, a source of income.

c) Residential Patterns

A further indicator of the social status of medical practitioners was place and type of residence. The addresses of Wakefield and Huddersfield doctors were extracted from trade directories and census returns. Using

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94. The procedure of advertising for apprentices in the local press, and of drawing up articles of agreement between surgeons and parents or guardians, regulating the training and conduct of apprentices, remained unchanged well into the nineteenth century. Premiums ranged between around £100 and £200 in the first half of the nineteenth century, moving towards the higher figure by mid-century. In 1819, for example, John Brook was apprenticed to Messrs. Stott and Walker of Wakefield for a term of six years on the payment of a premium of £80. In 1833 Charles Walker Wood, surgeon and apothecary of Wakefield, was paid £199 for taking on Thomas Halliwell Roby for a period of five years. Brook to Messrs. Stott & Walker. Articles of Apprenticeship for 6 Years, 25 Sept<sup>r</sup>, 1819, Mr. Roby & his Son to Mr. Wood. Articles of Apprenticeship, 1833. Wakefield Apprenticeship Indentures, Nos. 717 and 719; Ms. WDA (JGC, App. Indents.).

95. C. Wakefield and Huddersfield, 1861.

this method it was possible to monitor where medical practitioners chose to live during the nineteenth century. The residential areas chosen by Wakefield and Huddersfield doctors between 1822 and 1870 are shown in Tables 7:VIII (a and b):

TABLE 7:VIII (a)

Patterns of Residence amongst Wakefield Medical Practitioners, 1822-1870

STREET OR AREA OF RESIDENCE	1822	1828	1837	1847	1853	1861	1866	1870
Northgate	4	2	1	1	2	-	1	2
St. Johns	1	-	-	-	-	-	-	1
Westgate (incl. Market Street and Market Place)	5	7	6	8*	11	7	6	6
Kirkgate	4	8	6	7*	5	4	3	3
Wood Street and Bond Street	1	1	-	1	-	2	1	1
Westgate Common	1	-	1	-	-	-	-	-
Southgate	-	1	1	1	2	1	1	3
South Parade	-	-	2	4	3	2	2	1
Queen Street	-	-	-	1	1	-	-	-
West Parade	-	-	-	-	-	1	1	-

\* Joseph Bennett, surgeon, had residences both in Market Street, Westgate and Ings Villa, Kirkgate.

Sources: Census Enumerators' Books; Wakefield, 1841, 1851, 1861 and 1871; Trade Directories: Baines, 1822, Parson and White, 1828, White, 1837, 1847, 1853, 1861, 1866 and 1870.

Residential patterns in nineteenth-century Wakefield and Huddersfield took very different forms. In Wakefield the pattern for the population as a whole and for medical practitioners was remarkably static. The town did not expand by much during the nineteenth century, and its relatively limited population increase was largely accommodated within the town boundaries that were in existence at the beginning of the century. There was a permanent concentration of doctors in the town centre, usually

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in the most pleasant areas. Westgate, for example, was already favoured by better-off medical men during the eighteenth century:

... at the bottom of Westgate, which is really well built and handsome enough, with a fine outlook ..., live rich merchants, physicians, etc. ... 96

Westgate and Kirkgate were popular with medical men throughout the century. During the mid-nineteenth century Southgate and South Parade were developed as highly sought-after residential areas, and many doctors, especially the more prosperous, took up residence there.

TABLE 7:VIII (b)

Patterns of Residence amongst Huddersfield Medical Practitioners, 1822-1870

STREET OR AREA OF RESIDENCE*	1822	1828	1837	1847	1853	1861	1866	1870
New Street	4	3	3	-	-	-	-	-
Westgate (incl. West Parade and Temple Street)	1	2	1	-	-	-	-	-
Kirkgate (incl. Cross Church Street)	2	2	1	1	1	-	-	-
King Street	2	4	4	-	-	-	-	-
Market Street (incl. Cloth Hall Street)	1	-	-	1	-	-	-	-
Beast Market	1	-	-	1	2	-	-	-
Upperhead Row	1	-	1	-	1	-	-	-
Longroyd Bridge	-	1	-	-	-	-	-	-
Queen Street	-	2	2	3	2	2	2	2
New House	-	1	-	-	-	-	1	-
South Parade	-	-	1	2	1	-	-	-
Buxton Road	-	-	2	2	1	1	2	1
High Street (incl. Albion Street)	1	-	1	2	1	1	-	-
Sheepridge	-	-	1	-	-	-	-	-
Ramsden Street	-	-	-	1	3	4	5	3
Mold Green	-	-	-	1	1	1	1	1
New North Road (incl. York Place and Brunswick Street)	-	-	-	2	7	7	5	6
Paddock	-	-	-	-	1	2	2	2
John William Street	-	-	-	-	-	1	1	1
Macauley Street	-	-	-	-	-	1	1	1
Commercial Street	-	-	-	-	-	-	-	1
Lascelles Hall	-	-	-	-	-	1	-	-

\* The streets are listed approximately as they occur from the centre of Huddersfield to its periphery.

Sources: Census Enumerators' Books, Huddersfield, 1841, 1851, 1861 and 1871; Trade Directories as in Table 7:VIII (a).



The residential patterns of medical men in Wakefield and Huddersfield shared two common characteristics. Firstly, doctors tended to live in the most salubrious parts of the towns, and, secondly, they followed the residential movements of their clientele. In Wakefield this meant remaining in roughly the same areas throughout the nineteenth century. In Huddersfield the picture was far more dynamic, and there were clear changes in the residential patterns of the providers of medical treatment during the nineteenth century (shown in Table 7:VIII (b)).

Through the century it is possible to trace a gradual movement by the wealthy from central locations to the outskirts of Huddersfield. By the third quarter of the century the abandonment of the town centre by many of the middle and upper classes had led to the formation of suburban and villa areas. Doctors shared in this outward migration. The streets favoured by doctors early in the nineteenth century, New Street, King Street and Kirkgate, had been virtually abandoned by the middle decades of the century. In the 1830s and '40s Queen Street, Buxton Road and High Street became more popular, representing a movement away from the town centre. The decades 1850 to 1870 saw another shift to the outskirts of town, as doctors took up residence in Ramsden Street, York Place and New North Road. New North Road, 'the Kensington of Huddersfield',<sup>97</sup> was especially popular with medical men. The new Infirmary had been constructed there in 1831, and during the middle decades of the century it became the 'Harley Street' of the town, as a large proportion of doctors, usually the more successful, took up residence and established practices there. (See Map 2).

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97. P. Joyce, op.cit., p.27.

An analysis of the occupants of neighbourhoods where medical men resided, based on Kelly's 1857 street directory, adds weight to the idea that doctors tended to live in the same areas as their potential clientele. Kelly's directory gives a street by street breakdown of the inhabitants of Wakefield and Huddersfield and their occupations. It is possible from this information to identify the neighbours of medical practitioners. Those physicians and surgeons with the wealthiest practices and honorary appointments often lived in large premises and employed several residential servants. They also lived in the type of street inhabited by merchants, manufacturers, professional groups and gentlemen. For example, William Wood, a leading Wakefield physician (who employed a cook, housemaid, waiting maid and groom in the 1860s) resided in Cheapside, Westgate. There were seven other residents in the street: four woolstaplers, a cornfactor, a schoolmaster and a lady of independent means. Several other eminent medical men lived in South Parade, together with attorneys, corn merchants and woollen manufacturers. By 1857 two physicians and two surgeons had taken up residence in the New North Road, Huddersfield. Their neighbours consisted in the main of successful and wealthy professional and commercial families. Meanwhile, medical practitioners whose clientele presumably consisted mostly of tradesmen, shopkeepers, lower middle-class groups and artisans chose to live in business and shopping streets, rather than in purely residential areas.<sup>98</sup> We should not take an analysis of this nature too far, however. Doctors were a fairly mobile group as regards residence. Meanwhile, many streets in both towns contained a mix of inhabitants. There was still no clear division according to class and income, and tradesmen and other lower middle-class elements

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98. Kelly, 1857.

lived frequently in the same streets as professionals, wealthy commercial groups and gentlemen. Doctors with a scattered or mainly country clientele may have also found it most convenient to remain in the centre of town, rather than picking out one residential area as the location for their practices.

There was a wide diversity in the residences of medical men, although many of them lived in rented accommodation. Rented property varied from a couple of rooms over a shop to quite grand residences, such as the 'good dwelling house in Northgate, Wakefield occupied by William Holdsworth, surgeon containing a Breakfast and Dining-Room, two kitchens, Drawing-Room, and eight Bed-Rooms, Cellars, Stable, Coachhouse, Yard, and Garden,...', which served to accommodate Holdsworth, his wife, four children and three servants.<sup>99</sup> Westgate End House, Wakefield, had served as a doctor's residence since the late eighteenth century. It was a large house with stabling for four horses, two coach houses and a surgery attached. It was occupied by the Walker family of surgeons, Lawson Tait and in the last quarter of the nineteenth century by Dr. Kemp.<sup>100</sup>

d) Indications of Wealth

Several doctors in Wakefield and Huddersfield were blessed with large private means, and were not fully dependent on an income derived from medical practice. Some inherited sums of money or property. Others, as seen above, married successfully, often to women from a commercial or professional background. In 1812 Richard Milner (following his arrival

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99. WJ, May 1, 1840; C. Wakefield, 1841.

100. N.L. Maxwell Reader, op.cit., pp. 691-7.

in Wakefield in 1809) married Sarah, daughter of the late Mr. Robert Halliley, cornfactor. William Holdsworth, surgeon, entered into matrimony with Mary, the only daughter of Mr. J. Atkinson, woolstapler of Wakefield, in 1831.<sup>101</sup> In 1871, during Lawson Tait's short residence in Wakefield,

he married Miss Sybil Stewart, daughter of a Wakefield solicitor.<sup>102</sup>

Other medical practitioners married into trading families. In 1813 Samuel Thomas of Wakefield, surgeon, married for the second time at the age of 41. His second wife, Miss Shaw, was the daughter of a Wakefield grocer. In 1839 Mr. Joseph Bennett, surgeon to the Wakefield Asylum, married Miss Anne Sykes, niece of Mrs. Shaw, proprietress of the Griffin Inn, Wakefield.<sup>103</sup>

Intermarriages within the medical profession were also fairly common. In 1820 George Sargent became partner to Mr. Rowland Houghton, an eminent Huddersfield surgeon. Shortly after Mr. Houghton died and Sargent succeeded to his large practice. In 1821 he married the late Mr. Houghton's eldest daughter.<sup>104</sup> Similarly, in 1831 Mr. Henry Dunn, a Wakefield practitioner, married Lucy Stott, second daughter of the late Thomas Stott, surgeon. Stott had been Dunn's senior partner. Dunn had served for several years as resident house surgeon to the Wakefield Dispensary, and had been appointed honorary surgeon to the House of Recovery in 1826. In addition to inheriting his father-in-law's practice, Dunn had also taken over his post as visiting surgeon to the House of Correction (at a salary of £250 per annum). Dunn's union with Lucy

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101. WHJ, February 7, 1812, September 30, 1831 (Marriages).

102. N.L. Maxwell Reader, op.cit., p.693.

103. WHJ, December 10, 1813; WJ, June 7, 1839 (Marriages).

104. A Brief Memoir of the Late Mr. Sargent, Surgeon, Huddersfield (Huddersfield, n.d., c. 1840), HPL (Local Pamphlets, Vol. 30).

Stott at the age of 27 capped an auspicious start to his medical career. The couple lived together in some apparent style in Market Street, with three female domestics and a groom.<sup>105</sup>

Those doctors able to afford it invested money in property or land. In 1796 Edward Taylor, surgeon and apothecary of Wakefield, purchased three acres of land on Wakefield Outwood from Thomas Smith, merchant, for £150, with the option to buy additional land at the rate of £50 per acre.<sup>106</sup> Another Wakefield surgeon, Joseph Burrell, owned houses on South Parade. Dr. Richardson had part shares in the 'valuable freehold establishment in Northgate, Wakefield, known as Elwick's Yard', consisting of dwelling houses, workshops, stables, gardens, and so on. George Holdsworth held shares in a number of railway companies, the Barnsley Canal and other stock, totalling approximately £2,000.<sup>107</sup>

Several doctors left land and property in their wills. Rowland Houghton left a large house in Rosemary Lane, Huddersfield, property in Corn Market, Northbar and Cross Church Street, and dwelling houses in Doncaster on his death in 1820.<sup>108</sup> In 1839 Squire Statter bequeathed, in addition to his surgical practice, messuages, lands and tenements situated in Sandal Magna and Wakefield to his nephew William Statter.<sup>109</sup>

105. WHJ, October 21, 1831 (Marriages); C. Wakefield, 1841. For more on Dunn and Sargent, see Section IV.

106. Memorandum of an Agreement made the sixth day of April One Thousand seven hundred and ninety six, Between Thomas Smith of Wakefield Merchant of the one part and Edward Taylor of the same Place Surgeon and Apothecary of the other part, Ms. WDA (JGC).

107. WHJ, March 27, 1823; WS, December 5, 1806; Minutes respecting the property of the late George Holdsworth of Wakefield Surgeon - who died 31<sup>st</sup> August 1846, Ms. WDA (JGC).

108. Memorial HD 743 790, dated March 30, 1820, Ms. WYCRO (Registry of Deeds).

109. Memorial RB 474 733, dated September 9, 1839, Ms. WYCRO (Registry of Deeds).

By the will of the late Joseph Bennett, surgeon and general practitioner, which was proved in 1863, real estate in Wakefield, Stanley-cum-Wrenthorpe and New Zealand was bequeathed to his family. (His life was also insured for £2,000).<sup>110</sup>

Those with alternative or supplementary sources of income were able to consider retiring from medical practice or taking up another profession. Dr. William Dawson, Bachelor of Physic of Cambridge (1775), practised medicine in Wakefield from 1788 until 1794, when he became a senior partner in the firm of Dawson, Craven and Burrell, one of the first mercantile houses in the town. He discarded the title 'doctor' and retired from his post as honorary physician to the Dispensary, but continued to act as physician to his friends. Other practitioners were in a position to consider early or semi-retirement. In 1871, for example, Frederick Greenwood of Edgerton Lodge, near Huddersfield, then aged only 44, was recorded in the census returns and medical directory as being retired from practice.<sup>111</sup> It is conceivable that those possessing large private fortunes practised medicine only on a part-time (or a consulting) basis, as a charitable gesture or to privileged acquaintances.

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110. 1863 Wills, Vol. IV. Her Majesty's Court of Probate, Wakefield District Registry. (Died July 28, 1863, Will proved November 28, 1863), Ms. WYCRO (Registry of Deeds).
111. C. Huddersfield, 1871; PMD, 1871. The medical career of Dr. John Simpson of Bradford may not have been completely untypical. He started in practice in 1822 after taking his M.D. at Edinburgh University. After only three years in practice his wealthy uncle died, leaving Simpson a large property at Malton. Simpson left Bradford to take possession of his estate in 1825, and thereafter lived the life of a country gentleman. Even in the three years in which he practised medicine, he seems to have limited himself to treating a few wealthy families and to attendance as honorary physician at the local Dispensary. The Journal of Dr. John Simpson of Bradford, 1825.

Dr. Crowther of Wakefield fell into this fortunate category of wealthy practitioners. He succeeded to the principal medical practice in Wakefield in 1820 and married the sister of Joshua Smithson (later a wealthy railway owner) in 1825 at the age of 53. Crowther acted as visiting physician to the Wakefield Asylum for eight years and as honorary physician to the Dispensary for 54 years. Judging by his charitable contributions alone, Crowther was in no way dependent upon his income as a physician. During his lifetime he made many large contributions to charity, expending £4,592 alone on a project to build almshouses. On his death in 1849, he bequeathed £11,200 for the establishment of an Almshouse for Dissenters and for the erection of a fever hospital.<sup>112</sup>

At the other end of the scale some doctors found it difficult to survive in practice. Several Wakefield and Huddersfield medical men failed altogether; others apparently died in poverty.<sup>113</sup> A number of practitioners appear very briefly in town or medical directories before disappearing into obscurity, there being no record of them starting up in practice in other towns. The need for an organisation such as the West Riding Medical Charitable Society reflected the degree of poverty amongst medical practitioners. This Society was established in 1828 to relieve destitute medical men and their families, and was actively supported throughout the county. Representatives came from

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112. C. Crowther, M.D., op.cit., Ms. WDA (JGC). See Section IV for a biography of Crowther.

113. George Gissing, himself the son of a Wakefield chemist, provides us with a literary example of a failed medical practitioner in New Grub Street. Victor Duke, a minor character in the novel, had been 'comfortably established' in practice in Wakefield, but his capital ran out, and the practice, never large, 'fell to nothing'. By the time he appears in the novel he has fallen into the direst poverty, is living in a poor lodging house in London and is reduced to begging. He apparently had no hopes whatsoever of re-establishing himself in practice. G. Gissing, New Grub Street (Penguin ed., 1968, first published 1891), pp. 442-5.

Wakefield, Huddersfield, Leeds, Bradford, Sheffield, Halifax and Doncaster.

The first nine years were spent accumulating a fund of £2,000 from subscriptions, but from 1837 onwards the Society was in a position to distribute funds among some of their 'necessitous medical brethren'.<sup>114</sup>

In the year 1845-46, for example, nine destitute families were relieved, and in 1854-55 £300 was distributed between sixteen families.<sup>115</sup> The

Society was still very active in the third quarter of the century, indicating that the incidence of poverty amongst medical men had not declined. The main beneficiaries were doctors who had to discontinue their practices because of ill health or other disabilities, and the widows and families of deceased medical men. Many doctors it seems were financially incapable of insuring themselves against the eventualities of sickness and death.<sup>116</sup>

e) Recruitment

Entrants to the medical profession came mainly from middle-class families, that is from professional or commercial backgrounds. Many were the sons of merchants or manufacturers, members of the legal profession,

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114. WHJ, July 14, 1837.

115. The Lancet, 1846, Vol. II, p.202, 1855, Vol. II, p.94.

116. Nor was the West Riding Society unique. The Society for the Relief of Widows and Orphans of Medical Men reported in the early 1840s that 'one in four of the members of the Society left a widow or orphans claimant on its funds'. At the end of the century there were three charitable societies in London alone which aimed at 'relieving cases of pecuniary distress among medical men, their widows and orphans'. The number relieved by the London societies amounted to between 450 and 500 per annum, and there were always more applicants than could be satisfied by the funds. The Lancet, 1841-42, Vol. II, p.100; H.N. Hardy, The State of the Medical Profession in Great Britain and Ireland in 1900 (Dublin, 1901), p.70. Cited in I. Waddington, op.cit., p.174.



army officers and of course doctors' sons. A smaller group of medical men came from a trading or in rare cases an artisanal background, or were farmers' sons. Typical recruits from wealthy commercial backgrounds were Samuel Mills of Huddersfield, son of William Mills, a local iron-founder, Oliveira Luis Fernandes, son of Jose Fernandes, a prosperous Wakefield corn merchant and brewer, and Sidney Alder of Wakefield, son of Thomas, a wealthy landed proprietor and corn merchant.<sup>117</sup> Thomas Alder apprenticed his son to William Price of Leeds, surgeon and apothecary, in 1845. A large premium of £262 was agreed upon to cover a period of five years, during which time Sidney would be allowed to attend lectures at the Leeds School of Medicine, and also to assist as a dresser at the Leeds Infirmary.<sup>118</sup> The practice of medicine was typically taken up by the younger sons of commercial men, while the eldest sons followed in their father's footsteps. Samuel Mills, for example, had two older brothers. The first joined his father in the ironfounding concern, while the second entered the legal profession. Meanwhile, Sidney Alder's two brothers both settled for business as corn merchants. Upon qualification Sidney Alder became an army surgeon, while Samuel Mills set himself up in practice in Huddersfield, before moving to Lincoln in the mid-1860s.<sup>119</sup>

The second major avenue of recruitment was from the professional classes. Sons of legal practitioners or army officers frequently took up the 'third' profession of medicine. The eldest son of John Edward

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117. C. Huddersfield, 1861; Wakefield, 1861, 1871.

118. Mr. Thos. Alder & his son to Mr. Price. Indenture of Apprenticeship, 22nd Aug 1845. Wakefield Apprenticeship Indentures, No. 697, Ms. WDA (JGC, App. Inents.).

119. C. Wakefield and Huddersfield, 1861; PMD, 1864, 1866.

Dibb, Deputy Registrar of Deeds at Wakefield, for example, trained to be a solicitor, while his second son, Edward Napier Dibb, became a medical practitioner.<sup>120</sup> By the mid-nineteenth century recruitment from less auspicious backgrounds apparently had become more common. William Saville, for example, the son of a Wakefield pawnbroker, qualified as M.R.C.S. (England) and L.S.A. in 1852, after completing his training at the Middlesex Hospital. He established himself in what seems to have been a successful practice in Rotherham. He was appointed house surgeon to the Rotherham Dispensary, and in the 1860s honorary Dispensary surgeon and assistant surgeon to the 19th West Yorkshire Volunteers.<sup>121</sup> Walter J. Sykes and Alfred W. Lupton, the sons of the secretary to the Wakefield waterworks and a retired Wakefield schoolmaster, both returned to the town to practise in the late 1860s. Sykes served briefly as house surgeon to the Wakefield Infirmary, before moving to Leeds to practise, and to take up a post as Union medical officer. Lupton appears to have failed in practice; there are no records of his activities in the medical directories from the 1870s onwards.<sup>122</sup>

The largest source of recruitment was from the medical profession itself. Many sons of Wakefield and Huddersfield doctors followed their fathers into practice. Other male relatives of medical men, nephews, brothers-in-law and cousins, for example, took up the profession of medicine. They were often assisted by established family members; taken as apprentices and pupils, offered partnerships in practice or recommended to other medical practitioners. Not infrequently the sons (or other

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120. C. Wakefield, 1861.

121. C. Wakefield, 1851; PMD, 1860, 1870.

122. C. Wakefield, 1861; PMD, 1867, 1868, 1871.

relations) of Wakefield and Huddersfield doctors practised in the same town, eventually taking over the family concerns. The eldest sons of Drs. T.G. Wright and William Wood of Wakefield, and William James Clarke and Joseph Clough of Huddersfield, for example, followed their fathers into the profession. Two of these, William Dyson Wood and William Henry Clough, set themselves up in practice in Wakefield and Huddersfield respectively.<sup>123</sup> The Dyson family of Honley, who were descended from 'good yeoman stock of high local standing', followed the profession of medicine from grandfather to grandson during the nineteenth century, in the persons of John Dyson, Alexander Dyson and J.R.H. Dyson.<sup>124</sup> Connections between medical families in the two towns, complicated by intermarriage, were frequent.

During the late eighteenth and nineteenth centuries several families became prominent on the medical scenes of both towns, especially Wakefield. In Wakefield the Walkers (with six family members practising medicine), the Horsfalls, the Taylors and the Statters dominated general practice; in Huddersfield the Greenwoods and the Robinsons. These families, while not going as far as creating 'medical oligarchies', did enjoy advantages over doctors without local connections and a medical background, who they were in direct competition with. The sons of medical practitioners were 'local boys', often being born and brought up in the same community. Their progress during medical training was noted in the press, and presumably found its way into local gossip. Upon qualification, they had an easier time building up a practice or were given a share in their father's

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123. C. Wakefield and Huddersfield, 1861, 1871.

124. M.A. Jagger, op.cit., p.102.

practice, which they could expect to inherit on his death or retirement.

Wakefield's senior surgeon, Edward Taylor, died in 1814 at the age of

60. His practice (and property) were taken over by his son, Edward

Taylor, junior, who advertised in the local newspaper that he

Begs to acquaint the Friends of his late Father, and the Public, that he intends pursuing the Profession, and shall feel grateful for a continuance of their Favours, so long enjoyed by his late Father, which it will be the object of his utmost endeavours to deserve. 125

On the death of Squire Statter in 1839 his property and practice, and,

by implication, his 'professional reputation' were bequeathed to his

nephew, William. William had qualified in 1829 (L.S.A./M.R.C.S.).

By the time of his uncle's death, although only aged 32, he had been

in practice for ten years. During the early 1840s Edward Watson was

taken as a partner into William Statter's practice. By 1851 the partnership

had been dissolved, and William Statter had established himself in the

auspicious South Parade, with his wife and family, where he was attended

by four resident servants. His professional standing, meanwhile, was

enhanced by his acquisition of a medical degree in 1848. In 1854 he

became a Fellow of the Royal College of Surgeons. William Statter was

active in local cultural and charitable activities, and his prestige

in the community was confirmed by his appointment as a Justice of the

Peace in 1870.<sup>126</sup>

In addition to enjoying lucrative practices (and upper-class families seem to have preferred local men to 'foreigners') medical families were often able to monopolise the best appointments, including the much sought-after posts at local dispensaries and infirmaries. Judging by the number of

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125. WHJ, April 7, 1814.

126. C. Wakefield, 1841, 1851; PMD, 1848, 1860. For biographies of Squire and William Statter, see Appendix 14.

times that this fact was referred to in testimonials and appeals for support by prospective candidates for these posts, being a local man (even with no medical connections) was a great advantage. If, in addition to that, the candidate came from a respected medical background, then his chance of success was multiplied accordingly. In Huddersfield, for example, two medical families, the Robinsons and the Greenwoods, together gained a partial monopoly over surgical posts to the Infirmary during the nineteenth century. To take the Robinsons, for example. George Robinson was appointed one of the first surgeons to the Dispensary when it was established in 1814. He continued to hold an honorary surgical post after the Infirmary opened in 1831, becoming senior surgeon and in 1853 consulting surgeon. Altogether he acted as an honorary surgeon to the charity for 50 years. His son, William, qualified for medical practice in 1840, after completing his training at University College Hospital, London. Between 1840 and 1843 William held the paid post of resident house surgeon to the Infirmary. Following this valuable practical experience, William went into practice with his father. The partnership lasted until the death of the latter in 1865. In 1853 William was appointed honorary surgeon to the Infirmary, a post which he held until 1893.<sup>127</sup>

The practice of medicine presumably had become a lucrative undertaking for families whose younger members continued to enter the profession. The fact that young men, with or without medical connections, continued

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127. PMD, 1851, 1856; Reports of the Huddersfield Dispensary and Infirmary. The operation of patrimony did not always go ignored or uncriticised. See Section III for the opinion of T.R. Tatham, a Huddersfield practitioner, on the subject.

to take up medicine in growing numbers during the nineteenth century, indicates that it could be a profitable career. The cost of a medical education alone was sufficient to act as a deterrent in the absence of future financial rewards. The incomes of medical practitioners were said to have increased by the latter half of the nineteenth century. By the mid-1860s The Lancet estimated (probably optimistically) that 'a good practice' could gross £700-£1,000 annually, while a young energetic GP, even 'without connections', could expect £300 profit a year (in a 'respectable' London suburb). The Lancet also reported that most of the 300 doctors who died in 1861 had bequeathed property.<sup>128</sup>

Despite this general increase in income, entry into the medical profession does not appear to have been a means of upward social mobility. For wealthy families it was one method of consolidating one's social standing. For successful businessmen, the entry of sons into the professions may have conferred prestige upon the family, but it is less likely that medical practice brought exceptional financial rewards. As has already been suggested, recruits to the medical profession were taken largely from wealthy and successful commercial and professional backgrounds. In turn, the sons of medical practitioners were frequently fed back into commercial careers, the army and the professions. The sons of Drs. Amory and Richardson of Wakefield both had successful army careers. The two eldest sons of Dr. George Julius, who practised in Wakefield in the 1850s, entered the legal profession, the eldest as a solicitor, the second as an articled clerk. The second son of George Robinson, William, followed his father into medical practice, while his first son became a solicitor. Others went into commercial careers, such as

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128. The Lancet, 1864, Vol. I, p.285, 29, 1868, Vol. I, p.300. Cited in F.B. Smith, op.cit., p.367.

George Remington Allatt, the son of Richard Allatt, a Huddersfield general practitioner, who became a woollen merchant.<sup>129</sup> The daughters of medical practitioners also frequently married into commercial or professional families. For example, the only daughter of William Mitchell, surgeon of Wakefield, married Thomas Foster of Horbury, a wealthy yarn manufacturer, in 1822. The eldest daughter of William Starkey, general practitioner, married John Watson, a Wakefield solicitor, in 1839.<sup>130</sup>

Medical practitioners fortunate enough to come from a wealthy middle-class background tended to prosper. Whether they had medical connections or not, they had access to a good education and to well-off clients by means of family and business contacts and the 'old boy' network. The two-way exchange between the medical profession on the one hand, and non-medical professions and commercial undertakings on the other, reflected a certain stability of income and social position on the part of groups involved in this interchange.

Doctors from more humble backgrounds were unlikely to flourish. The medical education they received was often inferior. For example, they were less likely to have medical degrees. Moreover, they did not have the access to a wealthy clientele which their social superiors enjoyed. They had little contact or influence with local elite groups and were less likely to win good appointments. The sons of more lowly medical practitioners tended to be fed back into less attractive occupations, becoming tradesmen, small businessmen, clerks and shopkeepers. The

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129. WS, March 29, 1805; WJ, May 24, 1839; C. Wakefield, 1851, Huddersfield, 1841, 1861.

130. WHJ, May 3, 1822, January 11, 1839 (Marriages).

father of Jonas Helliwell, a Huddersfield general practitioner, earned his living as a tinner and brazier. Although Jonas Helliwell succeeded in practice to the extent that he survived and was able to remain in Huddersfield, his practice does not appear to have been a lucrative one, and he did not obtain any well-paid or honorary appointments. His only son, William, did not enter the medical profession, but became a clerk to a woollen merchant. The eldest son of William S. Wade, an ex-army surgeon, who set himself up in practice in Wakefield in 1863 with only a moderate degree of success, became a clerk to the Great Northern Railway Company.<sup>131</sup> Though a few individuals may have found the practice of medicine a lucrative undertaking, by which means they gained in social prestige, for the majority it involved little change in income or status.

It is difficult to define with any great precision the social characteristics of medical men. While the majority could be described as middle class, there were considerable divergences between the social backgrounds, incomes and lifestyles of this group. The analysis of social characteristics would seem to reflect and reinforce the axis along which medical men were seen to be cast in Section I. At the top end of the scale were those with a university training, honorary appointments and a share in the towns' best practices. This group employed large numbers of servants, lived in impressive villas in the best parts of town, and, as will be seen in Section IV, mixed freely with local elite groups. They were likely to have come from a wealthy, often medical, background; their sons either perpetuated the family interest in medical practice or were fed into the professions or a commercial career.

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131. C. Huddersfield, 1841, 1851, 1861, Wakefield, 1871; PMD, 1856, 1863.



Further down the scale the 'average' and probably largest group of medical men lived on an income of approximately £200 to £300 per annum, rented a moderately-sized house and employed one or two resident servants. This group may have held honorary appointments, although in most cases not the most senior ones, or a variety of other salaried or non-salaried posts (such as army, assurance society, prison or certifying factory surgeon). Further down the scale again we find the 'lower middle class' practitioner, who was often unable to set up a household or afford domestic assistance. These individuals came in many cases from inauspicious backgrounds, had received the cheapest forms of medical training, held the worst-remunerated Poor Law and friendly society posts, and based their practices on a largely working-/lower middle-class clientele.

Throughout the nineteenth century Wakefield tended to attract (and produce) a higher class of medical practitioner, in terms of qualifications (having more university educated and college-affiliated doctors) and social background. Medical men employed more servants in Wakefield, and apparently enjoyed grander and more 'gentlemanly' lifestyles than their Huddersfield contemporaries. This was partly a result of the larger number of honorary posts that were available in Wakefield, but was also closely linked to the social composition of the town, which not only gave medical men the opportunity to build up prosperous practices, but also gave them a chance to participate more fully in local elite activities. We shall return to this theme in Section IV.<sup>132</sup>

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132. For biographies of doctors, including their social characteristics, see Appendix 14.

### III. Professional Activities

Historians generally agree that the nineteenth century saw much progress in the professionalisation of English medicine. During this century medical men attempted to create a unified, homogeneous and high-status profession. Up until the nineteenth century the majority of medical men had been unable to legitimise their social, professional and intellectual positions. Medicine remained rather a low status profession, surgery even more so, especially when compared with the other professions: the army, the church and law.<sup>133</sup> Structural changes (as seen in Section I) were largely worked out by the mid-nineteenth century, and the legal closure of the profession to outsiders was achieved in theory by the 1858 Medical Act. The medical profession, however, had not achieved the unity that the 1858 Act would appear to suggest. Doctors failed to agree upon even the basics of diagnosis and treatment, on the value of different qualifications and to regulate relationship between themselves.

During the nineteenth century, however, the medical profession moved towards the fulfilment of the 'attributes' of an 'ideal profession': the development of a systematic body of theory, professional authority and the sanction of the community, the establishment of a code of ethics

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133. J.V. Pickstone, 'The Professionalisation of Medicine in England and Europe: the state, the market and industrial society', p.544.

and the formation of a professional culture (based on medical institutions, places of education and professional organisations).<sup>134</sup>

This Section will look at the attempts of Wakefield and Huddersfield medical practitioners to achieve professional unity during the nineteenth century. Few historical studies have been made of professional bodies, and those that do exist are usually 'so thin and lacking in critical framework as to be of almost no use to succeeding scholars'.<sup>135</sup> Sociologists, meanwhile, have failed to agree on a definition of what constitutes a 'profession' or on the main features which the process of professionalisation could be said to embody.<sup>136</sup> It is not my purpose here to enter into a theoretical discussion on the process of professionalisation. Rather the Section will concentrate on a pragmatic account of the attempts of provincial medical men to put into effect what they understood by the formation of a professional structure.

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134. E. Greenwood, 'Attributes of a Profession', Social Work, Vol. 2, 1957, pp. 45-55.
135. C. Rosenberg, 'The medical profession, medical practice and the history of medicine' in E. Clarke (ed.), op.cit., p.27.
136. E. Durkheim, for example, originally identified the professions as a means of redressing the balance against individualism. Professional ethics were seen as a counter balance in industrial society to the impact of individualism, which was leading to moral decline. Others choosing a micro-sociological approach, to include Ben-David and Sorokin, saw the professions as vehicles utilised for individual social mobility. The centrality of power to an understanding of the professions is stressed by Johnson and Friedson. Johnson defines professionalisation as control over clients, while Friedson stresses the importance of control over organisations and institutions. N. and J. Parry have suggested that the defining characteristic is the control which professional associations themselves developed over professional colleagues. N. and J. Parry, op.cit., pp.247-48. More recently P. Starr has suggested that the rise of the American medical profession was due to a growth in professional and cultural authority. The kind of authority claimed by the profession involved not only skill in performing a service, validated by a peer group, but the ability to judge the needs of clients and make them dependent on professional competence. P. Starr, The Social Transformation of American Medicine (New York, 1982).

Until more work is completed on the subject of professionalisation by historians, we have to be satisfied with a fairly vague definition of the process. Using a definition suggested by Shortt,<sup>137</sup> professionalisation will be denoted here as 'a process by which a heterogeneous collection of individuals is gradually recognised, by both themselves and other members of society, as constituting a relatively homogeneous and distinct occupational group'. To this rather broad definition we could add, as Inkster<sup>138</sup> suggests, some minimum criteria which must be fulfilled in the process of professionalisation. These could include a uniform training and examination system, leading to recognised and legally-sanctioned qualifications, a consensus regarding codes of ethics and behaviour, the establishment of platforms permitting both the furtherance of medical science and the development of group consciousness, control over medical institutions, and a monopoly of medical care through the elimination of unqualified elements.

The discussion in this Section will centre around three main themes of professionalisation. Firstly, we will look at the attempts of Wakefield and Huddersfield medical practitioners to unite and legitimise their professional status through the medium of medical societies. Although some progress towards professional unity was made through these mediums, conflict between individual medical practitioners remained rife throughout the century. The Section will also look at a number of conflict situations

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137. S.E.D. Shortt, 'Physicians, Science, and Status: Issues in the Professionalization of Anglo-American Medicine in the Nineteenth Century', Medical History, Vol. 27, No. 1, January, 1983, p.52.

138. I. Inkster, op.cit., p.130.

which arose between Wakefield and Huddersfield medical men, expressions, in fact, of 'unprofessional' behaviour. The third and final area of discussion is closely related to the first two. In order to achieve the unification and closure of the profession medical men had to succeed in driving out unqualified competition. As one historian has put it, 'modern medicine did not arise in a vacuum; it established itself by denying legitimacy to competing practitioners and medical cultures'.<sup>139</sup> We will examine the attempts of qualified doctors in Wakefield and Huddersfield to eliminate the unqualified, and to achieve a practical application of the legal closure defined by the 1858 Act. It seems that this was one issue around which all medical men were able to unite.

a) Medical Societies

One of the most important mediums through which attempts were made by medical men to further their professional aims was the medical society.<sup>140</sup> They were vital agents in the development of the modern medical profession, 'at the same time themselves transforming as the contingency arose'.<sup>141</sup> Medical book clubs, social clubs and scientific societies had existed in the eighteenth century, based usually in London or other large cities, and devoted mainly to intellectual, scientific and social exchange. But the nineteenth century witnessed an unprecedented

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139. M. Ramsey, op.cit., p.183.

140. Literature on the growth and activities of medical societies is extremely sparse. D'Arcy Power has provided us with a survey of major medical societies and professional organisations in Sir D'Arcy Power (ed.), British Medical Societies (1939). See also W.H. McMenemey, 'The Influence of Medical Societies on the Development of Medical Practice in Nineteenth-Century Britain' in F.N.L. Poynter (ed.), The Evolution of Medical Practice in Britain (1961), pp. 67-79.

141. P. Swan, 'A Brief Survey and Summary of the Rôle and Position of Medical Societies in the early Nineteenth Century Medical Profession', The Journal of Local Studies, Vol. 2, No. 2, Autumn, 1982, p.46.

growth of medical organisations, set up both to further scientific knowledge and to pursue professional goals. As Peterson suggests, the proliferation of medical associations in the first half of the nineteenth century was in part a result of 'the growth of a medical population in any given locale large enough to sustain activities designed to further professional intercourse and mutual assistance'.<sup>142</sup> The formation of these societies also reflected the failure of the London-based corporations to assist provincial practitioners in their struggle for professional unity and status. Provincial practitioners came to see their scientific, social and professional advancement as being dependent upon their own efforts to organise.<sup>143</sup>

The scientific activities of medical societies were largely superseded by professional concerns during the nineteenth century. This is not to say that all scientific activity ground to a sudden halt. Societies directed more purely towards intellectual and scientific attainment were established by medical communities. The Manchester Medical Society, founded in 1834, had as its immediate objects the establishment of a library, and the holding of occasional meetings for mutual improvement and the advancement of medical science. A medical society was set up in York in 1832 'for the purpose of promoting and diffusing Medical knowledge'.<sup>144</sup> In Sheffield the Humane Society (1809) and the Medical and Surgical Society (1820) were established primarily to further scientific research. In 1828 two new medical societies were formed in competition

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142. M.J. Peterson, op.cit., p. 18.

143. The Provincial Medical and Surgical Association (later the B.M.A.) was set up in 1832 as a small provincial society opposed to the powerful conservative interests of medicine in London. See P. Vaughan, op.cit.

144. Sir D'Arcy Power, op.cit., pp. 109, 130.

with one another, which developed into the Sheffield School of Anatomy and Medicine and the Sheffield Medical Institution.<sup>145</sup>

Groups of Wakefield and Huddersfield medical practitioners established medical libraries in the first half of the nineteenth century. A medical society was founded in Huddersfield in 1825, which mainly concerned itself with scientific issues, and in 1854 a Microscopic Society was initiated in Wakefield 'for the cultivation of microscopic inquiry with reference to physiological and Medical Science...'.<sup>146</sup> Medical libraries in a strict sense cannot really be classified as 'societies'; their members rarely met together, and when they did, it was to discuss rules concerning membership and the circulation of books, rather than any scientific or professional issues. However, medical libraries did represent an instance of enterprise on the part of provincial practitioners, who normally had only limited access to medical books and journals. Medical libraries enabled them, if they felt so inclined, to keep abreast of the latest medical debates and developments.

The Huddersfield Medical Library was set up in 1814, coinciding with the establishment of the Dispensary. The Library had a permanent home in the Dispensary (and later Infirmary) from 1814 onwards. From 1823 it became usual for the resident apothecary of the Dispensary to be appointed Librarian. The stock of the Library was large, emphasis being placed on ordering new publications and on the circulation of current medical journals. Most Huddersfield practitioners were members, and special provisions for 'country' members, including reduced rates of

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145. I. Inkster, op.cit., pp. 141-42. See also W.S. Porter, The Medical School in Sheffield, 1828-1928 (Sheffield, 1928).

146. Minute Book of the Wakefield Microscopic Society, 1854-1858. First meeting of the Society, held at Saml Holdsworths, October 26, 1854, Ms. WDA (Local Collection, Box 2C).

subscription, enabled many doctors residing in outlying districts and villages to enjoy the facilities of the Library.<sup>147</sup> The Library was a boon not only to individual practitioners, but also to the staff of the Infirmary. In 1853 the Infirmary Board resolved

... that whilst this privilege has been useful to the profession, it has also been highly beneficial to the institution by providing it free of expense with an excellent library which for reference in urgent and difficult cases is of utmost value to the medical staff - and which by tending to keep up & promote professional improvement cannot but be advantageous to all who seek relief within these walls. 148

The Huddersfield Medical Library was still functioning successfully in the early decades of the twentieth century.

The Wakefield Medical Book Club, which was initiated in 1830, differed fundamentally from its Huddersfield counterpart in that it never enjoyed a permanent home. Rather it operated on the basis of a circulating library. Books were ordered by subscribers through a stationer and circulated amongst members. At annual meetings all books which had gone out of circulation were sold by auction. The disadvantage of this Club, therefore, was that it never built up a stock of books. Nevertheless, it also appeared to have been popular with medical practitioners: in 1830 over half the Wakefield medical profession joined the Club. It was still active in the 1840s, and in 1841 the members met at the house of Dr. Wright to present the Honorary Secretary with a silver snuff box, which bore the following inscription:

Presented by the members of the Wakefield Medical Book Club to Thomas Ross, Esq. in testimony of their personal regard, and of their thanks for his long and very kind services as Secretary to the Society. 149

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147. Proceedings of the Huddersfield Medical Library, 1852-1883, Ms. HRI.
148. Minute Book of the Huddersfield Infirmary, Vol. II, Meeting of the Monthly Board, November 7, 1853, p.255.
149. Rules of THE Wakefield Medical Book Club, Jan. 5th, 1830, Ms. WDA (JGC); WJ, September 17, 1841. For more on medical libraries and book clubs, see W.J. Bishop, 'Medical Book Societies in England in the Eighteenth and Nineteenth Centuries', Bulletin of the Medical Library Association, Vol. 45, 1957, pp. 337-50 and R. Guest-Gornall, 'The Warrington Dispensary Library', Medical History, Vol.11, 1967, pp. 285-96.



The Huddersfield Medical Society was established in 1825 by the town's surgeons, who met together at the Dispensary (and later Infirmary) to discuss scientific matters, unusual cases and the fixing of fees for medical treatment. Initially the establishment of a uniform scale of charges appears to have been one of their main concerns. They were drawn up in some detail, fixing the fee according to class (based on the rental per annum of houses occupied by patients), time of visit (day or night) and the distance of the patient from the centre of Huddersfield. Lists of charges were also agreed upon for various cases. The charge for a simple fracture of the upper extremity was fixed at between 5s and 10s 6d according to class, for 'inserting a seton' 2s to 5s, for midwifery cases half a guinea to a guinea, for inoculation 2s 6d to 7s 6d and for 'consultation fees in Medicine and Surgery' 2s to 5s.<sup>150</sup>

In 1828 the basis of the Society was broadened. It was resolved at a meeting in May of that year that 'the physicians be Respectfully invited to join the Society'. The name of the association was consequently changed to 'The Huddersfield Medico-Chirurgical Society'.<sup>151</sup> Around the same time the emphasis of meetings changed. Discussions concerning fees became less frequent, and were replaced by scientific debate. The meetings tended to centre around difficult cases which members had come across, which revealed a certain degree of cooperation between participants in the debates. For example, at a meeting in February, 1829 the discussion revolved around a case under the care of Mr. Greenwood of a child afflicted with sudden and violent spasmodic afflictions of the 'Heart or Trachea'. Mr. Atkinson recommended doses of 'opil. camph. in conjunction with

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150. Huddersfield Medical Society. Minute Book, 1825-1834. Medical Regulations dated 1825, pp. 1-9, Ms. HRI. Charges were also drawn up for pills, mixtures, powders and linctus etc., a further indication of the practice of physic by surgeons.

151. Ibid., Meeting of May 29, 1828.

. Digitalis', and at the following meeting Mr. Greenwood reported that this treatment had appeared to bring some relief. At a meeting held in September of the same year the members discussed midwifery cases and the treatment of 'dangerous infantile disorders', and in August, 1833 there was a 'desultory conversation on Cholera, in which it was agreed that no settled mode of Treatment has yet been discovered for this disease that can be depended upon.'<sup>152</sup>

The Wakefield Microscopic Society also resulted in increased social contact and scientific activities amongst the town's medical practitioners. The Society was founded in 1854 by Messrs. Dawson, Dunn, Horsfall and Milner and Drs. Holdsworth, Wood and Wright. The seven founders could elect new members, who were required to pay an entrance fee of 2s 6d, on the condition that they possessed a 'good' achromatic microscope. Several more doctors joined the Society in the next few years; others came occasionally to meetings as visitors.

The Society met fortnightly at members' homes in rotation. The individual hosting the meeting would decide in advance on a subject, and provide specimens and illustrations. Members of the Society examined a varied range of subjects, including tissue samples, human and cow's milk, blood and portions of diseased tissues taken from patients under their care. They also looked into food adulteration. In 1854, for example, members of the Society investigated arrowroot, mustards and starch as sold in shops, 'all of which were found to be more or less adulterated with wheat or other starches, cayenne pepper and tumeric powder'.<sup>153</sup>

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152. Ibid., Meetings of February 27, March 27 and September 24, 1829 and August 29, 1833.

153. Minute Book of the Wakefield Microscopic Society, 1854-1858, Meeting of December 21, 1854, Ms. WDA (Local Collection, Box 2C).

The Society subscribed to microscopic journals and purchased newly-published books on the subject. It was reconstituted in 1858 when 'persons not being members of the medical profession' became eligible for membership. This constitutional change resulted in a fall off in support by medical men, and membership appeared to become confined to the medical elite of Wakefield.<sup>154</sup>

Scientific interchange was not restricted to Wakefield and Huddersfield. Medical men visited other medical societies and infirmaries in the region or London to hear or give lectures and attend discussions, and vice versa. For example, medical men from as far away as Rochdale and Manchester attended meetings of the Wakefield Microscopic Society as visitors in the 1850s.<sup>155</sup> In 1829 Mr. J.H. Abraham of Sheffield gave two lectures on the subject of pneumatics for the benefit of the campaign to establish an infirmary in Huddersfield.<sup>156</sup> Mr. J. Gracey of Manchester, professor of physiology, came to Clayton West, near Huddersfield, in 1851 to deliver a lecture on the structure and vital functions of the human frame and laws of health.<sup>157</sup>

The Wakefield and Huddersfield medical professions' output of books, pamphlets, articles and correspondence to medical journals increased during the nineteenth century. The proliferation of quality medical journals during the century offered growing opportunities to publish.<sup>158</sup>

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154. Ibid., Meeting of October 27, 1858. See Section IV b).

155. Ibid.

156. Minute Book of the Huddersfield Dispensary, Vol. I, Special Meeting of the Infirmary Committee, December 7, 1829, p. 231.

157. IIIIE, November 29, 1851.

158. See S.J. Rogal, 'A Checklist of Medical Journals Published in England during the Seventeenth, Eighteenth, and Nineteenth Centuries', British Studies Monitor, Vol. IX, No. 3, Winter, 1980, pp. 3 - 25.

This fact no doubt encouraged provincial medical men to write up their scientific findings. In Wakefield and Huddersfield a wide cross-section of the medical profession wrote papers on a diverse range of subjects. For example, in the early nineteenth century Dr. Alexander of Wakefield published pamphlets dealing with the subjects of croup, phrenology and self-help medicine.<sup>159</sup> P.A. Brady practised in Huddersfield in the late 1840s and early '50s, and during this period he contributed papers on the medical profession and its educational system, the circulation of the blood, the treatment of cholera and the 'philosophy of physiology' to The Medical Times.<sup>160</sup>

The honorary physicians and surgeons attached to the Wakefield and Huddersfield Infirmeries contributed case notes and details of surgical procedures to medical journals. For example, in 1855 W.J. Clarke, honorary surgeon to the Huddersfield Infirmary, contributed notes to The Lancet on a case of strangulated hernia and its successful treatment by surgery, while the patient was under the influence of chloroform.<sup>161</sup> Dr. John Taylor, formerly Professor of Clinical Medicine at University College Hospital, London, wrote papers on various medical subjects while attached as honorary physician to the Huddersfield Infirmary. Between 1847 and his death in 1852 he contributed articles on heart disease, gangrene, cholera and the system of appointments in voluntary hospitals to The Lancet and Medical Times.<sup>162</sup> Examples of publications by Wakefield and Huddersfield doctors could be multiplied, but it suffices to say that

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159. D. Alexander, M.D., A Treatise on the Nature and Cure of the Cynanche Trachealis, Commonly called the Croup (Huddersfield, n.d.), HPL (Local Pamphlets, Vol. 20); An Answer to the Enquiry, if it be the duty of Every Person to study the preservation of his Health, . . ., Wellcome Institute Library; A Lecture on Phrenology, WDA (Local Collection, Box 14).
160. PMD, 1851, 1856.
161. W.J. Clarke, 'Surgical Cases Treated in the Huddersfield Infirmary', The Lancet, 1855, Vol. II, pp. 165-66.
162. PMD, 1851. For more details of Taylor's publications and those of a sample of Wakefield and Huddersfield medical men, see Appendix 14.

a considerable and growing proportion of them, including general practitioners, wrote pamphlets and learned papers during the nineteenth century.

During the middle decades of the nineteenth century the medical profession became more interested in the regulation of medical ethics. This concern found expression in the editorials and correspondence of medical journals, in a spate of books on the subject and through the medium of professional associations set up primarily to regulate medical ethics. The Manchester Medico-Ethical Association, whose rules were published in 1848, was set up specifically to deal with ethical issues. Meanwhile, the B.M.A., established for more general purposes, founded a Medico-Ethical Committee in 1853. By the mid-nineteenth century the shift in emphasis to ethical concerns had apparently become something of a nationwide phenomenon. In 1852 the Medical Times and Gazette was able to refer to

... attempts made in different parts of the country to remedy some of the existing evils of the Profession by codes of law and rules of etiquette emanating from the members of the Profession itself. We are convinced that associations of medical men in our great towns will do much to strengthen our cause, to defend our just rights, and to correct abuses, provided that the members of such associations be guided only by pure and honourable motives, and the laws which they frame be devised with the sole view of promoting the general good. 163

Medical ethics in this period could be defined as the regulation of relationships between medical practitioners, rather than between doctor and patient. The doctor-patient relationship received little attention either in

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163. 'Medical Ethics in the Provinces', Medical Times and Gazette, 1852, Vol. II, p. 544.

publications or in the proceedings of medical societies.<sup>164</sup> A great deal of space in books, pamphlets and journals was devoted on the other hand to the problem of regulating relationships between medical men. This bias reflected the experiences of medical men in the every day practice of their profession. Most conflict apparently arose not out of dealings with patients, but in their relationships with professional colleagues. The development of an interest in medical ethics could be seen as an attempt on the part of doctors to ease these tension-ridden relationships, and to reduce the amount of potentially very damaging intra-professional conflict.

Waddington suggests that the main precondition for this development was the breakdown of the patronage system in the nineteenth century. This breakdown was paralleled and partly facilitated by the widening of the market for medical services (discussed in Section I). The eighteenth century had been an age of patronage, which gave rise to a structure of client control, the aristocratic and wealthy client being the dominant partner in the client-practitioner relationship. Under patronage the doctor deferred to and identified with his patrons, rather than his professional colleagues. In the nineteenth century the medical man became less dependent upon the patronage of the very wealthy, as his clientele expanded to include a large proportion of the middle class, who were nearer to medical

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164. Ivan Waddington has demonstrated this imbalance in the subject, citing the work of Thomas Percival, whose Medical ethics, published in 1803, was arguably one of the most important and influential books to appear on the subject in the nineteenth century. Excluding Percival's last chapter, which dealt with medical jurisprudence, out of a total of 48 pages only half a dozen discussed the ethical problems involved in the doctor-patient relationship, which was tackled in a very general and traditional way. T. Percival, Medical ethics (1803). Cited in I. Waddington, 'The Development of Medical Ethics - A Sociological Analysis', Medical History, Vol. 19, No. 1, January, 1975, pp. 38-40.

practitioners in both status and wealth. The patronage system broke down, and 'colleague control', where the professional activities of practitioners were regulated by colleagues, took its place.<sup>165</sup>

In 1852 a Medico-Ethical Society was set up in Huddersfield. It presumably evolved out of the earlier Medico-Chirurgical Society, and it retained close links with the Medical Library, also holding its meetings at the Infirmary. By the mid 1850s upwards of 40 medical practitioners had enrolled in the Society. At this time approximately 25 medical men were in practice in the town, so the Society must have had a catchment area which extended beyond the boundaries of Huddersfield. The staff of the Huddersfield Infirmary dominated the Society: Dr. Turnbull was President, George Robinson Vice-President, Dr. Scott and Mr. G.W. Rhodes Honorary Secretaries and Messrs. W. Greenwood, W.J. Clarke and William Robinson committee members. With the exception of four individuals, all the Medico-Ethical Society's officers were also honorary Infirmary staff.

In 1860 the aims of the Medico-Ethical Society were summed up thus:

The objects of this Society are to maintain proper professional usage and etiquette; to maintain the interests of the Profession; also the powers to correspond, as an Association, with other bodies or individuals on any subject involving mutual interests, etc., etc. 166

Members of the Huddersfield Medico-Ethical Society took upon themselves powers which resembled closely, albeit on a local scale, those adopted by the G.M.C. after 1858. Members of the Society, dominated by the local medical elite, appear to have attempted to regulate the behaviour and practices of their medical brethren. The rules of the Society were extremely

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165. Ibid., pp. 37-38.

166. PMD, 1860, pp. 913-4 (Section on Medical Societies).

stringent, especially those regulating membership. The first section of the Bye-laws of the Society, which referred to disqualification from membership, ruled in 1852

No member shall practise, professed or exclusively, homoeopathy, hydropathy, or mesmerism.

No member shall, by advertisement or other improper means, solicit private practice.

No member shall be the proprietor of, or in any way derive advantage from, the sale of any patent or proprietary medicine, or in any way recommend its public use.

No member, who may keep an open shop, shall sell patent medicines, perfumery, or other articles than pharmaceutical drugs and preparations. 167

The medical profession as a whole were normally enthusiastic about societies of this nature. The compilers of the 1860 Medical Directory commented on the Huddersfield association in favourable terms.

This Society has been already of great advantage to the medical men of this district, and will, no doubt, be the means of cementing still closer the interests of each, and diminish or prevent the abuses so often complained of in the Medical Profession. 168

It is not clear when a medical society first originated in Wakefield. Unfortunately no documentary evidence survives, but correspondence to medical journals indicates that the Wakefield Medical Society was active by the early 1850s. The Society was supported by the Dispensary medical staff, and its meetings were held in the Dispensary building. It is possible that some form of professional association, perhaps an informal

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167. 'Medical Ethics in the Provinces', Medical Times and Gazette, 1852, Vol. II, p. 545.

168. PMD, 1860, p. 913.



one, had existed in close connection to the Dispensary before this period. In a similar way to the Huddersfield Society, by the nineteenth century it appears that the Wakefield Medical Society, despite any social or scientific benefit which might accrue from it, existed primarily to further professional goals. The Wakefield Society was active in judging the professional behaviour of local medical men, giving vent in medical journals to expressions of support or disapprobation of the professional activities of their colleagues. The following examples are not designed to illustrate the rights and wrongs of each case. Indeed adjudicating the issues is difficult, not least because of the limited evidence available. Rather they demonstrate the kind of professional issues that medical men were becoming concerned with by the middle decades of the nineteenth century, and how they tried to deal with them.

In 1851, for example, a letter was forwarded to The Lancet by W.R. Milner, Secretary to the Wakefield Medical Society, deploring the behaviour of Mr. William Thornton, a general practitioner, who resided at Horbury, near Wakefield. Thornton had, it claimed, offered in a circular letter to undercut any medical man in the district applying for the post of medical officer to local sick clubs. It had been resolved at an assemblage of the Wakefield Medical Society 'That this meeting regrets that any medical man should degrade the profession to which he belongs, by issuing such a document as the letter now read, ...'. The editor of The Lancet, Wakley, added in apparent surprise (although he surely knew the extent to which undercutting was practised by sick club surgeons) 'Is it possible that the letter signed 'William Henry Thornton' could have issued from a medical practitioner?'<sup>169</sup>

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169. 'Unprofessional Conduct. - Degrading Offer of a Qualified Surgeon', The Lancet, 1851, Vol. I, p. 559.

Thornton answered his accusers in the following edition of the journal. He claimed that the Wakefield Medical Society had been '... grossly imposed on, ... truth having been told to a certain extent, but not the whole truth'. According to Thornton he had been the first victim of undercutting, by an established Horbury practitioner, Mr. Kemp, a member of the Wakefield Medical Society. Thornton, who had only resided in Horbury for five months, apparently faced a problem common to many young and newly-qualified practitioners.<sup>170</sup> Although careful not to suggest any failure in the judgement of the membership of the Wakefield Medical Society, Thornton inquired,

... but I may ask, when the elder practitioner in a place stoops to such conduct, and cuts down prices, not only in clubs, but in private practice, how is the younger one to maintain them? I think it would be much better at once to prescribe gratuitously, a course which I shall most probably adopt if I find the lowering-price system is continued. 171

Following Thornton's reply, the Wakefield Medical Society apparently dropped the subject, and left the two practitioners to argue the issue out between themselves. In the end it seems that experience (and the advantage of coming from an old, established local medical family) triumphed over youth, as Thornton left the Wakefield area a few years later. However, Thornton's career seems not to have been adversely affected by this early skirmish. After leaving Horbury, he established himself in what appears to have been a successful practice in Dewsbury. In the 1860s he held the posts of Union medical officer, police surgeon

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170. Incidentally Thornton appears to have been more than adequately qualified, being an M.R.C.S. England (1849), L.S.A. (1850) and M.B. London (1850). In 1853 Thornton added an M.D. London to his qualifications. William Kemp, his adversary, held only the double qualification of M.R.C.S./L.S.A. (1844). PMD, 1848, 1852, 1860.

171. 'The Degrading Club System', The Lancet, 1851, Vol. I, p. 586.

and medical referee to a number of assurance societies. He became a Fellow of the Royal College of Surgeons in 1868. By this time he had become something of an expert in the field of obstetrics, publishing regularly on the subject, and was a Fellow of the Obstetrical Society, London. Thornton's social position, meanwhile, was secured by his appointment in the 1860s as a Justice of the Peace for Dewsbury.<sup>172</sup>

Again, in 1854 the Wakefield Medical Society reacted to a problem of a professional nature. This time its members leapt to the defence of Mr. Housley, an ex-Wakefield practitioner, who had been found guilty of negligence in his treatment of a fracture case. A series of resolutions passed at a meeting of the Society appeared in The Lancet. The defence of Housley was based largely on the members' impression of his early career in Wakefield, and of his professional bearing, rather than on any medical or surgical skills he might or might not possess:

... Mr. Housley, having passed his youth and the earlier part of his professional career in Wakefield, is well known to many of us, and we bear willing testimony to the kindness of his disposition, to his honourable feeling and conduct, to his ability, industry, and professional attainments. 173

It is interesting that the members chose to defend Housley on these grounds. It demonstrates that professional integrity was seen as being very closely linked to a practitioner's performance of his medical tasks. Negligence was less likely to be practised by a respected member of the medical community. The members of the Wakefield Society also objected strongly to the awarding of what they saw as excessive damages, claiming

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172. PMD, 1860, 1865, 1870.

173. 'The Case of Mr. Housley', The Lancet, 1854, Vol. I, p. 377.

... the jury must have been, to some extent, influenced by the marked prejudice which seems to operate against the members of our profession whenever they have to appear in a court of Justice, whatever may be the capacity in which they appear there. 174

They warned that the chance of recovering large damages from a medical attendant might tempt patients to interfere with the treatment of injuries in order to issue a charge of malpractice. The members of the Society initiated a subscription in the area on behalf of the 'victimised' practitioner, and transmitted a copy of their resolutions and an expression of sympathy to Housley.

Wakefield medical men were not exclusively concerned with local issues. They involved themselves in decisions taken at a national level, when these threatened their status or livelihood, showing their capacity to unite around issues that affected all concerned. The Wakefield Medical Society, for example, forwarded a memorial in 1852 requesting that any new charter granted to the Royal College of Surgeons should make two provisions: firstly, that in the election of the Council all Fellows should have the privilege of voting by balloting papers and not be compelled to attend in person, and, secondly, that all who were members at the date of the granting the proposed new charter should be equally eligible for the Fellowship as those members who had received their diplomas before 1843.<sup>175</sup>

In 1853 a memorial was forwarded to the Royal College of Surgeons by its membership in the Wakefield area, objecting to the proposal of the College to confer the degree of Licentiate in Midwifery (L.M.)

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174. Ibid.

175. Medical Times and Gazette, 1852, Vol. I, p. 99.

on persons who had not previously taken any degree in medicine or surgery. The Wakefield petitioners saw the proposed measure as being 'unnecessary and mischievous'. They maintained that present Members of the College of Surgeons and holders of the L.S.A. were 'amply sufficient' to treat obstetric cases. More than this, they feared competition from a class of practitioners, who had gone through a course of study inferior to that required by themselves. Not only would L.M.s deprive them of the obstetric cases that they had always treated, but, the petitioners claimed, they would also encroach on other branches of practice.

And this competition will be the more injurious, as it will spring from a class of persons who will have some pretence for holding themselves out to the world as qualified practitioners, and who will be so regarded by large classes of the community who know little and care less, about the distinction of Fellow, Member, or Licentiate, but who will be apt to regard all who have passed an examination at one and the same place as being on an equal footing; and it is little likely that those who take the licence in midwifery without having obtained the diploma of membership, will be unwilling to encourage the delusion, and to act upon it to our disadvantage.

The Wakefield surgeons not only feared the impact of direct competition; they also anticipated that the plan would lower the status of the profession.

We also fear that the introduction of an inferior class of practitioners into the College will have a tendency to lower the whole body in public estimation; for if, as is very possible, the tone of professional morality of the proposed Licentiates in Midwifery should be lower than that of Members of the Collège, any discredit attaching to that circumstance would, in the eyes of the public be to some extent shared by us. 176

A number of medical men became involved in regional or national campaigns and societies. Dr. Walker, physician to the Huddersfield Infirmary, originated and spearheaded the campaign to establish a Sea Bathing Infirmary

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176. 'Memorial from Wakefield and Its Vicinity to the Royal College of Surgeons', Medical Times and Gazette, 1853, Vol. I, p. 221.

on the Western Coast for the benefit of the poor, which received much support from medical men throughout the West Riding, Lancashire and Cheshire in the 1840s. (The proposal appears, however, never to have been put into action.)<sup>177</sup> Several Wakefield and Huddersfield medical men were active in the West Riding Medical Charitable Society. In 1836, when the annual meeting of the Society was held in the Wakefield Court House, Dr. Thomas of Wakefield was appointed one of the Vice-Chairmen. Dr. Walker and Mr. Sargent of Huddersfield and Messrs. Dawson and Ross of Wakefield were chosen as Stewards.<sup>178</sup>

Large numbers of Wakefield and Huddersfield medical men became active in national, Scottish or London-based medical societies, especially in the second half of the nineteenth century. By the 1860s, for example, many had joined the British Medical Association. George Winter Rhodes was in addition a member of the King's College Medical Society, Samuel Harris Armitage a member of the Royal Medical Society and a Fellow of the Royal Botanic Society, William Scott (Honorary Secretary of the Huddersfield Medico-Ethical Society) a Fellow of the Royal Medical and Surgical Society, London (all of Huddersfield).<sup>179</sup> During his period as house surgeon to the Wakefield Infirmary (1867-71) Lawson Tait kept up his involvement in a number of medical societies. He was a member of the Irish Surgical Society and the Dublin Obstetric Society, Honorary Member (late President) of the Hunterian Medical Society, Edinburgh, and a member of the B.M.A.<sup>180</sup> Tait also lectured to the Leeds Medical

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177. WJ, March 5, 1841; J.K. Walker, M.D., op.cit., HPL (Misc. Pamph: Sea Bathing Infirmary).
178. WRH, July 8, 1836. See Section II d) for more on the purposes of the West Riding Medical Charitable Society.
179. PMD, 1854, 1861, 1871.
180. PMD, 1870.

Club and attended meetings of the London Medical Society.<sup>181</sup> These examples could be multiplied, but they serve to show that provincial medical men were involved in professional activities which went beyond their community and local interests.

The activities of Wakefield and Huddersfield medical men reflected a heightened nationwide concern with professional issues. The medical journals of the day were enthusiastic about the efforts of local groups of medical men to defend their professional status and uphold strong codes of ethical behaviour. The journals were especially keen about societies such as the Huddersfield Medico-Ethical Society. An article which appeared in an 1852 issue of the Medical Times and Gazette declared their 'full concurrence in the spirit which pervades this code of ethics drawn up by our Yorkshire brethren'. The article praised the Society for protecting the layman from the incompetent and illegitimate practitioner, and for preventing 'grave offences against the etiquette of a noble and honourable Profession'.<sup>182</sup> The activities of the Huddersfield Society suggested very much of dominance by a self-appointed elite group, and the imposition of codes of behaviour based on the aims and opinions of this group. The emphasis of societies such as these lends support to the contention of N. and J. Parry, that the factor of most significance in assessing the professionalisation of a group is the degree of control achieved by professional associations over their members.<sup>183</sup> The article pointed out the penalties of exclusion from societies such as that initiated in Huddersfield:

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181. J.A. Shepherd, op.cit., p. 24.

182. 'Medical Ethics in the Provinces', Medical Times and Gazette, 1852, Vol. II, p. 544.

183. N. and J. Parry, op.cit.

... the quiet yet firm exclusion of parties guilty of unprofessional conduct from the society of their brethren - their elimination, as it were, from the temple of science, - their exile from friendly intercourse, - is a punishment few can endure; and, if inflicted with judgement, it will soon have the effect of preventing a repetition of the offences. 184

It was not only societies which concerned themselves with these issues. Individual medical men took it upon themselves to explain the difficulties besetting the medical profession, and to suggest remedies. P. Brady, a local general practitioner, summarised the situation as he saw it in Huddersfield and at a national level in an 1847 issue of the Medical Times.<sup>185</sup> He claimed that the status of the profession in the eyes of the public had never been at a 'lower ebb'. Brady blamed this on the education system, the low quality of medical students, the ease of obtaining diplomas to practise, and the '... rapid increase of a class of members whose education, moral and intellectual, by no means adapts them for its pursuits'. Brady succinctly outlined many of the main grievances of medical men and the major causes of intra-professional dispute. A self-confessed enthusiast for the lancet, he criticised other local medical men, not only for following incorrect courses of treatment, but for mis-diagnosis in the first place.<sup>186</sup> In doing so, he emphasised one of the fundamental causes of disunity between doctors; a failure to agree on even the basics of diagnosis and treatment, a situation hardly calculated to give confidence to a prospective patient.

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184. 'Medical Ethics in the Provinces', Medical Times and Gazette, 1852, Vol. II, p. 544.

185. P. Brady, 'The Status of the Medical Profession Considered in Connection with its Educational System', Medical Times, Vol. 17, 1847-48, pp. 224-5.

186. Ibid., p.224. For example, Brady quoted an instance of a case of pericarditis (heart disease) being treated by an unnamed Huddersfield doctor as pleurisy (inflammation of the lungs) and cases concerning the mismanagement (in Brady's opinion) of childbirth. In particular Brady attacked those practitioners who had an aversion to bleeding and other 'heroic' methods of treatment.



Brady also attacked the self-interest of medical corporations, the tender system and undercutting practised by medical men applying for poor law and sick club appointments, and the system of election in medical charities.

The system of interest and favouritism which invariably obtains in the election of physicians and surgeons to hospitals, dispensaries, etc., to the exclusion of real merit, must be abolished. We often hear expressions of surprise at the tortoise pace at which the art of medicine advances, but the wonder ceases when we witness the honours and emoluments of the profession conferred on the proteges of the powerful and influential, while intellects of the highest order not infrequently decline the hopeless and ignominious contests. (his emphasis).

Brady did not confine himself to an attack on medical practitioners. He also blamed the low status of the profession on the lack of interest shown by laymen, not least an apparent lack of concern with high levels of mortality and the efforts of medicine to combat these. Few laymen, he claimed, bothered to find out if and how their medical attendants were qualified; as a result the most ignorant and ill-informed members of the profession frequently gained the best practices. Brady apparently was not a man without grudges, feeling he had not achieved the success due to him. It goes without saying that he was not one of those well-favoured individuals who obtained hospital appointments. However, he did outline grievances felt by many members of the profession, and, like other correspondents to the medical journals, he saw the remedy for the evils which beset the profession in unity of action by qualified medical practitioners. He concluded his account with the following plea:

Let us, then, unceasingly agitate for the removal of the numerous and gross abuses under which the profession labours. Let us, by the perpetual exposition of our grievances, endeavour to enlist the sympathies of the public ... but, above all things, let us never forget that all efforts must be futile and ineffective which are unaccompanied by those two essential requisites - unanimity of opinion and cooperation in action. 187

b) Intra-Professional Conflict

The efforts of medical societies and pleas from individuals such as Brady did not, however, eliminate conflict from intra-professional relationships. Fracas between members of the profession, whether they be over methods of treatment or codes of conduct, punctuated the nineteenth-century medical scene in Wakefield and Huddersfield as much as everywhere else in the country. Even within medical societies themselves there were disputes concerning membership, attendance, precedence and regulations. Fines were instituted and frequently enforced in all the societies for non-attendance, lateness, failure to return books on time, and so on. Throughout 1856 and 1857 Mr. Dawson, a member of the Wakefield Microscopic Society, was grumbled at by the other members for failing to obtain the correct type of microscope.<sup>188</sup> Meetings of the Huddersfield Medico-Chirurgical Society frequently had to be cancelled because of the lack of attendance. In January, 1832 the only two members to turn up at the meeting were Messrs. Greenwood and Hudson. In the Minute Book they recorded 'their surprise and regret that the other members should have

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187. Ibid., p. 225.

188. Minute Book of the Wakefield Microscopic Society, 1854-1858, Ms. WDA (Local Collection, Box 2C).

so little regard to the objects of this Society, & to the mutual interests of each other, as to absent themselves so generally and so frequently from the monthly meetings'.<sup>189</sup> The minutes of the Huddersfield Medical Library record frequent and often bitter disputes over the payment of fines, and in 1865 some 'unpleasantness' arose from the want of a definite rule regulating the circulation of books and journals. It was resolved 'That Seniority of membership, should be the only principle of precedence recognized by the Society'.<sup>190</sup>

Outside the medical societies, accusations of undercutting and unfair competition were frequent causes of disputes over Poor Law and friendly society appointments. The Thornton-Kemp dispute discussed above was by no means untypical. Meanwhile, elections to dispensary and infirmary posts were typified by fierce rivalry, competition to win the support of the lay governors by means of personal solicitation and advertisement, and even the buying of votes. The competition for posts to the newly-inaugurated Huddersfield Dispensary in 1814 was, as the Leeds Mercury noted, 'marked by unpleasant Disputes'.<sup>191</sup> The election campaign resulted in Mr. William Wilks being appointed senior surgeon.<sup>192</sup> Before being appointed to the post Wilks had made a speedy journey to

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189. Huddersfield Medical Society. Minute Book, 1825-1834, Meeting of January 26, 1832, Ms. HRI.
190. Proceedings of the Huddersfield Medical Library, 1852-1883, Half Yearly Meeting, December 1, 1865, Ms. HRI.
191. LM, June 25, 1814.
192. Minute Book of the Huddersfield Dispensary, Vol. I, General Meeting of the Governors, June 27, 1814, p.8. The other surgical post was filled by George Robinson, the division of votes being Wilks 209, Robinson 174, Bradshaw 163 and Houghton 161.

Edinburgh to be examined by the Royal College of Surgeons. Without a diploma from this body, he would have been ineligible for the post of surgeon. This step was strongly urged by a Halifax colleague, John Thomson, physician to the Halifax Dispensary, who wrote a letter of introduction on Wilks's behalf to one of the examiners of the College. Before Wilks set off for Edinburgh, he received a letter from Thomson informing him of this action:

I ought sooner to have said Mr. Joseph Bell, my correspondent, is the youngest son of the late Mr. Benjamin Bell, the Author of the System of Surgery, and the very best authority and best interest in the place. I believe Mr. J. Bell, is an examiner. If not, he is as good as one of them, amongst them all and acquainted with them all. I don't believe they will ask you two questions, but this is mum. However easy your examination may be, do not either now, or at any time mention that I will write a letter of introduction to Mr. Joseph Bell by you ... Bell's introduction will do your work. 193 (his emphasis)

Thomson assured Wilks that if he took this step, and, on his return to Huddersfield, issued an advertisement offering himself for the post of surgeon, the appointment would be secured. Thomson also emphasised that if Wilks did not secure the post, the consequences for his future would be serious.

It is this conviction which makes me urge the importance of this step upon you. If the young men get in, depend upon it, they will in time rise, and they can only do so by rising on your and Mr. Houghton's ruin. Your family therefore and any professional and private consideration join me in urging this step. 194 (his emphasis).

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193. Letter from John Thomson of Halifax to Mr. Wilks, surgeon, dated May 5, 1814, Ms. HRI.

194. Ibid. Houghton was also a Huddersfield practitioner and a rival for the post of surgeon to the Huddersfield Dispensary. As shown in the election results, given in note 45, Houghton's bid for election failed. This did not, however, appear to be a setback to Houghton, who built up one of the best practices in the town. See Section IV for more on Houghton.

Competition for such posts was invariably fierce, and in 1833, for example, in the run up to the election of a surgeon to the Huddersfield Infirmary, the committee resolved 'That a letter be sent to each of the candidates requesting them to abstain from buying votes for the occasion'.<sup>195</sup> Disputes between the medical staff of dispensaries and infirmaries following their appointments were also not unheard of. In 1853, for example, the committee of the Huddersfield Infirmary were forced to settle a question of precedence which had arisen between two recently-elected surgeons, Messrs. Clarke and Tatham. The committee voted on the question, and decided Tatham was entitled to precedence over his colleague.<sup>196</sup>

In 1829 a dispute arose between the two physicians to the Wakefield Dispensary, Drs. Crowther and Gilby, over the suitability of the Dispensary building. Dr. Gilby denounced the building, situated under the Music Saloon in Wood Street, 'as a miserable and filthy hole, little better than a cell, and perfectly inadequate for its intended purpose'. Gilby's criticisms were supported by the surgical staff. Mr. Horsfall, for example, declared that it was impossible to perform any surgical operations in the Dispensary. Crowther on the other hand stated that he found the building adequate and convenient, and was opposed to any move to a new location.<sup>197</sup> In 1832 the dispute flared up again following the death of the resident apothecary, Hodgson, of typhus fever. Gilby suggested

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195. Minute Book of the Huddersfield Infirmary, Vol. I, Special Committee Meeting, October 14, 1833, p. 331.

196. Ibid., Vol. II, Special Meeting of the Monthly Board, July 4, 1853, p. 248.

197. WHJ, April 3, 1829.

that the apothecary might not have died had he resided in a more healthy situation. Crowther, meanwhile, blamed Hodgson's death on his failure to consult other members of the Dispensary staff when taken ill. Hodgson, Crowther maintained, had mismanaged the treatment of the disease, dosing himself with contradictory medicines.<sup>198</sup> The argument between Crowther on the one hand, and Gilby and the surgical staff on the other, also centred around the viability of establishing surgical wards in the institution, an idea to which Crowther was strongly opposed.<sup>199</sup> The proposal to establish infirmary wards was in fact dropped for the time being, but Gilby and the surgeons appear to have made their point about the resiting of the Dispensary. Around this time the charity moved from its location under the Music Saloon to a new site in Barstow Square. Dr. Crowther also failed to see eye to eye with several other of his medical brethren. He was, for example, involved in a fierce conflict with the Director of the Wakefield Asylum, Dr. Corsellis, over the management of the institution. Crowther was

one of the old school of medicine and disliked any innovations, though for 8 years one of the physicians connected with the West Riding Lunatic Asylum, Dr. Corsellis then being the Director, between whom and Dr. Crowther there was little sympathy, partly on account of a book "Observations on the management of Madhouses" which the latter published in 1838, and which even his best friends regretted was ever issued from the press. 200

Disputes between medical men were not just recorded in the pages of medical journals or confined to meetings of medical charities. They were also reported in local newspapers, coming therefore to the direct

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198. WHJ, March 2, 1832.

199. For more details of the debate surrounding the setting up of surgical wards in the Wakefield Dispensary, see Chapter 4, Section III a).

200. J.W. Walker, op.cit., pp. 569-70. For more on Crowther, see Section IV.

notice of the public. The above disagreements between the medical officers of the Wakefield Dispensary were, for example, covered in some detail by the Wakefield and Halifax Journal. In 1860 two Huddersfield practitioners, Dr. Clough and the anonymous 'M.R.C.S.', used the local press as a forum for their dispute over the status of their respective qualifications. The correspondence between the two, which continued for several weeks, centred mainly around Clough's use of the title 'doctor', which he had adopted on becoming a Licentiate of the Royal College of Physicians, Edinburgh, earlier in the year. 'M.R.C.S.' maintained that such a Licence did not give Clough the right to use this title; rather, only a university graduate was entitled to such a privilege. In turn Clough accused 'M.R.C.S.' of sour grapes because he had 'discovered that my legal qualifications now are superior to his own'. Clough (who appeared to know the identity of 'M.R.C.S.') added in conclusion,

... when a man from private pique and acrimonious feeling towards me, represents to you that it is on public grounds only that he inquires about my license or title - prevaricates and falsifies the truth by slandering and misrepresenting me before the public - tis time such correspondence should cease, especially when such originates from an anonymous scribbler. I therefore (only) for the present, decline further correspondence ... . 201

Occasionally doctors produced and circulated pamphlets airing their grievances or attacking their colleagues. In 1864 T.R. Tatham, former surgeon to the Huddersfield Infirmary, published a series of letters which he had sent to the Infirmary Committee, making public his grievances against the institution. The correspondence was mainly directed against the lay governors of the charity, although Tatham also attacked several

of the institution's medical officers, whom he accused of patrimony and 'trading in physic'. He stated that some of the medical officers 'I shall ever remember with esteem and regard, for others that feeling is remote'.<sup>202</sup> Tatham fiercely criticised the election of Mr. Frederick Greenwood to the post of surgeon in 1862, claiming 'It savours strongly of a family pie!' <sup>203</sup>

For much of the nineteenth century relationships between medical men in Wakefield and Huddersfield were characterised, at least in part, by rivalries, hostility and petty jealousies. These disputes were potentially very damaging both to the images of individual practitioners and to the profession as a whole, and were hardly designed to inspire public confidence and trust. The stringent regulations of societies such as the Huddersfield Medico-Ethical Society appear more reasonable when they are seen in the context of a disunited and conflict-ridden profession. The promotion of a strict code of ethical behaviour, especially through the medium of local and national medical societies, was seen by medical men as an important method of regulating disputes, establishing procedures for their settlement and achieving at least the semblance of uniformity and unanimity.

c) The Campaign against Quackery

One issue around which the divided nineteenth-century medical profession was able to unite was the campaign against quack medicine. The profession's opposition to quackery was consistent (and apparently largely ineffective)<sup>204</sup> throughout the century. It was a favourite topic in

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202. T.R. Tatham, M.D., Strictures on the Administration of Affairs Pertaining to the Huddersfield & Upper Agbrigg Infirmary (Nottingham, 1864), pp. 9, 35, HPL (Tomlinson Collection).

203. Ibid., p.11. For more on Tatham's dispute with the lay officers of the charity, see Section IV.

204. For more on the survival of quack medicine in the nineteenth century, see Chapter 6.



medical journals and publications of the period. Medical societies were generally opposed to all fringe practices, giving their unqualified support to the allopathic system of medicine. One of the main tenets that the campaign against the unqualified rested on was that quacks used unreliable and even dangerous remedies, and therefore put at risk the health and lives of those they treated. Unqualified practice was also, quite rightly, seen as a threat to the pockets of regular doctors. The medical profession itself was overcrowded and competitive, and quacks (lacking any formal training) provided extra, and, in the eyes of regular practitioners, unfair competition. The medical fringe was the most important obstacle in the way of the closure of the profession. Once the fringe was eliminated, regular practitioners would obtain a monopoly over medical treatment.

Nineteenth-century medical journals (and the press) were quick to report alleged cases of malpractice on the part of quack doctors, the reports frequently being supplied in the first place by local medical men. For example, in 1854 both The Lancet and the Medical Times and Gazette seized on 'a deplorable instance of the evils resulting from the unrestrained usurpation of the deep responsibilities of medical practice by ignorant pretenders...', which occurred at Meltham, near Huddersfield.<sup>205</sup> Jane Taylor, the wife of a Huddersfield weaver; was seized with haemorrhage in the eighth month of pregnancy, and an unqualified local practitioner, John Lingards Rawcliffe, was called in by her family. The Lancet commented that Rawcliffe

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205. 'Illegal Practice: A Recent Verdict at Huddersfield', The Lancet, 1854, Vol. I, p. 645; 'Malpraxis by Unqualified Practitioners', Medical Times and Gazette, 1854, Vol. I, pp. 624-5.

... was not only unqualified in the technical sense of possessing no diploma, but also absolutely unqualified by his gross ignorance of the duties he had the rashness to undertake. 206

Rawcliffe attended the patient and supplied her with medicines, but when labour commenced the haemorrhaging increased and Jane Taylor died. The testimonials of two Huddersfield surgeons, Messrs. Greenwood and Tatham (the two individuals who clashed later over Infirmary appointments), who carried out post-mortems on the woman, concluded that prompt action by a qualified practitioner would have saved her life.<sup>207</sup>

Strictly speaking, it was not only quack doctors who came under attack in medical journals. Regular practitioners, who had defected from the allopathic system of medicine, to embrace (even partially) one of the 'pseudo-sciences', such as homoeopathy, hydropathy or mesmerism, were liable to similar treatment. In 1849 The Lancet reported a case of 'Homoeopathic Quackery in Huddersfield'.<sup>208</sup> Several men had been bitten by a rabid dog in Halifax, and two of them had died of hydrophobia,

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206. Ibid., p. 645.

207. The Coroner's Jury, held at Meltham, concluded that Jane Taylor had 'died of haemorrhage'. The Lancet reported that the jury had taken no account of the fact that had proper skill been employed, in all probability she would not have died, and had concluded that Rawcliffe used the 'best skill' he had. The Coroner in his summing up declared that it was 'no part of their duty to consider whether or not the deceased had been attended by a properly qualified Practitioner'. The Lancet concluded the piece by stating, with some satisfaction, that the Huddersfield magistrates subsequently charged Rawcliffe with having, through carelessness and ignorance, caused the death of Jane Taylor, and had committed him to be tried at York for manslaughter. The verdict of the York trial apparently was not reported in the medical journals. Ibid.

208. 'Homoeopathic Quackery in Huddersfield', The Lancet, 1849, Vol. II, pp. 405-6.

one of them while under the care of two regular Halifax surgeons, Messrs. Inglis and Fawthorp. The third case was treated by Mr. Ramsbotham, a homoeopathic practitioner, 'who was once practising as a surgeon at Bradford, but with whom legitimate physic did not agree ...'<sup>209</sup> Ramsbotham was reported to be engaged in the practice of homoeopathy in the Huddersfield area. He claimed that hydrophobia could be cured by homoeopathic methods, and indeed the third man recovered under his care. Messrs. Inglis and Fawthorp defended their own failure, and denied Ramsbotham's success, by claiming the case he had treated had not been one of hydrophobia. Rather, the man Ramsbotham had 'cured' was merely drunk and exhausted, and the homoeopathic practitioner had, they claimed, practised wilful deceit by pretending to effect a cure. The Lancet, naturally enough, supported the contentions of the regular practitioners, and concluded their account of the case with a warning:

We refer to the matter in question, in order to exhibit to the profession the tricks and tactics of homoeopaths. In other places, as well as in Halifax, honest medical men should be on their guard against the practices common to these people ... and we only wish, that on all occasions in which legitimate medicine needs to be defended, and quackery attacked, the champion may be equal to Dr. INGLIS in tact, temper, and courage. We should then not have our provincial cities and towns overrun, as they now are, by a vagrant pack of homoeopaths and mesmerists. 210

Not surprisingly, the majority of reports on unqualified practice which reached the medical journals involved alleged malpractice, which had resulted in death or injury, or cases of fraud or deceit. Cases of

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209. Presumably the John Hodgson Ramsbotham, who, homoeopathist or not, was recorded in the 1851 Medical Directory as holding the M.R.C.S. England and L.S.A. (1832) and practising in Huddersfield. By 1856 he had also acquired a medical degree (Erlangen and Lambeth). PMD, 1851, 1856.

210. 'Homoeopathic Quackery in Huddersfield', The Lancet, 1849, Vol. II, p. 406.

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successful treatment by fringe practitioners were not reported. Nor was the possible value of fringe methods examined by the medical journals.

Wakefield and Huddersfield medical men joined with the rest of their medical brethren in producing papers on the subject of quackery, often for the benefit of the general reader, rather than their colleagues. For example, in 1855 Samuel Knaggs, later surgeon to the Huddersfield Infirmary, produced Common Sense versus Homoeopathy, a short pamphlet designed for those 'who, from their want of medical knowledge, require it to be presented in a medium more condensed and popular'.<sup>211</sup> Knaggs expressed anxiety about the fact that many of the public, while not understanding homoeopathy, were favourable to its use. All the arguments contained in the pamphlet were, in Knaggs's own words, 'directed against the system of homoeopathy'.

My aim has been to show that homoeopathy is nothing more than leaving the disease to nature, and acting upon the imagination of the patient: ... But when he (the homoeopath) professes and practises a species of jugglery, as the infinitesimal nonsense most assuredly is, he must not be surprised that medical men hold aloof and will not sanction, ... what they conceive to be downright imposition. 212

In a lecture to the Wakefield Mechanics' Institute, which was published in pamphlet form in 1843,<sup>213</sup> one of the town's most eminent physicians, Dr. T.G. Wright, discussed the more general subject of quack medicines. The purpose of the lecture was, as he put it, to enable the working class, who formed the majority of the Institute's membership, to 'think correctly on a subject highly important to personal health and comfort,

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211. S. Knaggs, Common Sense versus Homoeopathy (1855), Wellcome Institute Library

212. Ibid., p. 43.

213. T.G. Wright, M.D., A Lecture on Quack Medicines, Wellcome Institute Library.

and yet on which a vast amount of ignorance and prejudice generally prevails...'. Wright vigorously attacked quacks and their medicines, which he suggested were at best useless, and at their worst extremely harmful. He pointed in particular to Morison's Pills, which were sold in the Wakefield market, and which to his knowledge alone had caused attacks of paralysis and mental derangement. His parting words of advice on the issue were

Endeavour to acquire, and to act upon, such knowledge, as shall assist you to preserve health, to prevent disease, or to detect its first approaches ... When you are ill, do not tamper with your complaint, but obtain medical assistance without delay; which, depend upon it, is the best economy in the end: ... Lastly, as you value your own health, and that of those dear to you; as you would (such as are parents) see your children grow up robust and well; and as you would avoid trouble, suffering, and expense, prefer short doctors' bills to long ones, or, if possible, do without them altogether; AVOID THAT FRUITFUL SOURCE OF ALL THESE EVILS,

QUACK MEDICINES! 214

Despite exposure of the misdemeanours and neglect of the unqualified, the dangers of quack medicines and other adverse publicity, the medical profession failed to destroy quackery. The quacks did in fact present a formidable opposition. There was a long tradition of fringe practice, there were large numbers of unqualified medical men, they were cheap and popular (and not just with the poorer classes).<sup>215</sup> The regular doctor enjoyed little protection from the state, for unless the quack had broken the law, he could not be penalised for practising medicine.

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214. Ibid., p. 40.

215. See Chapter 6.

Although the 1858 Act had formally given qualified men a monopoly to practise, there was no way this provision could be enforced. Meanwhile, the layman did not fully support the regular doctor's claim to a monopoly position. The medical profession was in no condition to launch an attack on unqualified practice until it had put its own house in order. In 1839 a report of the Provincial Medical and Surgical Association, the forerunner of the B.M.A., declared

All active measures in relation to the suppression of quackery had better be delayed in the hope that a better organisation of the profession may render the suppression of quackery a more practicable undertaking than it appears at present to be. 216

In Wakefield and Huddersfield at least the nineteenth century saw some movement towards this better organisation and the creation of professional unity. Conflict there was, but a more active support of the various professional societies helped counteract these usually individualistic disputes. By the second half of the nineteenth century there was generally a high level of participation in medical society and other professional activity. The memorial presented to the Royal College of Surgeons in 1853 was, for example, signed by all Wakefield surgeons,<sup>217</sup> while the Huddersfield Medico-Ethical Society was supported by the majority of the town's practitioners by the mid-1850s.

#### IV. Social Activities: Doctors and the Lay Community

Wakefield and Huddersfield medical men involved themselves in a variety of civic activities during the nineteenth century. Some were active in the field of public health reform; others concerned themselves

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216. P. Vaughan, op.cit., p. 89.

217. 'Memorial from Wakefield and its Vicinity to the Royal College of Surgeons', Medical Times and Gazette, 1853, Vol. I, p. 221.

with the provision of medical relief for the poor (via poor Law agencies or medical charities). A few medical men became involved in politics, in most cases at a local level. Probably the most common form of civic activity to attract doctors was participation in voluntary societies. All these forms of activity brought medical men into direct contact with the lay communities of Wakefield and Huddersfield, in particular the middle classes. These contacts were of vital importance in an era when the personality and social behaviour of medical men could be seen as crucial determinants of the success of their careers.

In this Section the different forms of civic activity which attracted medical men will be examined. The discussion will centre very much around voluntary societies, including charitable, religious, social and cultural organisations. Emphasis will be placed, naturally enough, on the involvement of doctors in the major medical charities, which served as 'institutional foci for the medical community'.<sup>218</sup> Other civic and public functions which interested doctors will be examined, in particular public health and its reform. The Section will also look at a sample of individual medical men who became particularly active in the affairs of the two towns during the nineteenth century.

The involvement of medical men in voluntary societies is interesting for several reasons. Their activities in this sphere tell us something about their concerns and interests, and in some cases their social, political and religious background. Association with local elites through these mediums could be seen as an indication of a fairly high level of social acceptability and status. It could also indicate, especially where involvement in such activities implied financial contributions, reasonably high levels of income.

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218. I. Inkster, op.cit., p.140.



The actual number of medical men involved in voluntary society activity was not necessarily large. In Wakefield doctors seem to have experienced a far higher level of involvement than their Huddersfield contemporaries, not only in voluntary society activity, but also in other civic functions. In some Wakefield societies, especially those linked to educational pursuits, medical men made up a significant proportion of the membership, especially in relation to their numbers. In a few cases they comprised the most active group of supporters. In other Wakefield societies involvement was limited to the 'top' medical men of the community - those with the best practices and appointments, who were well known locally. In Huddersfield involvement in civic activity was generally restricted to the local medical elite. This was especially the case when involvement went beyond the payment of a financial contribution, to committee work or appointment to an official post. We shall attempt to relate the degree of participation in civic activity to the differing social and economic structures of the two communities in the conclusion to this Section.

The activities which medical men became involved in reflected their specialised knowledge and interests. They played a key role in the medical charities of the two towns, not only as the providers of medical treatment, but also as managers of the institutions. In provincial towns such as Wakefield and Huddersfield medical men formed the core and main representatives of a 'scientific community', and at many points the medical and scientific communities overlapped.<sup>219</sup> Doctors were interested

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219. I. Inkster, Studies in the Social History of Science in England During the Industrial Revolution, circa 1790-1850, unpublished Ph.D. Thesis, Sheffield, 1977, p.162.

in the promotion of societies with a scientific bias: in Wakefield, for example, the Microscopic Society<sup>220</sup> and the Museum. They also (especially in Wakefield) became active in other educational societies, which apparently lacked any strong scientific leanings: the Mechanics' Institutes, Philosophical and Literary Societies and newsroom societies. They became involved in missionary and non-medical charitable work to a lesser extent. Participation in these areas seemed to be more a matter for individual conscience, rather than a group activity.

a) Medical Charity

One of the first types of activity which medical men became involved in was the promotion (through publicity and fund-raising) and support of local medical charities. In Wakefield two of the town's most influential medical men, Drs. Richardson and Dawson, supported the Dispensary from its establishment in 1787. In the first half of the nineteenth century the surgical staff of the Dispensary, Messrs. Horsfall and Dawson, with the support of Dr. Gilby, honorary physician to the charity, pressed for the addition of wards for accident cases (although this proposal was opposed by the senior physician to the Dispensary, Dr. Crowther). In Huddersfield Dr. Walker, the town's leading physician, campaigned for the foundation of the General Dispensary, which was set up in 1814. In the 1820s Walker, joined by Dr. Turnbull, another eminent local physician and medical officer to the Dispensary, also advocated the need for the addition of in-patient facilities. Both physicians produced pamphlets outlining the necessity for such a provision.<sup>221</sup>

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220. The Wakefield Microscopic Society initially confined its membership to medical men. See Section III a).

221. For more on the setting up of the Wakefield and Huddersfield medical charities, see Chapter 4, Section III a).

Once the medical charities were established, the leading medical men of the towns were prepared, or rather eager, to give their services free of charge, and involve themselves in the administration of the institutions. In addition to attending once or twice a week to dispense medical treatment, the medical officers took a large part in the day-to-day management of the charities, serving on committees and sub-committees, compiling reports, supervising the appointment of paid staff and apprentices, and fund-raising. The newly-appointed medical staff of the Huddersfield Dispensary, for example, became involved in the preparations for its official opening in 1814. They were responsible for directing the repair and alteration of the Dispensary building, ordering tables, counters, drawers, utensils, surgical instruments and drugs, preparing a register of patients, and making arrangements for the supply of leeches to the institution 'at as cheap a rate as they can'.<sup>222</sup> In 1815 Dr. Walker, together with three lay officers, was made responsible for writing letters to the ministers of local churches and chapels, requesting them to preach sermons and make collections in aid of the Dispensary. In 1824 Dr. Walker was requested to draw up an appeal to the ladies of Huddersfield to provide flannel for the patients.<sup>223</sup>

The medical staff of the Dispensary were also very much involved in the preparations for the opening of the Infirmary at its new site on the New North Road in 1831. They were made responsible for giving estimates of the accommodation thought necessary and the costs of running

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222. Minute Book of the Huddersfield Dispensary, Vol. I, Meetings of the Committee, June 29, July 2 and November 7, 1814, pp. 8-9, 13.

223. Ibid., Meetings of the Committee, April 3, 1815, p.18, January 5, 1824, p.129.

the proposed institution, and for checking the suitability of plans submitted by the architect. The medical staff helped draw up new rules, ordered beds and other furniture for the rooms and wards, and assisted in the appointment of additional staff, including a matron, an apothecary and several nurses.<sup>224</sup> In 1848 the medical officers were co-opted onto the newly-established House Committee, set up to superintend annual expenditure and guard against extravagance. In the following year the medical staff were made responsible for supervising the provision of new drains at the Infirmary together with the Huddersfield Improvement Commissioners. In 1869 a sub-committee of three gentlemen and the honorary medical staff was appointed to report on the best mode of warming and ventilating the Infirmary, and in the same year the medical officers were requested to make any alterations that they thought necessary to the patients' diet tables.<sup>225</sup> Most of the responsibility for the governance of the Wakefield House of Recovery devolved on the Ladies Committee. The medical officers were, however, responsible for the medical administration and drawing up annual reports. The physicians also assisted the Ladies Committee with arrangements for the annual charity ball.

As R.J. Morris has pointed out,<sup>226</sup> medical charities could have become sites of conflict between the lay supporters, who funded the institutions, and the medical officers, with their perhaps differing conception of the purposes of medical charity. However, conflicts between the medical staff and the lay administrators appear to have been rare

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224. Ibid., Meetings of the Committee and Infirmary Committee, 1828-32.

225. Minute Book of the Huddersfield Infirmary, Vol. II, Meetings of the Monthly Board, June 9, 1848, p.146, August 6, 1849, p.168, February 1, 1869, Vol. III, June 7, 1869, p.7.

226. R.J. Morris, op.cit., p.182.

in the Wakefield and Huddersfield institutions.<sup>227</sup> The two groups co-operated well at committee and general meetings, presenting a uniform front on such important issues as admission policies and funding. The fact that the medical officers became involved in the administration of the charities meant that they became aware of their financial limitations. The lay and medical supporters of the charities, meanwhile, shared an interdependent relationship with each other, which ensured a high degree of consensus. The medical charities would have been unable to function without the active co-operation of local medical men. On the other hand, the advantages derived from an honorary medical post at a dispensary or infirmary, in terms of social and professional rewards and practice-building opportunities, were sufficient to ensure there was always an over-abundance of medical practitioners ready to fill these posts and supply the medical needs of the lay managers of these institutions.<sup>228</sup>

Whenever lay officers expressed an opinion on the work of the honorary medical staff, it was usually couched in terms of approbation and gratitude. For example, at the Annual General Meeting of subscribers to the Huddersfield Dispensary, held in June, 1821, it was resolved

That the most cordial thanks of this meeting be given to the medical and surgical officers of this Institution for the valuable service they have professionally rendered to the numerous afflicted objects of its charity and for their personal sanction and support of its interests. 229  
(my emphasis)

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227. This lack of conflict apparently typified the relationships between lay and medical officers in most nineteenth-century medical charities. See, for example, B. Abel-Smith, op.cit., pp. 32-45.
228. See Section I for more on the advantages of hospital appointments.
229. Minute Book of the Huddersfield Dispensary, Vol. I, Annual Meeting of Subscribers, June 21, 1821, p. 105.

Similarly, the committee of the Wakefield Infirmary remarked in their annual report for 1870-71

... that it is due to the Honorary Medical officers to acknowledge their grateful sense of the very kind and efficient service so constantly rendered by those gentlemen in their treatment of the sick and the suffering, both in the house and at their own homes. It is clear that the benefits conferred on the poor of our town and neighbourhood through this charity depends in a large measure on their skill and gratuitous attention.  
230 (my emphasis)

Given that the medical officers were hand-picked by the lay governors, the consensus which existed between lay and medical supporters becomes less surprising. Although candidates for posts were vetted by the medical officers, who checked their testimonials and qualifications, the real task of electing the medical staff devolved on the general body of subscribers, who were in fact responsible for judging the medical skills and competency of the applicants. In this way, the involvement of doctors in medical charities differed fundamentally from their participation in other voluntary society activity, which was less likely to be regulated by their peer (or socially superior) groups. The election of medical officers aroused a great deal of interest amongst subscribers; the majority participated in the elections, even if they had little involvement in the functioning of the charity.<sup>231</sup>

Successful candidates were normally drawn from the local medical elite of the two towns - those with the best qualifications and practices.

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230. 84th A.R. W.I., 1870-71, Annual Address, p.4.

231. For example, at the election of a surgeon to the Huddersfield Infirmary in 1833 a total of 580 votes were cast for the three candidates. (John Bradshaw received 291, T.R. Tatham 225 and Mr. Astin 64) The number of votes approximated very closely to the total number of subscribers to the charity. Minute Book of the Huddersfield Infirmary, Vol. I, General Meeting of Subscribers, October 30, 1833, p.333.

In theory the posts were limited to 'pure' physicians and surgeons.<sup>232</sup> The holders of honorary medical posts were selected, however, not just on the basis of any medical knowledge and skills that they might have been seen to possess, but also on the basis of their social acceptability and personal bearing. The medical officers of the charities were to be first and foremost 'gentlemen', and as such representative of the middle-class lifestyle and interests. In the words of Inkster, 'a physician or surgeon to the Infirmary was not simply the holder of a medical office, but also the approved representative of the local middle class'.<sup>233</sup>

Local men, who had practised in the town, in particular the sons of medical practitioners, stood a greater chance of being elected. This applied especially to surgeons, who were more likely to have completed at least part of their training in the locality. In Huddersfield there even appears to have been a residency requirement for appointment to honorary Dispensary and Infirmary posts. The qualifications required by the institutions, meanwhile, tended to be lower for local men than for 'foreigners'. When Thomas Abbey Bottomley applied for the post of surgeon to the Huddersfield Infirmary in 1865, he placed the following advertisement in the local newspaper:

TO THE GOVERNORS OF THE HUDDERSFIELD AND UPPER AGBRIGG  
INFIRMARY ...

I trust that my being a townsman, also having for a period of more than three years discharged the duties of House-Surgeon to your valuable institution, and since then being engaged in extensive private practice in the town and neighbourhood, will ensure me your vote and personal interest.

T.A. Bottomley  
M.R.C.S.L., L.S.A. 234

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232. See note 52.

233. I. Inkster, 'Marginal Men: Aspects of the Social Role of the Medical Community in Sheffield 1790-1850', p.140.

234. HE, December 9, 1865.

His candidature was in fact successful, although two previous attempts to seek appointment in 1862 and 1863 had failed. (Two out of the three honorary surgeons elected in these years had also been born and trained in Huddersfield. All three had practised in the town for a number of years).

The post of honorary medical officer was not only confined to an elite, but also to a very small number of medical men. Initially the Wakefield Dispensary appointed only two physicians. In 1823 two surgical posts were created, and, following a 'sharp contest' between four applicants, Messrs. Horsfall and Dawson were appointed.<sup>235</sup> The number of honorary posts remained the same for the rest of the nineteenth century, in spite of a considerable expansion in the number of patients treated and the addition of in-patient facilities in 1854. In 1814 two physicians and two surgeons were appointed as medical officers to the Huddersfield Dispensary. In 1820 an additional surgeon was elected, and in 1853 two further surgical appointments were created, making seven posts in all.

Honorary medical posts were permanent and doctors tended to hang on to them for many years, even if they were no longer fit to practise. Medical men who had served the charities for long periods (in the region of 20 to 30 years) were given the opportunity to act as consulting physicians or surgeons upon their retirement from the normal duties of medical officer. Many medical men retained their hospital posts until death. For example, John Horsfall filled the post of surgeon to the Wakefield Dispensary and Infirmary for a period of over 30 years, from 1823 until

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235. WHJ, January 10, 1823.



1856. In 1856 he accepted the office of consulting surgeon and served the institution in this capacity until his death in 1859. Dr. Caleb Crowther rendered his services as physician to the Wakefield Dispensary from 1795 until his death in 1849 (54 years).<sup>236</sup>

Dr. John Kenworthy Walker served the Huddersfield Dispensary and Infirmary, an institution he had been especially active in promoting, from its initiation in 1814 until 1846, when he was forced to resign on account of poor health. In his letter of resignation Walker declared

It has been a main object of my wishes to see the Infirmary a real benefit to the poor, as well as honour to the town and I do hope under providence, it may continue to be more and more useful every year.

The Board received his resignation with 'deep regret': during the 32 years he had served the institution 'by his medical skill, unwearied energies and Benevolent disposition the usefulness of this charity was widely extended, ...'.<sup>237</sup> Walker, however, continued to serve the institution in the capacity of consulting physician. William Greenwood acted as house surgeon to the Huddersfield Dispensary between 1820 and 1823, and honorary surgeon to the Infirmary from 1834 to 1862. In 1862 he took up the post of consulting surgeon.<sup>238</sup> George Robinson was appointed

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236. Reports of the Wakefield Dispensary and Infirmary; PMD, 1850 (Obituary Section).
237. Minute Book of the Huddersfield Infirmary, Vol. II, Special Meeting of the Monthly Board, June 15, 1846, p.100.
238. Reports of the Huddersfield Dispensary and Infirmary. In recognition of Greenwood's services as apothecary, he was adjudged a gratuity of £20 'in testimony of his merits'. At a committee meeting in September it was recorded 'That this Committee Sensible of the value of moral principles to society and especially of the benefit of their practical operation in the personal conduct of the Apothecary to this Institution, deem it requisite to express its high approbation of the moral and correct deportment which has been maintained by Mr. Wm Greenwood for more than three years during which period he has discharged with assiduity & ability the official duties of apothecary to the Huddersfield Dispensary'. Minute Book of the Huddersfield Dispensary, Vol. I, General Meeting of Subscribers, June 20, 1823, p.124, Meeting of the Committee, September 1, 1823, p.126.

one of the first surgeons to the Huddersfield Dispensary in 1814. He relinquished his active duties in 1853 on account of 'failing health', but continued to serve as consulting surgeon until his death in 1865. In recording his death in the annual report for the year 1865-66, the Board were

at a loss to convey an adequate expression of their sense of the valuable services; which, for a period extending over more than fifty years, he rendered to the charity. He discharged his duties ably and faithfully and was revered and respected by all. 239

Perhaps the longest-serving medical officer of the nineteenth century was William Turnbull, physician to the Huddersfield Dispensary and Infirmary from 1816 until within a few weeks of his death in 1876, a period of 60 years! Appointment to the honorary posts of the charities was, therefore, limited to a few medical men in both Wakefield and Huddersfield. The posts were awarded to an elite group. The appointment then tended to reaffirm this status.

In most circumstances if a doctor failed to be chosen as a medical officer, he also withheld his financial and organisational support from the charity. Few doctors without honorary posts paid subscriptions or donations to the medical charities; fewer still served on committees or in any other official capacity. For example, only three medical men were recorded as having made donations to the Fund for the building of the Huddersfield Infirmary.<sup>240</sup> The only two medical men to subscribe

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239. 35th A.R. H.I., 1865-66, Annual Address, p.8; Reports of the Huddersfield Dispensary and Infirmary.

240. One, Dr. J.K. Walker, was honorary physician to the Dispensary. Another, Dr. Bradley, had been honorary physician to the charity between 1814 and 1816, but had been forced to resign on account of ill health. The third medical man to make a contribution was Dr. Crowther, physician to the Wakefield Dispensary. First A.R. H.I., 1831-32. See Chapter 4, Section II b) for more on the financial contributions of doctors to medical charity.

to the 'Prince Albert Memorial Fund' to build an additional ward at the Wakefield Infirmary were Drs. Holdsworth and Kendell, the two honorary physicians to the charity.<sup>241</sup>

Those doctors who felt in some way excluded from or maltreated by the medical charities could be very critical of their governance. The comments of Brady and Tatham on election procedures and the operation of patrimony at the Huddersfield Infirmary have been referred to in Section III. Tatham resigned his post as surgeon to the Infirmary in 1863 after nine years in office. Shortly after he sent a series of letters to the Infirmary Committee complaining of the favouritism shown to some of the medical officers. Tatham maintained, probably with some justification, that the governors of the Infirmary were not influenced by considerations of merit or experience, but by social and family concerns. With respect to the election of Frederick Greenwood as surgeon in 1862, Tatham remarked 'Was it not broadly asserted and publicly reported a son was to be elected out of respect for long services rendered by his father?' Tatham also attacked the committee for not acknowledging his services on his retirement from office. Tatham claimed that 'to omit to mention the resignation of a Medical Officer is a departure from customary etiquette, by which omission the ordinary duty, pertaining to a Public Institution is subverted, to make room for the display of a malicious and vindictive feeling' (his emphasis).<sup>242</sup>

The Infirmary Committee maintained that the omission was not intentional, and that Tatham's services had been fully recognised in

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241. 76th A.R. W.I., 1862-63.

242. T.R. Tatham, M.D., op.cit., pp. 35, 9, HPL (Tomlinson Collection).

a resolution of the committee when he announced his departure from Huddersfield.<sup>243</sup> Tatham's complaints continued, however, and finally in June, 1865 the committee further acknowledged his services at the Annual Meeting of Governors.<sup>244</sup> A copy of the resolution was returned to Tatham by David Marsden, Honorary Secretary, together with an extraordinary piece of correspondence. The letter stated

You are a poor miserable person, an enemy to yourself and family; you came to Huddersfield with an excellent prospect before you, and you have made a wreck of yourself ... You have quarrelled with your Medical Brethren ... you have insulted the Infirmary Board, as if you considered them all to be your enemies ... A word of praise to others appears to cut you to the quick, you take it as an oversight of your great abilities and services ... I fear your condition is hopeless; any one who may read your disgraceful productions cannot fail to come to a very decided conclusion as to the state of your mind ... You may depend upon it, that I would much sooner play a Game at Chess, than reply to one of your filthy compositions ... You may print this letter if you think it likely to serve your purpose. !! 245

At the Annual General Meeting of the Huddersfield Infirmary in 1859 Mr. Samuel Knaggs, a Huddersfield general practitioner, proposed a resolution suggesting that the governors should investigate the possibilities of self-help medical provisions for the poor of the town as an alternative to medical charity.<sup>246</sup> In the same year Knaggs wrote to the Medical Times and Gazette proposing the setting up of insurance societies for the poor and working classes, to which every qualified, regular doctor could be attached.<sup>247</sup> Knaggs' proposal to the Infirmary governors was

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243. Minute Book of the Huddersfield Infirmary, Vol. II, Meeting of the Monthly Board, January 4, 1864, p.462.
244. Ibid., General Meeting of the Governors, June 30, 1865, p.489.
245. To the Governors of the Huddersfield and Upper Agbrigg Infirmary, The Official Letter, from David Marsden, Esq., Honorary Secretary; also a Reply by Thos. Robt. Tatham, M.D. (Nottingham, 1865), p.3, HPL (Tomlinson Collection). For Tatham's dispute with the Huddersfield Board of Guardians, see Chapter 3.
246. Minute Book of the Huddersfield Infirmary, Vol. II; Annual Meeting of Subscribers, June 24, 1859, p.367.
247. S. Knaggs, 'Some Suggestions for Diminishing the Abuses of Medical Charities', Medical Times and Gazette, 1859, Vol. II, p.442.

rejected out of hand, and Knaggs appears to have overcome any scruples he felt about the nature of medical charity when he was appointed to the post of honorary surgeon in 1863.<sup>248</sup> On the whole attacks by medical practitioners on either the nature of medical charity or on the particular administration of the Wakefield and Huddersfield institutions were rare, and seem to have been easily overcome by appointment to the sought-after honorary posts.

b) Other Voluntary Society Activity

Medical practitioners in both Wakefield and Huddersfield showed an interest in cultural and educational societies, including those designed for their own intellectual improvement and those intended to provide some form of education for the lower classes. Participation in societies of this nature, however, was more particularly the preserve of the local medical elite, especially in Huddersfield. When it is considered that, in theory at least, medical men represented one of the best-educated groups in Wakefield and Huddersfield, their participation was relatively limited. Involvement in associations set up to study natural history or science, for example, tended to be patronised mainly by those doctors with the best practices and honorary appointments.

The Wakefield Microscopic Society, founded in 1854 by and for medical men, opened its doors to interested laymen in 1858. This move appears to have coincided with a fall off in the support of medical practitioners. In 1858 ten medical practitioners were members of the Society (almost half the Wakefield medical profession). By 1871 the

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248. Minute Book of the Huddersfield Infirmary, Vol. II, Special General Meeting, February 27, 1863, p.442.

number had dwindled to four, namely Dr. Samuel Holdsworth (physician to the Wakefield Dispensary and Infirmary), Dr. T.G. Wright (late physician to the Wakefield House of Recovery, consulting physician to the West Riding Lunatic Asylum) and Messrs. Thomas Walker and James Fowler (honorary surgeons to the Wakefield Dispensary and Infirmary).<sup>249</sup> In the mid-nineteenth century Mr. Henry Dunn was appointed Treasurer to the Wakefield Museum. Dr. William Thomas served on the Council. Both men held honorary posts, Dunn as surgeon to the House of Recovery, Thomas as physician to the Dispensary, House of Recovery and Lunatic Asylum.<sup>250</sup> No other medical men appear to have participated.

A larger group of men were active in the town's two main educational societies, the Philosophical and Literary Society and the Mechanics' Institute, although the right to act in an official capacity was normally confined to the local medical elite. Dr. T.G. Wright and Mr. Dunn, for example, were both elected several times during the mid-nineteenth century to the post of President of the Phil. and Lit. Society. A wider cross-section of the Wakefield medical profession became members, including Drs. Gilby and Alexander, and Messrs. W.R. Milner, Statter, Starkey and Horsfall. Medical men offered lectures on a wide variety of subjects, of which only a small proportion could be classified as medical or even scientific. In the 1820s and 1830s, for example, Mr. Dunn lectured on such topics as the varieties of human race, on the play Cymbeline, gymnastics, the Thames tunnel, deaf and dumb institutions, apparitions, pastimes, 'science', prison discipline, the supply of water to towns and 'The Deluge'.<sup>251</sup>

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249. Minute Book of the Wakefield Microscopic Society, 1854-1858; Wakefield Microscopic Society. List of Meetings for 1871, Ms. and Printed. WDA (Local Collection, Box 2C).
250. The Laws and Regulations of the Wakefield Museum, 1830, WDA (Local Collection, Box 2C).
251. Wakefield Philosophical and Literary Society. List of Essays Read during Former Sessions, n.d., c.1836, WDA (JGC).

Medical men were also involved in the Liberal-dominated Wakefield Mechanics' Institute, set up originally in 1820 and reconstituted in 1841. In 1841 books were donated to the Institute by Drs. Wright and Crowther, and Messrs. Dawson and Ebenezer Walker. Several medical men served as officers or committee members: Dr. J.G. Atkinson (V.P.), Dr. T.G. Wright (V.P.), Ebenezer Walker, Junior (V.P.), W.R. Milner (Committee), Dr. Samuel Holdsworth (Committee) and Mr. William Dyson Wood (Committee). In addition to serving as officers and supplying books and equipment, members of the Wakefield medical profession spoke frequently at meetings or offered courses. In the year 1867-68, for example, Dr. T.G. Wright gave a talk on the origin of the English language, Mr. W.R. Milner spoke on the subject of 'A Visit to Switzerland' and Lawson Tait lectured on Britain during the Stone age. In 1870-71 Mr. R. Creane, house surgeon to the Infirmary, lectured on the subject of the human body, J. Fowler discussed astrological medicine and fortune telling, while J. Crichton Browne, Esq., M.D., Medical Superintendent of the Asylum, gave a talk entitled 'Observations on Obsequies'!<sup>252</sup>

In Huddersfield only two medical men, Messrs. Wilks and Houghton, were included amongst the 42 founder members of the Subscription Library, which was set up in 1807.<sup>253</sup> A handful of doctors participated in the activities of the Huddersfield Mechanics' Institute after its establishment in 1844. Only one medical man, Dr. Cameron, served the Institute in any official capacity: he was appointed Honorary Secretary in the 1850s and was one of the nine life Members. Between 1844 and 1870 (when this

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252. Reports of the Wakefield Mechanics' Institution, For the Years 1842-43, 1849-50, 1862-68 and 1870-71, WDA (Local Collection, Box 11B).

253. Laws for the Regulation of the Huddersfield Subscription Library, Established in March 1807, HPL (Local Pamphlets, Vol. 16).

survey ends) a few other doctors became involved with the work of the Institute: Mr. William Greenwood, Mr. Samuel Knaggs, Dr. Ramsbotham<sup>254</sup> and Mr. T.A. Bottomley.<sup>255</sup> (With the exception of Ramsbotham, all were honorary surgeons to the Infirmary.) In terms of membership their participation was insignificant. In 1855, for example, two doctors were listed as annual members out of a total of approximately 150.<sup>256</sup> George Sargent, one of the town's most eminent surgeons, was the only medical man to play a significant role in the founding of the Huddersfield College in 1838. He was also involved in its subsequent management, serving on the Council of the College and acting as an examiner. Two other medical practitioners, Thomas R. Tatham and William Turnbull (honorary Infirmary officers), were governors of the College.<sup>257</sup>

Similarly, only three medical men were recorded as being involved in the Huddersfield Archaeological Association, founded in 1863, which enjoyed more than its fair share of aristocratic patronage. The Patron of the Association was the Earl of Dartmouth; Vice-Patrons included Sir John William Ramsden, Sir George Armytage, Sir Joseph Radcliffe and T.P. Crosland, Esq., M.P. Dr. William Turnbull, physician to the Infirmary, was elected President for the year 1866; J.K. Walker, M.D., consulting physician, was one of the Vice-Presidents and G.W. Rhodes, honorary surgeon, an ordinary member.<sup>258</sup> Walker was one of the society's

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254. Of homoeopathist fame. See Section III c).

255. Reports of the Huddersfield Mechanics' Institution, 1844-70, HPL (Misc. Pamph: Mechanics' Institute).

256. Fourteenth Report of the Committee of the Huddersfield Mechanics' Institution, Jan. 27th, 1855, HPL (Misc. Pamph: Mechanics' Institute).

257. A List of The Proprietary of Huddersfield College, n.d., c.1838, HPL (Misc. Pamph: Huddersfield College).

258. Transactions of the Huddersfield Archaeological and Topographical Association, Vol. I, Part I, 1866; Huddersfield Archaeological Association. Papers Read at the Annual meeting on the 30th January, 1867, to which are Prefixed the Rules of the Association and List of Officers for 1867, HPL (Misc. Pamph: Societies: Arch. and Top.).



most prolific members, a regular lecturer and publisher on the subject of topography. As early as the 1820s Walker had published a topographical account of Huddersfield, related to the mortality of the town.<sup>259</sup>

Medical men seem to have become prominent in the field of public speaking during the nineteenth century, and not just within the confines of the various educational institutes. It was an activity which brought them into contact and to the notice of middle-and upper-class groups. Appearance in the public eye offered doctors the chance not only to show off their scientific knowledge, but also to show themselves to be gentlemen of many accomplishments and interests. They were able to capitalise on a growth of interest in science, which may have been given a boost by the setting up of medical charities in the two towns. Sometimes their talks were published in pamphlet form, directed mainly at a lay public.

When Dr. Alexander donated the profits of his pamphlet on phrenology to the Wakefield Dispensary in 1827, it was not only remarked on as an 'instance of literary kindness'; it also brought Alexander's name and opinions into the homes of many wealthy Wakefield families. The list of subscribers to the pamphlet was impressive, including many important local families: for instance, the Gaskells, Ridsdales, Leathams and Tootals (all potential and wealthy clients).<sup>260</sup> The editor of the Wakefield and Halifax Journal remarked that it was his wish that the author would be 'induced' to present the public with his remaining essays.<sup>261</sup>

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259. Baines, 1822, p.205.

260. D. Alexander, M.D., A Lecture on Phrenology (List of Subscribers), pp. iii-vi, WDA (Local Collection, Box 14).

261. WHJ, January 19, 1827.

The interests of James Fowler, surgeon to the Wakefield Infirmary, extended far outside the medical field, to encompass water pollution and supply, agriculture, archaeology and history. He published a number of papers in the Yorkshire Archaeological and Topographical Journal, including a piece 'On Mural Paintings and other Antiquities at All Saints, Wakefield'.<sup>262</sup> He was a regular lecturer at the Mechanics' Institute on the subjects of archaeology and history. In 1865 Fowler gave a series of lectures on phrenology in the Wakefield Music Saloon, covering such topics as 'Love, Courtship and Marriage', 'Self-knowledge and Self-culture' and 'The Location, Definition and Natural Language of the Organs.', medical science popularised! At the final session Mr. Fowler devoted two hours to a public examination of persons and a delineation of characters, which were 'in general' correct. All the lectures were reported as being well attended.<sup>263</sup>

Samuel Knaggs published several pamphlets during the mid-nineteenth century directed primarily at an educated lay audience: On the Unsoundness of Mind considered in relation to the question of responsibility for Criminal Acts (1853), Common Sense versus Homoeopathy (1855) and Some Thoughts on the Rights and Duties of the Individual in his Social and National Life (n.d.). Samuel Booth of Huddersfield, an active Temperance reformer, offered a series of talks and pamphlets in the 1850s and '60s on the dangers of alcohol and smoking and on self-help medicine. (He also published widely in medical journals on similar subjects).<sup>264</sup>

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262. PMD, 1870.

263. WE, October 14, 1865.

264. PMD, 1856, 1861, 1866.

During Lawson Tait's short stay in Wakefield he proved himself to be an enthusiastic public speaker and author. His lectures and publications, aside from his enormous outpourings on medical subjects, covered the fields of anthropology, natural history and pre-historic archaeology. Tait, a disciple of Darwin, was active in the International Congress of Pre-historic Archaeology and a Fellow of the London Anthropological Society.<sup>265</sup> While in Wakefield he became involved in both the Mechanics' and Church Institutes. Tait apparently delivered his piece on 'Britain in the Stone Age' to the latter Institute. The lecture, which went on for two hours, created a certain amount of scandal, and the Chairman chided Tait for expressing opinions about the origin of man which contradicted Old Testament teaching. In 1868 the Wakefield Journal and Examiner reported on Tait's 'voluminous' lecture to the Mechanics' Institute on the subject of alcohol, which had lasted for four hours. Tait suggested that crime and disease were not related to alcohol, and that it was in fact a useful food. This incurred the wrath of the Temperance reformers. One critic commented that Tait, noted for his dogmatism, should abandon medicine and exercise his talents from 'the pulpit or in the law courts'!<sup>266</sup>

The range of societies which could be examined in the context of this Section was by no means exhaustive. But medical men appear to have involved themselves rather less in non-medical charitable activity. Only a small group of medical men, for example, subscribed to the Wakefield Benevolent Society in the 1830s. Dr. Corsellis, medical superintendent of the West Riding Lunatic Asylum, was a committee member, and Drs. Crowther and Thomas and Mr. Henry Dunn annual subscribers,<sup>267</sup> representing

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265. PMD, 1870.

266. J.A. Shepherd, op.cit., pp. 27-8.

267. Report of the Wakefield Benevolent Society, Instituted in the Year 1791, Wakefield, Nov. 30th, 1836; Subscriptions to the Benevolent Society, c. 1832-1844, Printed and Ms. WDA (JGC).

less than one-sixth of all medical practitioners in the town. The inter-denominational Wakefield Town Mission, a visiting society set up in 1840, which in a limited number of cases gave medical assistance to the sick poor, was supported by only a small proportion of the town's medical practitioners from its initiation up to 1870: Drs. Holdsworth, Julius and Kendall, and Messrs. Dunn, Ross and William Statter, plus two doctors' wives, Mrs. Crowther and Mrs. Corsellis. Several medical men were appointed by the charity as honorary medical officers. The first consulting physician was Dr. Crowther; the first surgeons Messrs. E. Walker and Son, members of the old Wakefield surgical family. Following Crowther's death in 1849, Dr. T.G. Wright was appointed consulting physician. In 1870 Mr. Jennings, surgeon to the Wakefield Infirmary, took over the post of gratuitous surgeon.<sup>268</sup>

In Huddersfield there appears to have been an even greater exclusivity, with a very small number of doctors involving themselves in the activities of charities and voluntary societies. For example, Dr. William Turnbull seems to have been the only medical practitioner active in the Huddersfield Benevolent and Visiting Society in the first decades of the nineteenth century, and George Sargent the only one to serve on the committee of the Huddersfield Auxiliary Peace Society (set up in 1823 to circulate religious tracts). During the course of the nineteenth century a smattering of medical men played an active role in the Huddersfield Temperance Society: Thomas Wrigley, James Astin, Samuel Booth and Norman Porritt.<sup>269</sup>

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268. Annual Reports of The Wakefield Town Mission, 1848, 1849, 1852, 1870, WDA (Local Collection, Box 4B).

269. Address of the Huddersfield Benevolent and Visiting Society. Instituted December 13, 1830, Huddersfield, n.d., c.1830, HPL (Unclassified); First Annual Report of the Huddersfield Auxiliary Peace Society, for the Circulation of Tracts, 1823, HPL (Misc.Pamph:Peace Society); 1832-1932. Souvenir of the Centenary Celebrations of the Huddersfield Temperance Society (1932), p.11, HPL (S/HTe 8).

c) Public Health

One area of civic activity which captured the interest of large numbers of the medical profession was public health and its reform. This was a natural enough extension of the work of medical men interested in disease prevention and the effects of urban filth, sanitation, housing and water supply on the health of the population. During the late eighteenth and early nineteenth centuries medical practitioners became more and more interested in what could be loosely labelled 'social medicine', including industrial medicine and sanitary reform. The larger towns and cities could all boast of eminent practitioners in these fields: in London Southwood Smith, Neil Arnott, William Farr and John Simon, in Manchester Thomas Percival, John Ferriar, James Phillips Kay and Peter Gaskell, in Leeds Robert Baker and Charles Turner Thackrah, and in Sheffield George Calvert Holland.<sup>270</sup> As M.E. Rose has pointed out, it is probable that examples of doctors who were actively concerned with social medicine, including public health reform, could be found in most urban communities during this period.<sup>271</sup>

In Wakefield and Huddersfield the interest of medical men in public health, and in particular its relationship to disease prevention, was illustrated by a considerable outpouring of literature on the subject. The cholera epidemics of 1832 and 1849 excited particular interest.

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270. For discussions on the involvement of medical men in public health reform, see, for example, M.W. Flinn's introduction to E. Chadwick, Report on the Sanitary Condition of the Labouring Population of Great Britain (1842, reprinted Edinburgh, 1965), especially pp. 18-26; W.M. Frazer, A History of English Public Health 1834-1939 (1950), Part I.

271. M.E. Rose, 'The doctor in the Industrial Revolution', British Journal of Industrial Medicine, Vol. 28, 1971, p.22.

Medical men in both towns offered their interpretations of how cholera was caused and spread, and, more importantly, how to cure and prevent the disease. Henry Dunn, visiting surgeon to the House of Correction, published a piece in The Lancet in 1833 on outbreaks of cholera and diarrhoea in the institution. In 1850 Dr. T.G. Wright, physician to the Wakefield Asylum, made an attempt to explain the devastating epidemic of cholera which had broken out in the Asylum in 1849.<sup>272</sup> Drs. Turnbull and Taylor and Mr. Samuel Booth of Huddersfield contributed papers to medical journals describing their experiences in the 1832 and 1849 cholera outbreaks, suggesting preventative measures. Taylor's piece is of particular interest, giving a case-by-case breakdown of 93 cholera (and diarrhoea) victims in Huddersfield, who had fallen prey to the 1849 epidemic.<sup>273</sup>

But it was not just epidemics which excited the interest of Wakefield and Huddersfield doctors. Throughout the nineteenth century there was a steady outpouring of literature on the sanitary condition of the towns, water supply and cleanliness, and the effects which improvement in these areas could have on the more 'everyday' diseases of the period: typhus, typhoid fever, smallpox, influenza and the contagious diseases of childhood. Samuel Booth published a number of papers on these subjects

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272. H. Dunn, 'The malignant Cholera in the House of Correction at Wakefield', The Lancet, 1833-34, Vol. I, pp. 787-89; T.G. Wright, M.D., Cholera in the Asylum. Reports on the Origins and Progress of Pestilential Cholera, In the West-Yorkshire Lunatic Asylum, During the Autumn of 1849, and on the previous state of the Institution. A Contribution to the Statistics of Insanity and of Cholera (London and Wakefield, 1850), Wellcome Institute Library.
273. W. Turnbull, M.D., 'Examples of Cholera Spreading by Contagion', London Medical Gazette, Vol. 9, 1832, pp. 823-25; J. Taylor, M.D., op.cit., Medical Times, Vol. 23, 1851, pp. 256-59, 340-44, 399-402; S. Booth, 'Precautions for the Prevention of Cholera', 1851 and 'The Sanitary measures necessary for the Prevention of Typhus Fever, Cholera, etc.', 1858. PMD, 1852, 1856, 1861.

in the 1850s and 1860s: 'Precautions for the Prevention of Cholera' (1851), 'Essays on Sanitary Measures for the Prevention of Diseases' (1857), 'On Fever in the Provinces' (1862) and 'Vaccination and Re-Vaccination' (1863).<sup>274</sup> In the 1860s Mr. James Fowler of Wakefield contributed a 'Report on the Condition of the Calder and its Tributaries in the Wakefield District' to the Third Report of the Royal Commission on the Pollution of Rivers.<sup>275</sup> In 1870 Dr. James Chrichton Browne and Lawson Tait assisted Dr. Radcliffe, Medical Officer to the Privy Council, in the compilation of his report on the state of the sanitation, housing and water supply of Wakefield.<sup>276</sup>

For the first three-quarters of the nineteenth century the medical profession of Wakefield and Huddersfield normally acted in a consultative rather than official capacity in the field of public health. In 1873 the first Medical Officer of Health, John Benson Pritchett, was appointed in Huddersfield. In the late 1860s Mr. William Swift Wade was appointed Officer of Health to the Borough of Wakefield. Previous to this a few medical men had served on the various official bodies set up in the towns to regulate water supply, sewerage, nuisance removal, scavenging, and so on. Messrs. Wrigley and Bradshaw of Huddersfield were elected Street Commissioners, and Messrs. B. Walker and W. Statter and Dr. Wood served in the same capacity in Wakefield. William Dean was appointed Chairman of the Slaithwaite Board of Health in the 1860s. These men, however, did not necessarily represent the interests and concerns of the profession as a whole, apparently taking on 'another hat' when acting in their official capacity, expressing as much concern with rate saving as improving the sanitary state of the towns.

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274. PMD, 1856, 1866, 1871. For more on Booth and his publications, see Appendix 14.

275. PMD, 1870.

276. J.A. Shepherd, op.cit., p.17; 'The Sanitary Condition of Wakefield', Medical Times and Gazette, 1870, Vol. I, pp. 36-37.

Poor Law medical officers were in a somewhat better position than their colleagues to attempt at least to insist on the provision of special facilities for fever cases, in particular isolation hospitals, on the removal of nuisances, and the encouragement of vaccination amongst the poor, although their efforts in these areas could be severely handicapped by the parsimonious attitude of the Boards of Guardians.<sup>277</sup> The medical staff of the Wakefield and Huddersfield medical charities, meanwhile, were in a position to monitor the effects of low standards of public health on the local communities. The treatment of large numbers of home cases gave the medical officers of the dispensaries and infirmaries the chance to observe the relationship between poor living and sanitary conditions and the incidence of epidemic disease. One of the tasks of the medical staff of the House of Recovery, meanwhile, was to visit the homes of patients' families following their removal to the hospital to advise them how best to prevent the spread of disease, usually typhus, to other family members, authorising financial assistance if it was believed necessary.

Peter Razzell has suggested that the dispensary movement helped in the diffusion of the principles of personal hygiene, which he claims had some significance in reducing mortality rates in the first half of the nineteenth century.<sup>278</sup> The medical officers of the Huddersfield

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277. For more on the public health activities of the Boards of Guardians, see Chapter 3.

278. P.E. Razzell, 'An Interpretation of the Modern Rise of Population in Europe - A Critique', Population Studies, Vol. 28, 1974, Part 1, p.13.



Dispensary and Infirmary did apparently see the necessity of impressing the rudiments of health care and hygiene on the patients (and their families) who came under their care. In-patients were ordered to bring with them supplies of clean linen, and those well enough assisted the nurses with washing and cleaning the wards. They also recognised the importance of pointing out special trouble spots to the appropriate authorities, and in some cases the officers of the institution took action themselves to clean up these areas.

A resolution of the A.G.M. of June, 1824, for example, recommended to the newly-appointed committee that they '... appoint one or two of their number to make occasional visitations to the different Lodging Houses and report the state in which they find them to be'.<sup>279</sup> In 1837 the Reverend J.R. Oldham read a report to the Infirmary Committee on the state of lodging houses in Huddersfield. He claimed that out of the fifteen Irish lodging houses in the town, which together contained 80 beds, there had been 67 recent cases of typhus fever. The medical officers suggested that the best preventative measure would be to institute a twice yearly white-washing, and a public subscription was initiated by the committee to pay for this and the further cleansing of the lodging houses.<sup>280</sup> A further form of preventive medicine encouraged by both the committees and medical officers of the medical charities was vaccination, a service which was offered to the poor gratis. There were repeated vaccination drives during the nineteenth century: between 1814 and

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279. Minute Book of the Huddersfield Dispensary, Vol. I, Annual Meeting of Subscribers, June, 1824, p.136.

280. Minute Book of the Huddersfield Infirmary, Vol. I, Meetings of the Monthly Board, September 4 and October 2, 1837, pp. 389-90.

1818, for example, 700 poor persons in the Huddersfield area availed themselves of this service. 331 were vaccinated in the year 1815-16 alone, when a severe smallpox epidemic prevailed in the region.<sup>281</sup>

Doctors were also called in occasionally, usually in a crisis situation, to give practical assistance with health problems, or more commonly to help treat outbreaks of epidemic disease. During the cholera epidemics of 1832 and 1849, for example, additional medical men were drafted in to assist the medical officer to the Wakefield House of Correction. During the severe outbreak of 1832, when cholera and diarrhoea raged for two months, resulting in a total of 151 cases and 21 deaths, Drs. Gilby and Thomas and Mr. Starkey were engaged to assist Mr. Dunn. Similarly, in 1849, when cholera struck again, Dr. Thomas and Mr. Marshall were called in to relieve the two regular medical officers, Messrs. Milner and Dunn. Both the permanent staff and relief doctors were remunerated for their services. Dr. Thomas received £25, Messrs. Milner and Dunn £21 and Mr. Marshall fifteen guineas.<sup>282</sup>

The Boards of Guardians employed additional medical men to relieve their medical officers or summoned expert advice, although usually only in cases of great emergency. In 1843, for example, Dr. Turnbull was called in to consult with Mr. Helliwell, the medical officer to the Huddersfield Workhouse. Helliwell had been unable to eradicate a serious infectious disorder, which had attacked half the Workhouse inmates. Turnbull identified the disease as 'the Itch' and suggested a remedial treatment.<sup>283</sup> In 1847 Dr. Taylor, honorary physician to the Huddersfield

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281. First to Fourth A.R.s H.D., 1814-18.

282. J. Horsfall Turner, op.cit., pp. 185, 211.

283. Minute Book of the Huddersfield Board of Guardians, Vol. 4, January 20 and February 3, 1843, pp. 15, 25, Ms. HPL (P/HU/M).

Infirmery, was called in to assist in the Huddersfield Workhouse during the prevalence of typhus fever. He was paid three guineas for his services.<sup>284</sup> During the 1849 cholera epidemic Dr. Taylor was summoned again to act in an advisory capacity to the Guardians. The rest of the Huddersfield medical profession were given carte blanche to attend upon cholera cases at the Board of Guardians' expense (an extravagance later very much regretted by the Board).<sup>285</sup>

It was not uncommon for medical men to be consulted by the various official bodies in Wakefield and Huddersfield on matters relating to the health of the towns. In 1841, for example, the magistrates of the West Riding requested five Wakefield medical men to inspect and report on the healthiness of several sites adjacent to the House of Correction, which had been suggested as suitable locations for an extension of the institution. The magistrates consulted medical men who had practised for many years in Wakefield, and who, therefore, could be expected to be most familiar with the health of different parts of the town: Dr. William Thomas (a resident practitioner in Wakefield for 20 years), Mr. Benjamin Walker (a practising surgeon at Westgate Common, in the immediate vicinity of the prison, for 34 years), Joseph Bennett (a practising surgeon in the town for 24 years, and a pupil of the late Mr. Walker, prison surgeon, for six years), Mr. William Starkey (a Wakefield practitioner for fifteen years) and Mr. Henry Dunn (a practising surgeon in the town for sixteen years, and prison surgeon for fourteen). Dr. Crowther also sent a 'very long letter' on the subject to the magistrates. The medical

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284. Ibid., Vol. 5, May 21, 1847, p.508.

285. Ibid., Vol. 7, March 15, 1850, p.32. The charges made by medical men for attendance on cholera cases totalled £270.

men were in almost complete agreement about the suitability of the various sites, recommending the most elevated location, Site C, with Site B, on the North side of the prison, a good second.<sup>286</sup>

Medical practitioners were also consulted when public health inquiries were held in the towns. In 1852 an inquiry into the sewerage, drainage, water supply and sanitary condition of Wakefield was held in consequence of a petition being presented to the Board of Health by the newly-founded Wakefield Town Council.<sup>287</sup> Over a third of all Wakefield medical practitioners were asked to supply evidence: Drs. Wood and Wright, and Messrs. W.R. Milner, Statter, Marshall, Dawson, Burrell, Ebenezer Walker and Benjamin Walker, the latter giving evidence both in his capacity as a medical practitioner and as a Street Commissioner.<sup>288</sup>

The medical witnesses examined cases of sickness in various districts of the town, paying special attention to the recent outbreak of cholera, its origins and spread. They covered most of the town during the course of their inquiries, looking at the general condition of the inhabitants and their homes, the state of the streets, drainage and sewerage, water supply and the ventilation of the streets and dwellings. The medical men proved to be valuable witnesses. They were able to back up their statements with statistical evidence, and they had more experience in dealing with the poor than the rest of the witnesses.

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286. WJ, September 10, 1841.

287. W. Ranger, op.cit. See Chapter 2, for more on public health in Wakefield and Huddersfield.

288. There is no record of the evidence of Benjamin Walker being included in the Report.

The Union medical officers and the honorary medical staff to the Dispensary, and more particularly the House of Recovery, were in a special position to monitor both epidemic (for example, influenza, measles, smallpox and cholera) and endemic (for example, typhus and typhoid fever, diarrhoea and chest infections) outbreaks of disease. The evidence of the medical witnesses could be quite damning, and critical of the lack of effort on the part of the Street Commissioners to remedy the many evils in the town's sanitary arrangements.

In their reports the medical witnesses pointed to strong links between poor sanitary conditions and outbreaks of disease. They also concurred in their definition of particular trouble spots. The report summed up.

It is especially worthy of notice how enormously in excess is the mortality of New-street, Nelson-street, and of some few other courts and yards, as compared with that of the rest of the locality, these places being, it must be observed, those specially alluded to by the medical men as the most wanting in all sanitary appliances and arrangements. 289

Dr. William Wood, medical inspector of the factories, for example, reported that the most common locations of fever cases were New-street, Nelson-street and Wrengate.<sup>290</sup> John Burrell also drew particular attention to the state of Nelson Street, which 'was densely inhabited, chiefly by low Irish, and was undrained, ill ventilated, ill supplied with water, and imperfectly paved'. In 1847 there had been a large number of cases of typhus in the street, and two years after 'the cholera broke out in the same street and in the same house, and was, in his opinion, mainly

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289. W. Ranger, op.cit., p.77.

290. Ibid., Appendix: Medical Evidence, p. 79.

attributable to the defects he had already named'. Meanwhile, Mr. William Statter reported that the whole of the drainage in the East Moor district was on the surface, and that many of these open drains

were half full of decomposing sewerage. The district was one hardly ever free from fever. The drainage of Westgate Common was, he believed, equally imperfect. There was a surface-drain in Pincheon-street, but it only extended half way up the street, and it was no uncommon thing to see the surface of the road covered with offensive matter'.<sup>291</sup>

Even Dr. Wright, medical witness to the Street Commissioners, severely criticised them for permitting waste disposal depots to be sited in the town.<sup>292</sup>

In Huddersfield a similar inquiry was held in 1848, connected with the application by a portion of the inhabitants for an Improvement Act for the town.<sup>293</sup> Only one medical witness was invited to give evidence, Mr. T.R. Tatham, in his capacity as Union Medical Officer for the Northern District of Huddersfield. Tatham pointed in particular to the problem of the town's lodging houses. Outbreaks of fever in the town, he claimed, were 'greatly attributable' to the overcrowding of 'low' lodging houses. Fever also resulted from poor drainage in certain parts of the town, a lack of privy accommodation, and nuisances, which the various official bodies failed to remove. The problems were especially severe in the damp cellar accommodation and where housing conditions were particularly cramped and overcrowded.<sup>294</sup>

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291. Ibid., pp. 78-9.

292. Ibid., p.89.

293. The Minutes of Proceedings on a Preliminary Inquiry on the Huddersfield Improvement Bill, Held February, 1848, Ms. HPL (C/T/2/35).

294. Ibid., Evidence of T.R. Tatham, pp. 27-36.

The only other medical men to give evidence were Mr. Thomas Wrigley and Mr. Bradshaw, who did so in the capacity of Street Commissioners (rather than medical witnesses). They gave a very different picture of the town's state of health to that provided by Tatham and other more critical witnesses. Wrigley agreed that there was some fever in the town, but blamed it on the influx of Irish into Huddersfield and their lack of adequate nutrition, which resulted in a low state of health - 'Huddersfield I do not consider an unhealthy Town at all - I see very few cases of Typhus Fever originating among the Inhabitants of the Town itself'.<sup>295</sup> Although, under the pressure of questioning, Wrigley did admit there was a shortage of privies in some parts of the town and problems with drainage and sewerage, he tried to defend the position of the Commissioners, claiming much had been done in the last few years to remove filth and nuisances. His evidence was supported by that of Mr. Bradshaw. Thomas Wrigley died one year after the 1848 Inquiry, and was given a glowing obituary in the Leeds Mercury, not least on account of his Reformist sympathies. But the paper also stressed Wrigley's significant role as a Street Commissioner. He had served in this capacity for 26 years, and the Mercury claimed that Wrigley had been largely responsible for the construction of the public waterworks in Huddersfield.<sup>296</sup>

d) Political and Public Activities

Few medical men in Wakefield and Huddersfield became actively involved in political affairs, or indeed professed strong political sentiments. Men such as Dr. Crowther of Wakefield, an ardent Liberal

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295... Ibid., Evidence of Mr. Thomas Wrigley, pp. 37-43.

296. LM, June 2, 1849.

and Reformer, and Mr. Wrigley of Huddersfield, who 'was from an early period of life steadily attached to the reform party, and bore the name Reformer when it was anything but fashionable, and when Reformers had really to endure the heat and burden of the day,<sup>297</sup> were exceptional. A few Wakefield medical men were involved in local politics, some being chosen as Councillors and Aldermen. For example, Ebenezer Walker, Liberal and member of the Wakefield surgical family, was elected as Councillor for the North Westgate Ward at the first local elections in May, 1848. His brother, Benjamin Walker, also a surgeon by trade and a Liberal, was chosen as Councillor for the South Westgate Ward in 1848, and elected Alderman in 1848 and 1850. Finally, in 1851 he became Mayor of Wakefield. In the 1860s Dr. Samuel Holdsworth (Liberal) was elected Councillor for the Kirkgate Ward and Mr. William Dawson (Conservative) was chosen as Alderman.<sup>298</sup> It was not until 1868 that Huddersfield received its Charter of Incorporation. At the first elections of a Council, which took place in the same year, no medical man was chosen as a Councillor or Alderman.

The politics of Huddersfield were dominated by Liberalism;<sup>299</sup> its religion by Non-Conformity, particularly Methodism. Not surprisingly a large proportion of medical men shared in this Liberal/dissent mix (particularly those most active in the affairs of the town). For example, eight medical men, about half those in practice in Huddersfield,

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297. Ibid.

298. White, 1853, p. 866; J.W. Walker, op.cit., p. 554; Poll Book of the Wakefield Borough Election, 1865, WDA (Local Collection W.324).

299. See Chapter 2 for more on the politics of the two towns.



voted in the 1834 borough elections. Two medical practitioners, Messrs. Hudson and Newhouse, voted for the Conservative Reformer, Mr. Sadler. The remainder, Messrs. Bradshaw, Astin, Sargent, Robinson, Wrigley and Wilks, for the moderate Liberal candidate, Mr. Blackburne. None voted for the Radical Captain Wood, although John Moxon, surgeon and druggist, subscribed to defray the expenses of Wood's committee. At the polls Blackburne received 234 votes (48%), Sadler 147 (30%) and Captain Wood 108 (22%). The voting behaviour of medical men, therefore, seemed to be less radical than that of the Huddersfield electorate as a whole. While three-quarters of the medical profession supported the moderate Blackburne, he polled less than half the total number of votes.<sup>300</sup> The 1837 borough election was a more closely-run affair. Edward Ellice, the Liberal candidate, polled 340 (54%) of the total votes, while Richard Oastler, standing as a Tory candidate, took 290 (46%). Seven medical men voted for Ellice, only four for Oastler.<sup>301</sup>

In Wakefield the picture was quite different. Wakefield was an isolated centre of Anglican influence in the West Riding during the nineteenth century, and had a high Conservative poll. The elections were normally closely fought between Liberal and Conservative candidates, with several swings between the success of the two camps taking place in the nineteenth century.<sup>302</sup> However, the medical profession of the town did not mirror this almost 50/50 split in voting behaviour. The medical vote was predominantly Conservative. In 1837, for example,

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300. A Copy of the Poll. Borough of Huddersfield, 1834, HPL (B.324).

301. J.R. Vincent, op.cit., pp. 112-13.

302. See Chapter 2, Section II d.

the Conservative candidate, Lascelles, was returned with a small majority of 307 to 281. Yet of the sixteen medical men voting (most of those in practice in the town), eleven voted for Lascelles and only five for Daniel Gaskell, the Liberal candidate.<sup>303</sup> During the campaign the Whig-Radicals objected to the property qualification of Mr. Edward Taylor, surgeon. Unfortunately for them his vote was allowed and, as anticipated, he voted for the Conservative candidate.<sup>304</sup> Again in 1862 the Tory candidate won by only a small majority of 456 to 425. Four medical men voted for the Liberal candidate, eleven supported the Conservative. Two of the medical men entitled to vote abstained, Drs. J.G. Atkinson and T.G. Wright.<sup>305</sup> It is likely that some medical men chose to remain neutral at elections, especially where they were to be closely-fought contests. By doing so, they could avoid offending patients or their potential clientele by voting the wrong way. For example, T.G. Wright, a man with apparently Liberal leanings, tended to remain neutral at elections. A note in the 1840 Register of Electors remarked that Wright was 'rather an uncertain Bird - but having Patients on both sides - is very likely to remain neutral'.<sup>306</sup>

In both towns there are examples of medical men being elected to official posts. Again this seems to have been more common in Wakefield, especially with respect to more important appointments. Medical men

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303. For Lascelles Joseph Bennett, William Dawson, Henry Dunn, John Horsfall, Thomas Ross, William Rowlandson, William Starkey, Squire Statter, William Statter, Edward Taylor and William Thomas, M.D.; for Gaskell Caleb Crowther, William and George Holdsworth, and Benjamin and Ebenezer Walker. Wakefield Borough Election. Poll Book, 1837, WDA (Local Collection W.324).

304. WRH, September 29, 1837.

305. Poll Book of the Wakefield Borough Election, 1862, WDA (Local Collection W.324).

306. Register of Electors for the Borough of Wakefield, 1840, WDA (Local Collection W.324).

were, for example, occasionally elected to serve on the Boards of Guardians. In 1840 Benjamin Bradshaw of Huddersfield was chosen as Guardian for Uppertong Township in the Huddersfield Union,<sup>307</sup> while Benjamin Walker of Wakefield served as Guardian to the Township of Alverthorpe-with-Thornes from the formation of the Union until his death in 1855, being elected several times as Chairman and Vice-Chairman. In marking his death the Board of Guardians noted that Walker had been

Constant in his attendance at the meetings of the Board - thoroughly conversant with the poor of his district - possessed of great kindness of heart and sympathy with the deserving poor, whilst acting with firmness against the idle and disorderly, his services were indeed most valuable, and his loss will be sensibly felt. 308

In 1827 Squire Statter, surgeon, was elected Chairman of the Vestry of the Parish Church, Wakefield, and in the same year William Holdsworth was chosen as Constable.<sup>309</sup> In the mid-nineteenth century Drs. Kendall and Wright served in a semi-official capacity as Governors of the Wakefield Charities.<sup>310</sup> In 1870 Mr. William Statter, nephew of Squire Statter, and Samuel Holdsworth, M.D. were elected as Justices of the Peace for Wakefield.<sup>311</sup>

The same names repeatedly crop up in connection not only with voluntary society activity, but also with respect to other civic involvement and election to public office. Those who became involved in the affairs of the communities tended to have practised for a number of years in

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307. Minute Book of the Huddersfield Board of Guardians, Vol. 2, March 27, 1840, p.200, Ms. HPL (P/HU/M).
308. WE, July 7, 1855.
309. WHJ, October 12, 1827.
310. See Chapter 2 for more on the Governors of the Charities.
311. J.W. Walker, op.cit., p. 129.

their towns. In Wakefield those families with a long tradition of medical practice tended to be especially active: for example, the Walkers, the Holdsworths and the Statters. Doctors with good practices and appointments, which typically coincided with wealth and high social status, were also best represented in local affairs. Wealth and a stable practice could be seen as fundamental prerequisites for involvement in voluntary society or civic activities, which was open only to those individuals who could afford to sacrifice money and time to their public interests. In addition, the Liberal and Non-Conformist elements of the medical profession were well represented. This tendency was most distinctive in Wakefield, where after all the majority of medical men appear to have had Tory/Establishment sympathies. The Holdsworths and Walkers, for instance, were Non-Conformists and Liberals. In Wakefield Liberal/Non-Conformist doctors were represented in civic activities out of all proportion to their numbers.

e) Prominent Medical Men

Dr. Disney Alexander (1769-1844), for example, a leading local Methodist, came to be an active member of the Wakefield community following his arrival in the town from Halifax early in the nineteenth century. Although he apparently had no ties in Wakefield, he was descended from an important Halifax family of medical practitioners. In 1820, following the death of Dr. James Richardson, he took over his posts as honorary physician to both the Dispensary and the West Riding Lunatic Asylum. Alexander gave up his Dispensary appointment in 1829, but served as a Life Governor to the Charity until his death.<sup>312</sup> He was an active member of the dissenting community, attending at the Westgate Wesleyan

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312. WHJ, February 18 and April 21, 1820, March 20, 1829; 43rd A.R. W.D., 1830-31.

Chapel in Wakefield. Alexander preached on many occasions to local Non-Conformists, in some cases dedicating his sermons in aid of good causes. In 1800, for example, before taking up residence in the town, he preached a sermon at the Methodist Chapel, Wakefield, for the benefit of the Benevolent Society.<sup>313</sup> In 1835 he gave a course of six lectures at the Westgate Chapel on the 'Internal Evidence of Christianity'.<sup>314</sup>

Alexander gave his support to many Wakefield societies, including the Benevolent Society, the Bible Society, the Phil. and Lit. Society, the Mechanics' Institute and the Working Men's Association. He was particularly active in the fields of writing and lecturing, often raising money for his favourite charities by these means. In 1827, for example, he donated £10, the profits arising from the publication of his pamphlet on phrenology, to the Wakefield Dispensary.<sup>315</sup> In 1831 he gave two lectures in the Wakefield Music Saloon on the subjects of the education of children and the conduct of men to animals, the profits of both talks being in aid of the London Society for the Prevention of Cruelty to Animals.<sup>316</sup> In 1837, following his retirement from medical practice, Alexander capped his previous literary achievements by publishing a book of poems.<sup>317</sup>

Apparently (perhaps due to over exposure) his talks did not always go down well. In October, 1832 Clara Clarkson attended one of his lectures on the character of Napoleon Bonaparte and the evils

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313. LM, January 11, 1800.

314. Westgate Chapel. Announcement of a Course of Lectures on the Internal Evidences of Christianity, to be delivered by D. Alexander, 1835, WDA (JGC).

315. WHJ, January 19, 1827.

316. WHJ, March 18 and 25, 1831.

317. D. Alexander, Horae Poeticae or Poems, with Notes By a Retired Physician (1837), WDA (JGC).

of war, which was given for the benefit of the Mechanics' Institute. She remarked in her diary that the talk was 'very long and very dry'. In 1838 Dr. Alexander preached at a special service in aid of the Working Men's Association, the text being 'The rich and the poor meet together and the Lord is the parent of them all'. After disclaiming all intention of meaning equality of station and circumstance, Alexander attempted to show that all men were equal in physical and moral structure, and, in the eyes of God, all were the joint heirs of immortality. Clarkson later remarked that some of the congregation (although unfortunately she did not specify which part) thought it a 'poor fawning sort of lecture'.<sup>318</sup>

Perhaps one of the most outstanding individuals to practice medicine in Wakefield during the nineteenth century was Dr. Caleb Crowther (1772-1849). Crowther, who originated from Gomersal in the West Riding, qualified as M.D. at the University of Edinburgh in 1793, and immediately after came to Wakefield to set up in practice. In 1795 he was appointed honorary physician to the Wakefield Dispensary, a post which he held for 54 years, until his death in 1849. He acted as visiting physician to the Wakefield Asylum from 1818 to 1826. Crowther was able to build up the largest medical practice in the town, inheriting many of the patients of Drs. Amory and Richardson, following their deaths in 1805 and 1820. In 1825, at the age of 53, he married Sophia Smithson, the sister of a wealthy railway owner. The marriage was childless, their only son dying in infancy.

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318. A.K. Jacques, op.cit., pp. 48, 125.

Crowther was active in many of the civic affairs of the town. He served not only as an honorary medical officer to the Dispensary, but also as a committee member, benefactor and Life Governor. He subscribed to the Wakefield Town Mission and served as its gratuitous consulting physician between 1840 and 1849. In 1804 he subscribed the sum of £21 to the Wakefield Volunteer Fund.<sup>319</sup> He was also involved in the Bible Society and Mechanics' Institute, and served on the committees of the Newsroom Society and the Benevolent Society. Crowther was an active Non-Conformist, and in 1844 he lent £1,000 for the building of the Zion Congregationalist Chapel in Wakefield.

Crowther also donated large sums of money for the establishment of an Almshouse for Dissenters and a Fever Hospital in the town. By 1848 he had expended £4,592 on his project to erect Almshouses. By his will he bequeathed a further £11,200 and over three acres of valuable land for the purposes of building and maintaining the Almshouses and Fever Hospital.<sup>320</sup> Crowther stipulated that the charities were to be managed by trustees selected from the principal dissenting congregations of the town, excluding 'Catholics, Attorneys and Solicitors'! Each governor, following his election, was to declare in writing 'that he is not, and never intends to become, a member of the Church of England, and that he does not profess or act in supporting and never intends to profess or act in support of, those opinions in politics which are commonly called Tory or Conservative opinions'.<sup>321</sup> The first trustees

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319. WS, February 24, 1804.

320. C. Crowther, M.D., op.cit., Ms. WDA (JGC).

321. Rules and Regulations Respecting Dr. Crowther's Charities, 1839, pp. 6-7, WDA (Local Collection, Box 8).

to be elected included the prominent Liberal M.P., William Henry Leatham, and other Wakefield representatives of the Liberal/Non-Conformist community, the Holdsworths, Clarksons and Lawtons, Rowland Hurst and John Craven. In the 1860s Mr. Thomas Clayton, founder of the Infirmary, and himself an important local Non-Conformist and Liberal, became Chairman of the Trustees.<sup>322</sup> The proposal to found a Fever Hospital eventually came to nothing: the first Union Workhouse, erected in 1852, complete with hospital wards, was thought to be a sufficient provision for the declining number of fever cases. But Almshouses were erected in George Street and occupied by sixteen poor dissenters.

Crowther's strong opinions on the subjects of religion and politics (and apparently everything else) and his want of diplomacy led him into conflict with both members of the medical community<sup>323</sup> and other local inhabitants. One Wakefield historian noted that 'Dr. Crowther was better known for his eccentricities, which were almost proverbial, and for the active part he took in local and political affairs than as a medical man'.<sup>324</sup> And as Crowther himself remarked, 'During a long and active life I can truly say that Popularity has never been my polar star. I have uniformly acted from the impulse of my own judgement without reference to the opinion of others'.<sup>325</sup>

Crowther had, for example, very firm views on charity, stating that many of those supporting philanthropic enterprises did so from incorrect motives: vanity or a hope to atone for a wicked life. Crowther

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322. Ibid., p.21.

323. For Crowther's relationship with his medical brethren, see Section III b).

324. J.W. Walker, op.cit., p. 570.

325. C. Crowther, M.D., op.cit., Ms. WDA (JGC).



changed his mind several times about the nature of any charitable bequest he might make. He considered leaving a sum of money for the establishment of an asylum for admitting tradesmen or 'that class of people who are just above paupers', either gratuitously or on very low terms. This project was later abandoned because Crowther believed that there would be too many difficulties attending the management of such an institution. Following on from this decision, Crowther bequeathed large sums of money to various local dispensaries and infirmaries, bequests which were later revoked from the belief that he should injure rather than benefit such charities by providing them with major legacies - '... if they were to be supported by permanent funds, I am persuaded that they would soon cease to excite the vigilance and sympathy of the public, they would soon be neglected and abused'.<sup>326</sup>

In 1840 Crowther's strong Liberal bias served to offend the proprietor of the local newspaper, The Wakefield Journal. Crowther had received a letter from the former Liberal member for Wakefield, Daniel Gaskell, who was then touring Europe, expressing his intention to subscribe £1,000 towards the erection of a public baths in Wakefield. Instead of forwarding the letter to the Journal, Crowther sent it to the Liberal Leeds Mercury for publication. The editor of the Tory Journal commented that Gaskell, who was now retired from political affairs, did not wish his scheme to be subject to any party bias, and

That the sum is very safely hazarded, for the whole scheme has been at the outset knocked on the head by that ancient mass of impenetrable prejudice, Caleb Crowther, Esq. M.D. and D.M. who received Mr. Gaskell's

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326. Ibid.

well-meant epistle on Wednesday, and serves it up in a Whig-Radical paper in a town at a distance on the Saturday, well knowing that the writer of the letter intended that the project should be unfettered by considerations of party, unbiased by the meannesses of any men or set of men, whether doctors or tinkers. 327

Crowther was also a moderate Reformist. He spoke at Reform meetings in the town in the early 1830s, at a time when even the notion of moderate political reform was an anathema to many of the wealthier classes.

Dr. Crowther was apparently in the fortunate position of having sufficient private means to make him largely independent of people's opinions.

He could well afford to lose potential patients because of his religious or political views. In this Crowther differed from the majority of medical practitioners in both towns. Although several other doctors were possessed of considerable means, they still relied on the wealthier and more influential part of their clientele for the continuation of their medical practice and income. As already suggested, in some cases doctors must have been prepared to compromise politically (or on religious issues) to avoid offending their patients.

In some respects Crowther's position in the community was taken over after his death by another Wakefield physician, Dr. Thomas Giordini Wright. Wright was, however, far more moderate in both his political and religious views. While having Liberal and dissenting sympathies, he tended to steer a middle course in both matters, remaining neutral at elections. Like Crowther, Dr. Wright received his M.D. from Edinburgh University (1831) and settled in Wakefield immediately after. Following

the departure of Dr. Gilby from the town in 1833, he was appointed honorary physician to the Asylum and the Wakefield House of Recovery. He was also Medical Visitor of Licensed Houses for the Insane in the West Riding. Like Crowther, he enjoyed considerable wealth and a large private practice.

While avoiding a strong Liberal commitment, his social activities brought him in contact with several eminent Liberal families, including the Leathams and the Gaskells, and similarly his medical practice seems to have been made up of members of the local Liberal community. Wright became a Vice-President of the Liberally-supported Mechanics' Institute in the 1860s, and was Chairman of the exclusive Archery Club, membership of which appeared to be dominated by the local Liberal elite, including the Leathams, the Gaskells and George Ridsdale.<sup>328</sup> On the other hand, Wright also managed to be elected a Governor to the Wakefield Charities, a notoriously Establishment/Conservative grouping.

For several years Wright was President of the Wakefield Phil. and Lit. Society, and he succeeded Crowther as honorary physician to the Wakefield Town Mission in 1849. Dr. Wright was also responsible, together with Dr. Thomas, for the organisation of the annual charity ball. For over 20 years Wright acted on behalf of the Ladies Committee of the House of Recovery as M.C. When the arrangements for the ball were taken over by the Dispensary in 1852, following the winding up of the House of Recovery, Wright continued to act as Treasurer to the Ball Committee. Wright joined the staff of the Wakefield Infirmary

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328. Wakefield Archery Club; Established June 25th, 1834. Report of 1st meeting, 25th June, 1834, WDA (Local Collection, Box 2C).

in 1873 as honorary physician, and was still Treasurer to the Ball Committee in 1885 (altogether a period of over 50 years), with Mr. Walker as Secretary and Dr. Holdsworth and Mr. Fowler as committee members. 329

The diaries of Clara Clarkson, spinster and Unitarian, and, judging by the number of entries on the subject of her medical complaints, also something of a hypochondriac, provide us with some insight into the relationship she enjoyed with her medical attendant, Dr. Wright. Wright acted as her medical attendant for a period of over 45 years (from around 1840), over which time they, not surprisingly, built up a friendly relationship. For example, when Dr. Wright's daughter, Nellie, married in 1876 Clara Clarkson bought her an afternoon tea set as a wedding present. Dr. Wright also confided in her following the serious illness and deaths in quick succession of two of his sons. Wright attended Clara Clarkson at frequent intervals in 1875 and 1876 during one of her many illnesses. While she was not entirely confident about Wright's advice and treatment, Clarkson felt a certain amount of loyalty to him, and resisted the urging of her friends to seek a second opinion. Her friend 'Alex', daughter of the late Dr. Alexander, encouraged Clara to consult her nephew, Dr. Reginald Alexander, but she felt 'reluctant to change to so young a man'. Finally, in December, 1876 Alex brought her nephew to examine Clara. He advised her to have morphine injections when her pain became severe, and suggested she recommended the treatment to Dr. Wright, 'as if I would dare to do so!' Despite her doubts about Wright, Clara Clarkson retained him as her usual medical attendant until her death in 1889, aged 78. 330.

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329. T.G. Wright, M.D, Reminiscences of the Charity Ball, WYCRO (C235/2/1).

330. A.K. Jacques, op.cit., pp. 155, 161-2, 169-70.

Two of the most important medical men in early nineteenth-century Huddersfield, in terms of both medical practices and participation in the affairs of the town, were Rowland Houghton and George Sargent. Both were staunch Liberals and leading members of the dissenting community. Rowland Houghton (1768-1820) was possibly the only doctor in practice early in the nineteenth century to be descended from an old Huddersfield family and to have been born in the town. His ancestors had been linen drapers, and the family had a long tradition of charitable work in Huddersfield. They were Wesleyans and had taken a lead in Huddersfield's move to Non-Conformity, the older members of the Houghton family having been associates of Venn.<sup>331</sup>

In 1814 Houghton stood for election as surgeon to the newly-inaugurated Huddersfield Dispensary. He was, as a result of the unpleasant disputes surrounding the campaign, initially unwilling to stand, but a meeting of 'the Friends' of Houghton, anxious the charity should have the benefit of the most experienced surgeons, nominated him for the post.<sup>332</sup> Houghton's apparently half-hearted election bid failed, although his last-minute campaign resulted in him polling 161 votes. Houghton placed a notice in the Leeds Mercury thanking his supporters - 'The very great Number of Votes they obtained after determining to bring him forward only after Days before the Close of the Poll, is to him most flattering, and he feels sensible of the Claims they have to his best Services in that benevolent Institution, whenever an Opportunity shall offer him to show it'.<sup>333</sup> Houghton did in fact act in an advisory capacity to

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331. G.W. Tomlinson, Some Account of the Founders of the Huddersfield Subscription Library (Huddersfield, 1875), pp. 51-54.

332. LM, June 25, 1814.

333. LM, July 2, 1814. See note 192 for election results.

the Dispensary, and his failure to be elected surgeon does not seem to have affected his career. He became a surgeon of 'considerable eminence in the Town', continuing to practise in Huddersfield until his death in 1820. Houghton was an active attender at the Highgate Chapel and an ardent supporter of the Bible, Tract and Missionary Societies. His obituary in the Leeds Mercury remarked that

In the populous town and district in which he resided, his loss will be longly and deeply lamented by his numerous friends, among whom, for a period of thirty years, he discharged his professional duties with an ability, an assiduity, and a success, which are rarely exceeded. He was not less distinguished for the qualities of his heart than for his mental endowments ... In the death of such a man society suffers no common loss, religion no common friend; ... . 334

More is known of Houghton's protege, George Sargent (1792-1840), who took up surgical practice in Huddersfield shortly before Houghton's death in 1820. He was born at Tetney-haven, Lincolnshire, and was the son of the Reverend G. Sargent, a Wesleyan minister and contemporary of Wesley. George Sargent had a deeply religious upbringing. By the age of seven he taught in his father's Sunday School. He later studied at the Kingswood School and subsequently was apprenticed to a Hull surgeon. During his apprenticeship Sargent also attended at the London hospitals. He first came to Huddersfield in 1815 as assistant to Mr. Houghton. The two shared a common religious background, and Sargent apparently worshipped with the Houghton family at their home. In 1818 Sargent moved for a short time to Halifax to practise, but early in 1820 he returned to Huddersfield to become Houghton's partner, and, following the latter's death later in 1820, his successor. In 1821 Sargent married Houghton's eldest daughter.<sup>335</sup>

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334. LM, May 20, 1820.

335. A Brief Memoir of the Late Mr. Sargent, Surgeon, Huddersfield, HPL (Local Pamphlets, Vol. 30).

Despite a succession of severe illnesses, which caused him to curtail his medical practice, Sargent became very active in the affairs of the town. Like Houghton, he was especially interested in promoting religious societies and in serving the Wesleyan community. He was Co-Secretary, together with the Reverend W.C. Madden, of the Huddersfield Auxiliary of the British and Foreign Bible Society, Treasurer of the Religious Tract Society and of the Missionary Society, and one of the Trustees of the Wesleyan Chapel. He was also on the committee of the Huddersfield Peace Society and on the Council of the Huddersfield College.

Although the Liberal/Non-Conformist elements of the medical profession were apparently far more active than the rest of their medical brethren in the affairs of the two communities, this is not to say that doctors who worshipped in the Established Church and who had Conservative sympathies took no part in voluntary societies and other civic activities. For example, Squire and William Statter, staunch Conservatives and attenders at the Parish Church, Wakefield, were very active in civic life, both holding important official posts. Similarly, Henry Dunn (1804-1858), a Tory and Churchman, took a very active role in the civic affairs of Wakefield. Dunn was born in Norwich in 1804 and commenced his professional career with Mr. Blakey, a surgeon in 'good practice' in Bradford. He qualified in 1824, and came to Wakefield in the same year, taking up the post of apothecary to the Dispensary. Shortly after Dunn was recommended by Dr. Crowther, physician to the Dispensary, to Mr. Thomas Stott, an established Wakefield surgeon. Stott was in bad health and wished to reduce his workload, and Dunn was taken on as his partner in practice.<sup>336</sup>

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336. 'The Late Mr. Henry Dunn, of Wakefield', Medical Times and Gazette, 1858, Vol. II, pp. 254-5.

In 1826 Dunn was appointed honorary surgeon to the House of Recovery, and in 1828 took over his father-in-law's post as surgeon to the House of Correction. The advantage of being the son-in-law of the previous prison surgeon was shown at the elections for the post. Dunn, a relative newcomer to the town, received 31 votes, Mr. Horsfall two and Mr. Dawson one. Three other candidates stood, but none received any votes.<sup>337</sup> Thomas Stott died in 1828 and Dunn inherited much of his private practice. In 1831 he married Thomas Stott's second daughter.

Henry Dunn became active in the affairs of the town soon after his arrival. He was on the committee of the Wakefield Benevolent Society, a subscriber to the Town Mission, Treasurer of both the Newsroom and Museum, and a member, and in several years President, of the Phil. and Lit. Society. Upon his death in 1858 the Provincial Medical Directory noted in its obituary section that

During a long and useful life Mr. Dunn succeeded in gaining the confidence of his patients and of the magistrates of the riding, and the love and esteem of a very large circle of friends, among whom may be mentioned the whole of the medical men of Wakefield and the neighbourhood; indeed few men had more friends, and none fewer enemies. 338

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337. J. Horsfall Turner, op.cit., p. 172.

338. PMD, 1859 (Obituary Section). For interesting biographies of eighteenth-century Sheffield medical practitioners, see M.C. Hamilton, The Development of Medicine in the Sheffield Region up to 1815, unpublished M.A. Thesis, Sheffield, 1957, Chapter VII. See also B. and D. Payne (eds.), 'Extracts from the Journals of John Deakin Heaton, M.D., of Claremont, Leeds', Publications of the Thoresby Society, Vol. 53, 1972, Part II, pp. 95-153. For further biographies of Wakefield and Huddersfield medical men, see Appendix 14.



Although this Section has been concerned basically with the involvement of the medical profession with middle-and upper-class groups, it would appear useful to make a short comment on the relationship of the profession with the poorer classes. This is an interesting side issue because the degree of social acceptability enjoyed by medical men in Wakefield and Huddersfield was apparently reflected in their relations with the poor. In Wakefield there is little sign of the tension which existed in many of the larger urban communities of the period, which was especially associated with the Anatomy Bill and cholera epidemics.<sup>339</sup> There is no evidence, for example, of the development of an opposition to medical men during the cholera outbreaks of 1832 and 1849.

The medical profession and their lay colleagues in the medical charities, however, appear to have approached their relations with the poor with some caution. The officers of the Wakefield Dispensary, for example, expressed concern about 'winning the confidence' of the poor. The character of the resident house surgeon was seen as being of vital importance, for it was he who came into most regular contact with the charity's patients. In 1830, for example, the officers and medical men expressed extreme regret at the loss of their apothecary, William Holdsworth. Dr. Crowther (who, as seen in Section III, was not always inclined to praise his colleagues) wrote that during his 35 years as honorary physician he had never seen the office 'more regularly or diligently attended to'. Holdsworth had won 'the respect, the esteem and the confidence of all the medical officers', and more importantly had

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339. For a study of the impact of the 1832 cholera epidemic on various sections of society and the medical profession, see M. Durey, The Return of the Plague. British Society and the Cholera 1831-2 (Dublin, 1979).

... succeeded in obtaining the esteem and entire confidence of the poor by listening patiently to their complaints, by regular and diligent attendance (upon) them when seriously ill, by his mild and kind behaviour to them, ... . 340

Wakefield apparently did not escape the visitations of the resurrectionists, who appear to have been especially active in the 1830s.<sup>341</sup> At the elections for the replacement of Holdsworth one of the candidates, Kemplay, had been recently associated with a charge of body stealing in Huddersfield. Although the charges against Kemplay had been dropped (and on all other counts he was eligible for the post), the officers of the charity felt unable to run the risk of employing him. They believed that if someone who had been associated with body stealing was elected apothecary, it would render the charity 'null and void'.<sup>342</sup>

In Huddersfield the relationship of the medical profession with the poor appears to have been more shaky. The officers of the Huddersfield Infirmary took great care to disassociate the institution from any connection with the 1832 cholera outbreak, refusing to allow the Board of Health to use their fever ward as a cholera hospital.<sup>343</sup> More serious was the link, as perceived by the Huddersfield populace, between voting behaviour and the medical profession's support of the Anatomy Bill, which would allow the bodies of unclaimed paupers to be used for dissection if permitted by the Guardians. During the 1834 election campaign attempts were made to turn popular opinion against the Liberal candidate, Blackburne,

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340 WHJ, December 3, 1830.

341. J.W. Walker, op.cit., pp. 540-43.

342. WHJ, December 3, 1830.

343. Minute Book of the Huddersfield Infirmary, Vol. I, General Meeting of the Governors, July 12, 1832, p. 311.

who was associated very much with Macauley, a supporter of the Anatomy Bill.<sup>344</sup> As shown above, the medical profession voted overwhelmingly in support of Blackburne, and by doing so also linked themselves very closely to the fierce debate over the Bill, and indirectly to the lobby opposed to factory reform. The 'reactionism' of the Huddersfield medical profession was remarked upon in the introduction to the 1834 Poll Book:

Who does Lawyer Blackburne represent? Why, not the Men of Huddersfield, but the Whigs, under the haggard form of a few Dead Body-Bill Doctors, FACTORY MONGERS, Mushroom Merchants, and their Myrmidons, who are instinctively against the PEOPLE, as the shark is against the herring. 345 (their emphasis)

A series of anonymous poems and broadsheets were circulated in Huddersfield, drawing attention to the 'Yellow Doctor', designed to turn popular opinion against the profession. For example, around 1834 the following poem was circulated in the town.

#### The Yellow Doctor.

A brave yellow Doctor who lives in this Town,  
And wish'd very much to increase his renown,  
Adorn'd his Costume, like a spirited fellow,  
In good taste, with an extra proportion of Yellow,  
At the close of the day, when Squire Flax was first parting,  
Doctor Bolus approach'd to take leave at departing,  
Quoth Squire Flax "I admire very much your array,  
"For you bear o'er your fellows the bell far away,  
"But the next time I come, whatever may fall up,  
"I advise you to swallow a less dose of Jalap". 346

The records of the medical charities and the Poor Law Guardians report disputes between doctors and patients and accusations of neglect or

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344. R.J. Morris points to a similar expression of mistrust and opposition towards the Leeds medical profession. R.J. Morris, op.cit., pp. 179-80.
345. A copy of the Poll. Borough of Huddersfield, 1834, HPL (B.324).
346. Bolus - large pill. Jalap - strong purgative. Misc. Broadsheets on the 1834 Huddersfield election campaign, HPL (Tomlinson Collection).

cruelty, but these were rare incidents, based usually on personal conflict. The local press carried occasional reports describing attacks, sometimes physical, on individual practitioners. In 1815, for example, Edward Batty and Thomas Lancaster of Wakefield, shoemakers, broke into the house of Mr. Squire Statter, surgeon, and assaulted and threatened him.<sup>347</sup> In 1852 Joseph Firth of Sheepridge, Huddersfield, violently attacked Mr. Clough, surgeon, 'whipping him in a most savage and brutal manner with a whip similar to that used by horsebreakers'. Firth charged Clough with neglecting to attend upon his father when he was ill,<sup>348</sup> a fairly frequent complaint, but usually not backed up by such drastic action.

Medical men in Wakefield and Huddersfield were more likely to be well known in their communities than was the case in larger urban centres. This increased exposure to the public eye could work both ways. If doctors were able to win the confidence of their patients and the support and approval of their social peers and superiors, all went well. Any benevolent gestures on the part of medical men were, for example, likely to be remarked upon. In 1842 the Wakefield Journal reported a case of

TRUE LIBERALITY. - Mr. William Rowlandson, of this town, surgeon, has kindly distributed to the poor of his neighbourhood, a large quantity of coals, which have been received at this Inclement Season, with the deepest gratitude. This is an example worthy of imitation. 349

Those who practised and socialised successfully were rewarded glowing obituaries in the local press. In recording the death of Dr. James Richardson in 1820 the Wakefield and Halifax Journal stated

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347. WHJ, April 28, 1815.

348. HE, April 10, 1852.

349. WJ, January 21, 1842.

The regrets of a numerous acquaintance, who sincerely esteemed and valued him, have followed him to the tomb. This esteem he richly deserved; for as a professional man, a gentleman, a neighbour, and a friend, he was indeed exemplary; and we believe all who knew him will join us in saying,

"We scarce shall look upon his like again". 350

Increased exposure to the public eye could also be disastrous for a medical practitioner. If he was suspected of neglect, poor treatment or of committing a social or personal blunder he could lose his reputation overnight. For example, in 1825 a new physician, Dr. Gilby, came to Wakefield to establish a practice. He had 'influential connections' and soon acquired a 'good standing' in the town. He was appointed as physician to the House of Recovery and the Asylum, and was taken in hand by Mr. John Lee, solicitor, and other important Wakefield families. However, in 1833, following an 'unfortunate circumstance' for which Gilby was blamed, a 'blight' fell on his prospects and he was forced to leave town.<sup>351</sup> The occurrence was the death of a child chimney sweeper who got wedged in one of Gilby's chimneys and suffocated. The chimney sweep's employer claimed that Gilby delayed rescuing the boy because he did not want any damage done to the house, and this testimony was supported by several other witnesses. Another group of witnesses claimed that Dr. Gilby wished to obtain the advice of the builder of the house as to how the flues were constructed in order to free the boy quickly. At the inquest the Jury returned a verdict of 'Accidental death',<sup>352</sup> but Gilby's career in Wakefield was ruined by this incident, and he

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350. WHJ, March 24, 1820.

351. H. Clarkson, op.cit., p. 168.

352. WHJ, May 18, 1832.

left the town for Bristol a short time afterwards. Clara Clarkson remarked in her diary that she was sorry that Gilby would leave Wakefield, '... but he has been very unpopular here since the sad affair of the little chimney boy'.<sup>353</sup>

Incidents such as these re-emphasise how important the personality and social behaviour of medical men was in determining their careers. As P. Starr has proposed, up until the late nineteenth century 'physicians' (and I would suggest all other medical practitioners) 'might win personal authority by dint of their character and intimate knowledge of their patients'.<sup>354</sup> Medical men were judged just as much on their social merits as on any medical skill that they might have been seen to possess. If one wished to succeed in practice, it was important to cultivate social contacts through the medium of voluntary societies and other forms of civic activity. Only more prestigious members of the profession tended to be admitted to civic organisations; membership, affiliation or office in these organisations then served to reinforce this status. Involvement brought the doctor into direct contact with a potential clientele, and on a wider basis proved his good character and social suitability as a medical attendant to the wealthier classes. Doctors, after all usually members of the middle class, also participated in civic affairs for the same reasons as others of their class, be they altruistic or pragmatic. On the whole it is likely that doctors shared in the creeds and ideologies held by the rest of the middle class. However, because they had more contact with the poor, they could attempt to act as translators of their needs, and influence and moderate the opinions of their contemporaries in such fields as medical charity, public health reform and the functioning of the Poor Law.

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353. A.K. Jacques, op.cit., p.48.

354. P. Starr, The Social Transformation of American Medicine, p.19.

Within the confines of this chapter it has proved impossible to carry out an exhaustive survey of all forms of potential civic activity.<sup>355</sup> However, it is possible to make a few tentative remarks regarding the involvement of medical men in the communities in which they practised. Those medical men who fulfilled certain social and professional criteria were most likely to be active: important local (preferably medical) family connections, a well-established practice, medical elite status and Liberal/Non-Conformist leanings. A combination of medical elite status and a suitable family background was especially promising. Newcomers to the towns had more difficulty breaking into civic activities. Those who managed this tended to overcompensate for their status as 'foreigners' in some other way: for instance, by intermarrying with established medical families (as with Sargent and Dunn) or acquiring a string of impressive qualifications.

Overall Wakefield medical men broke into a wider range of civic affairs in greater numbers. Indeed several played important roles in local government and voluntary society activities. Yet even in Wakefield the criteria outlined above were applicable. Although a larger group was involved in civic life, this did not constitute a majority of medical men. For example, with regard to voluntary society activity, out of the 70 or so medical men to pass through the town between 1840 and 1870, only about a dozen became involved in the work of the Town Mission, only six served in the Mechanics' Institute in any official capacity.<sup>356</sup>

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355. It has also been impossible to give a numerical breakdown of the participation of medical men in comparison with other social and occupational groups. A comparison of the doctor's civic activities with those of the legal profession, for example, could prove interesting.

356. Annual Reports of The Wakefield Town Mission, 1848-1870, WDA (Local Collection, Box 4B); Reports of the Wakefield Mechanics' Institution, 1842-1871, WDA (Local Collection, Box 11B).

These conclusions bring into question Inkster's concept of the 'social marginality' of medical men and their success in establishing 'a definite, identifiable social image'<sup>357</sup> by building up alliances with the lay community, by means, for example, of the voluntary society. By the beginning of the nineteenth century Wakefield medical men as a group could not be considered marginal. Provided that they fulfilled the normal requirements linked to social acceptability, they could become socially well integrated and active in civic life. The most eminent physicians and surgical families enjoyed especially high levels of social status. Nor could the Wakefield medical profession be considered as being occupationally marginal. As shown in Chapter 2, Wakefield was noted throughout the century as a service and trading centre, rather than a manufacturing town. There was a high concentration of professional and service groups, sharing a similar background and status to that of medical men. In Wakefield, and possibly in other provincial towns with similar social and economic backgrounds, the medical profession, in particular the medical elite, was well established and integrated.

The concept of marginality is apparently more applicable to towns such as Huddersfield, which, like Inkster's Sheffield, shared in the rapid industrial expansion common to many Northern manufacturing communities. There was a parallel growth in the town's commercial elements, in particular textile merchants and manufacturers, who came to outnumber and outclass professional and service groups. More medical men came to Huddersfield during the century, in part at least in response to increased demand from these commercial groups for medical attendance. Yet in Huddersfield;

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357. I. Inkster, 'Marginal Men: Aspects of the Social Role of the Medical Community in Sheffield 1790-1850', p.129.



with the exception of a small elite group, the medical profession appear to have been unable to break into voluntary society activity or other aspects of civic life. In Wakefield the medical profession seems never to have been marginal; in Huddersfield this group remained marginal for much of the nineteenth century.

#### Concluding Remarks

This chapter has demonstrated that a wide range of influences determined the career and social prospects of medical men. Professional criteria, education and qualifications, affected practice-building and job opportunities. Medical men sought to acquire status-conferring qualifications (many of which were acquired in mid-career). Successful practice often led to pluralism and a monopolisation of appointments. Professional furtherment, in particular via the medium of medical societies and publication, could also lead to improved career prospects.

Social factors had even more influence on the success of medical careers. Family background and wealth determined the kind of training that could be afforded in the first place, the type of practice a medical man could purchase or enter, and the standard of living he could adopt in those first crucial practice-building years. The best-placed individuals were clearly those who had an auspicious medical background, good connections or, alternatively, sufficient money to make up for a shortage of social advantages. Social status helped in the acquisition of posts and in gaining acceptance by the local community.

All these factors are so closely interrelated that it is impossible to place them in any clear order of importance. All acted upon each other. The same individuals who started out with good connections and

FIGURE 7:II

A 'blueprint' of a successful medical career:  
Biography of Dr. Samuel Holdsworth of Wakefield

Born: Wakefield, 1813-1896.

Family Background and Social Characteristics: Son of Samuel Holdsworth, a local gentleman (1777-1842). Member of an eminent Liberal family. In 1850s resided in Grove House, Kirkgate, with wife and one female domestic servant. By the 1860s had moved to the auspicious West Parade, where he resided with his wife and three children. Attended on by three female servants. Eldest son, Samuel R. Holdsworth, followed his father into the medical profession.

Qualifications: Served his apprenticeship with Mr. Bennett, a successful Wakefield surgeon (who in turn had been a pupil of Mr. Walker of Wakefield). M.R.C.S. Eng. and L.S.A. 1835 (Guy's, St. Thomas's and Paris), M.D. Pisa 1839, M.R.C.P. London 1859.

Appointments and Practice: 1836 appointed house surgeon to the Dispensary at a salary of £80 per annum. Resigned after usual three-year term in 1839. 1863 appointed honorary physician to the Wakefield Dispensary and Infirmary. Practised as a physician and built up large private practice.

Involvement in Professional Societies: Founder Member Wakefield Microscopic Society.

Religion: Methodist (Westgate Chapel). In 1858 acted as host to delegates attending the Annual Service of the W. R. Home Missionary Society and Congregational Union.

Politics: Strong Liberal. In 1860s served as Councillor and Alderman to the Kirkgate Ward.

Involvement in Charitable Work, Civic Affairs, a.s.o.: Subscriber and Life Benefactor to the Wakefield Dispensary and Infirmary. In 1863 subscribed £5 to the 'Prince Albert Memorial Fund' to build an additional ward. On Charity Ball Committee. Subscriber to Wakefield Town Mission and Bible Society. Committee Mechanics' Institute. Appointed J.P. in 1870. W. R. County Councillor.

wealth were most likely to win the best appointments and practices. The careers of some individuals such as Samuel Holdsworth of Wakefield represented a 'blueprint' of a successful medical career.<sup>358</sup> Social factors, however, perhaps deserve more weight than they have received in the past. The significance of social influences also serves to re-emphasise the importance of looking at the development of individual practitioners and medical communities within the context of the environment in which they practised.

Wakefield and Huddersfield opened up very different career prospects to medical men. By the turn of the nineteenth century there was a well-established, albeit small, medical community in Wakefield. Around the same period, as seen in Section I, a considerable number of paid and honorary posts became available. The fact that Wakefield had a high proportion of middle-class inhabitants may have also resulted in better practice-building opportunities. As pointed out in Section IV, Wakefield medical practitioners integrated themselves more successfully into the local community. Meanwhile, intra-professional relationships appear to have been more relaxed in Wakefield: posts as medical society officers, for instance, seem to have been widely distributed and meetings often took place in the informal setting of members' homes. In Huddersfield practice-building posts and job opportunities were less favourable. Huddersfield medical men tended to be new and comparatively late arrivals, and throughout the century the medical community remained small (especially as a proportion of the population). These factors may have made it more difficult for

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358. For further biographies of medical men, see Appendix 14.

Huddersfield doctors to break into civic activities. This comparative isolation in turn appears to have influenced intra-professional relationships, which were more strident and competitive than those experienced by their Wakefield counterparts.

On the whole the social and professional position of Wakefield medical men and their relationship with other social groups appears hardly to have changed. A status quo was reached early in the century. By the third quarter of the nineteenth century Huddersfield had begun to duplicate the pattern long established in Wakefield. At the beginning of the century very few Huddersfield practitioners had been born in or had connections with the town; by mid-century this was no longer the case. Medical families, who had long been a feature of medical life in Wakefield, began to make their appearance, represented, for example, by the Greenwoods, Robinsons and Cloughs.<sup>359</sup> Other mid- to late-century Huddersfield practitioners were the sons of eminent professional or commercial families. As the Huddersfield middle class began to create a demand for medical treatment, in part they came forward to fill that demand, sending their sons into medical practice. It is likely that late nineteenth-century Huddersfield medical men found their entrance into medical practice (and perhaps into civic life) somewhat easier than their early nineteenth-century predecessors.

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359. See Section II c).

## CHAPTER 8

### Conclusion

The thesis has outlined the establishment and development of medical provisions in Wakefield and Huddersfield during the period 1780 to 1870. The chief mediums through which medical care became available have been discussed, namely the medical profession, represented most significantly by the general practitioner, the 'institutional' services of the Poor Law and medical charities, and the 'self-help' provisions of the friendly society and fringe practice.

The purpose of the conclusion is not to sum up all the separate findings of the survey with respect to each form of provision and group of medical personnel.<sup>1</sup> Rather it will make some points, which will facilitate a comparison of the value and effectiveness of the various medical services and options (in terms of availability and accessibility, rather than success rate).<sup>2</sup> Some of these points will also challenge the 'traditional wisdom' of the medical historian. In particular they will question the emphasis which has been placed on institutional services, and within institutional services, on indoor medical relief. We will also look briefly at the leading role of lay groups (in comparison with the medical profession) in the setting up and organisation of medical provisions, and at the significance of looking at medical care and options for treatment within the context of economy, society and community.

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1. For these findings, see the Concluding Remarks to Chapters 3 to 7.
  2. The only indications of the success (or failure) of medical treatment are provided by the dispensary and infirmary charities, and the figures they cite are far from reliable. For more on this subject, see Chapter 4, Section I and Appendix 8.

The developments which took place in providing facilities for medical treatment during the eighteenth and nineteenth centuries appear to have augured well, especially for the poorer classes. As M.C. Buer remarked for the eighteenth century, '...one of the outstanding results of the advance in medicine...was the foundation of hospitals and dispensaries', which '...attempted to bring such knowledge as it had to the service of the mass of people.'<sup>3</sup> Such institutions continued to be established in the nineteenth century, so that by mid-century a network of charitable foundations for the poor had spread itself across the country.<sup>4</sup> During the middle decades of the nineteenth century a medical service for the poor (or rather paupers), which set down uniform procedures for the application and giving of relief, was created under the auspices of the New Poor Law. The century also saw a tremendous rise in the membership of friendly societies and sick clubs, and in some regions of the country (more particularly the Midlands and the South) the creation of self-supporting dispensaries. The growing number of qualified medical practitioners were more than adequate to staff these provisions, and to respond to an accelerated middle-class demand for their services. Meanwhile, in spite of the rise in the number of qualified personnel, the century also witnessed an increase in the range and number of fringe practitioners, facilities and options.

On closer examination these medical options appear to be less viable. To take the rise in the number of regular doctors, for example.

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3. M.C. Buer, op.cit., pp. 126, 136.

4. For the spread of the dispensary movement, see I.S.L. Loudon, 'The Origins and Growth of the Dispensary Movement in England', Bulletin of the History of Medicine, Vol. 55, Part 3, 1981, pp. 322-42 and H. Marland, op.cit., Chapter 3.

This group, while attending upon the poor via the mediums of local medical charities, the Poor Law medical services and friendly societies, catered more specifically for a middle-/upper-class demand than for a poorer clientele. A few medical men were forced by necessity to concentrate on a lower middle-/working-class practice. Others - although the extent to which this took place is not clear - treated the poor gratis on a personal philanthropic basis. However, for the largest proportion of the working classes and the poor, resort to a private medical attendant was not a viable alternative, especially on a regular or long-term basis.

During the late eighteenth and nineteenth centuries dispensary and infirmary charities were set up in Wakefield and Huddersfield. Intake to these charities (in common with similar foundations) was strictly regulated. Access was limited by two factors, the first one of necessity, the second one of policy. Firstly, the scale upon which these charities operated meant that there were consistently more applicants for relief than could be accommodated. Financial limitations prohibited expansion, and this was especially relevant with respect to in-patient admissions and with regard to the feebly-supported Wakefield foundation. Secondly, access to the charities was strictly regulated by rules determining the social acceptability of patients and by the governors' tickets of recommendation. Admission was restricted in theory to the 'deserving poor', in effect to those who had some role to play in the functioning of the local economy. Paupers, or, alternatively, better-off members of the working class, were excluded.<sup>5</sup>

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5. Most hospitals had similar regulations. For example, the first county hospital to be founded, for Hampshire, was established in Winchester in 1736. It was stated in an account of its foundation that it relieved the 'useful and industrious instead of only the Poor' (their emphasis) M.C. Buer, op.cit., p.127.

Similarly, the Poor Law authorities limited their medical services by means of both financial constraints and a policy of narrowly defining the class of patient eligible for this form of assistance. Under the Old Poor Law administration an informal and apparently fairly 'compassionate' system of medical relief had allowed for a certain amount of flexibility in determining how assistance would be given and to whom - although it should be emphasised that this category of relief was given only on a small scale. The regimented system heralded in by the passing of the Poor Law Amendment Act of 1834 forestalled this flexibility, strictly limiting medical assistance to the pauper. It was only in the final quarter of the nineteenth century that the Poor Law authorities moved back to providing what had essentially existed under the pre-1834 administration, albeit in a rudimentary form, a non-pauperising health service.

What did the 'institutional' services provided by the Poor Law authorities and medical philanthropists mean in effect for the poor of Wakefield and Huddersfield during the nineteenth century? For a large part of the century, apparently, not a great deal. Restrictive policies and financial limitations meant that many of the poor could not gain access to these provisions, although overall the position improved during the century.

Of the two forms of institutional provision, Poor Law medical services were the slowest to enlarge and improve. With the notable exception of provision for the mentally ill, Poor Law facilities for the sick hardly expanded during the first three-quarters of the nineteenth century. In terms of numbers treated and expenditure, the passing of the Poor Law Amendment Act had little impact (except to narrow the



range of services available).<sup>6</sup> Poor Law medical services via the workhouse and outdoor relief rarely reached more than a small percentage (usually below three per cent) of the populations of Wakefield and Huddersfield; expenditure rarely exceeded 2d per head. Workhouse facilities were inadequate, especially in Huddersfield, provisions for outdoor medical aid small scale, intervention in epidemics largely ineffective and assistance in midwifery cases almost non-existent.

The medical charities of Wakefield and Huddersfield expanded the scale of their operations at a faster rate. By mid-century they admitted increased numbers of patients in both absolute terms and expressed as a percentage of the population. In the first few decades after its foundation the Wakefield Dispensary admitted between 400 and 500 patients per annum (something in the region of five per cent of the population of the town). By 1850-51 admissions were up to 1,115 (6.56 per cent).<sup>7</sup> In-patient facilities were initiated on a small scale in 1854, and in the late 1850s the institution, experiencing a new financial stability, became capable of increasing its intake, especially in the out-patients department. Throughout the 1850s admissions fluctuated between around 1,000 to 1,500 patients per annum. In the year 1862-63 admissions first passed the 2,000 mark, with 2,143 in- and out-patients being accepted for treatment in this year (12.2 per cent of the population of Wakefield).<sup>8</sup> By 1870-71 admissions totalled 3,024 (14.3 per cent).<sup>9</sup> (See Figure 8:I (a)).

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6. See Chapter 3.

7. 64th A.R. W.D., 1850-51.

8. 76th A.R. W.I., 1862-63.

9. 84th A.R. W.I., 1870-71.

The Huddersfield Dispensary and Infirmary was from the outset a more 'important' institution in terms of wealth, the calibre of support and numbers treated. In addition, the charity took patients from a wider geographical area, so although its impact was greater, it was also more diffuse. (Approximately one-third of out-patients and half the in-patient admissions were accepted from districts beyond the limits of the Huddersfield Township.) In the first year, 1814-15, 1,141 patients were treated, approximately 1,074 being taken from Huddersfield itself (about 9.4 per cent of the population of the town).<sup>10</sup> By as early as 1820-21 intake had increased to over 2,000 (2,277 or approximately 11.4 per cent of the population of Huddersfield). By the following year it had passed the 2,500 mark (2,622 or 13.2 per cent).<sup>11</sup> In 1831 a new, purpose-built institution was opened, with in-patient wards catering for the admission of several hundred patients per annum. By 1850-51 a total of 6,644 patients were receiving treatment (from Huddersfield about 4,368 or fourteen per cent of the population).<sup>12</sup>

A peak in the number of admissions was reached around mid-century. Thereafter they declined slightly (perhaps linked to a fall-off in the number of accident and infectious disease cases, as much as to a ceiling on admissions). Between 1855 and 1870 admissions averaged out to 5,787 out- and 377 in-patients per annum.<sup>13</sup> By 1870-71 about 10.6 per cent of the population of Huddersfield were treated by the Infirmary's medical officers as in-, out- or home-patients.<sup>14</sup> (See Figure 8:I(b)).

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10. First A.R. H.D., 1814-15.

11. Seventh and Eighth A.R.s H.D., 1820-21, 1821-22.

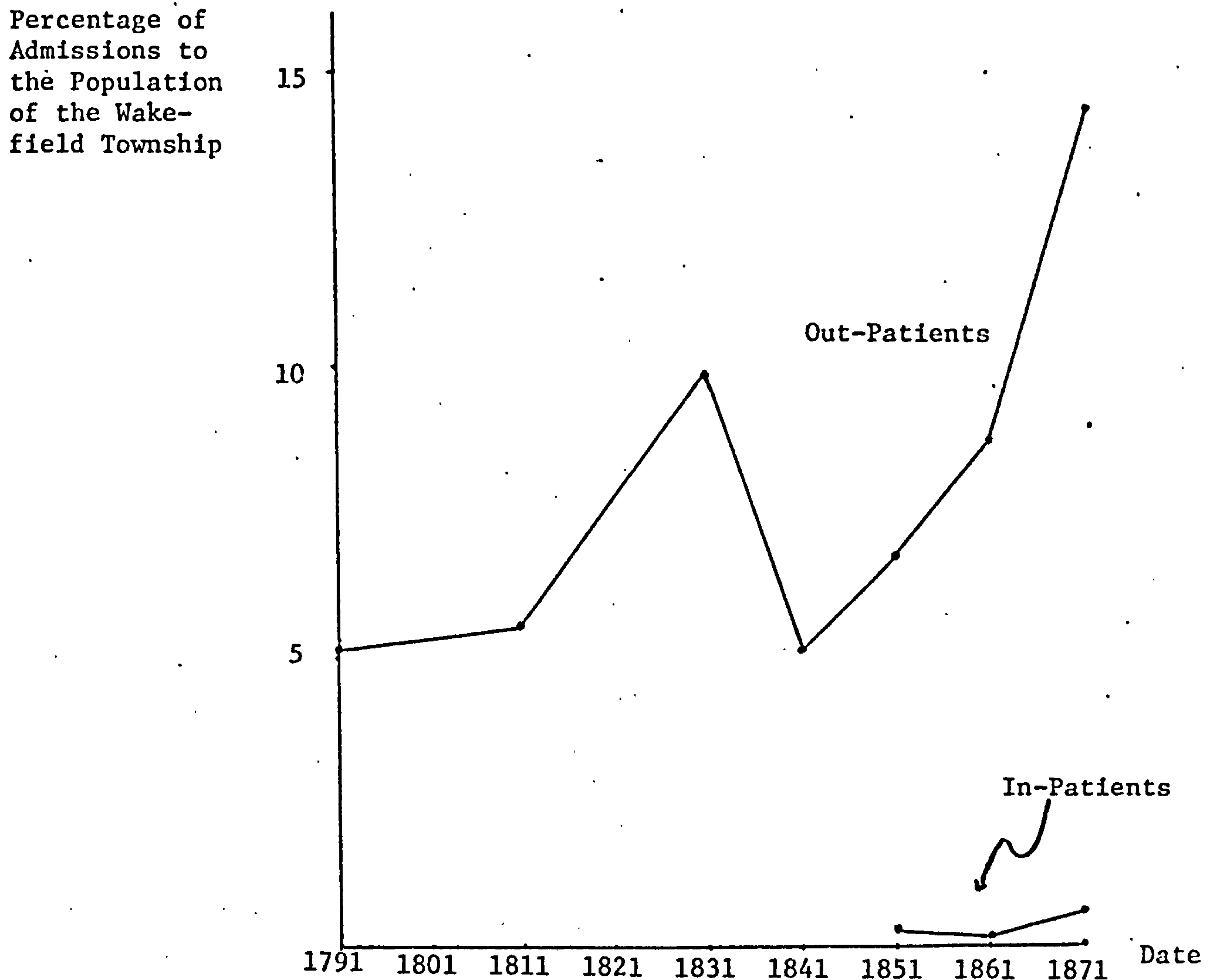
12. 20th A.R. H.I., 1850-51.

13. 24th to 39th A.R.s H.I., 1855-70.

14. 40th A.R. H.I., 1870-71.

FIGURE 8:I (a)

In- and Out-Patient Admissions to the Wakefield Dispensary and Infirmary Shown as a Percentage of the Population of the Wakefield Township, 1791-1871



Source: Annual Reports of the Wakefield Dispensary and Infirmary

Date	Population	Number of Out-Patients	Number of In-Patients	Admissions Shown as a Percentage of the Population of the Wakefield Township	
				Out-Patients	In-Patients
1791	8,066 E	418	-	5.18	-
1801	8,131	-	-	-	-
1811	8,593	482 (1812-13)	-	5.61	-
1821	10,764	-	-	-	-
1831	12,232	1,180	-	9.65	-
1841	14,754	722 <sup>+</sup>	-	4.89 <sup>+</sup>	-
1851	16,989 <sup>§</sup>	1,115	39 (1854-55) <sup>§</sup>	6.56	0.23
1861	17,611	1,488	28 (1861-62)	8.45	0.16
1871	21,076	2,934	90	13.92	0.43

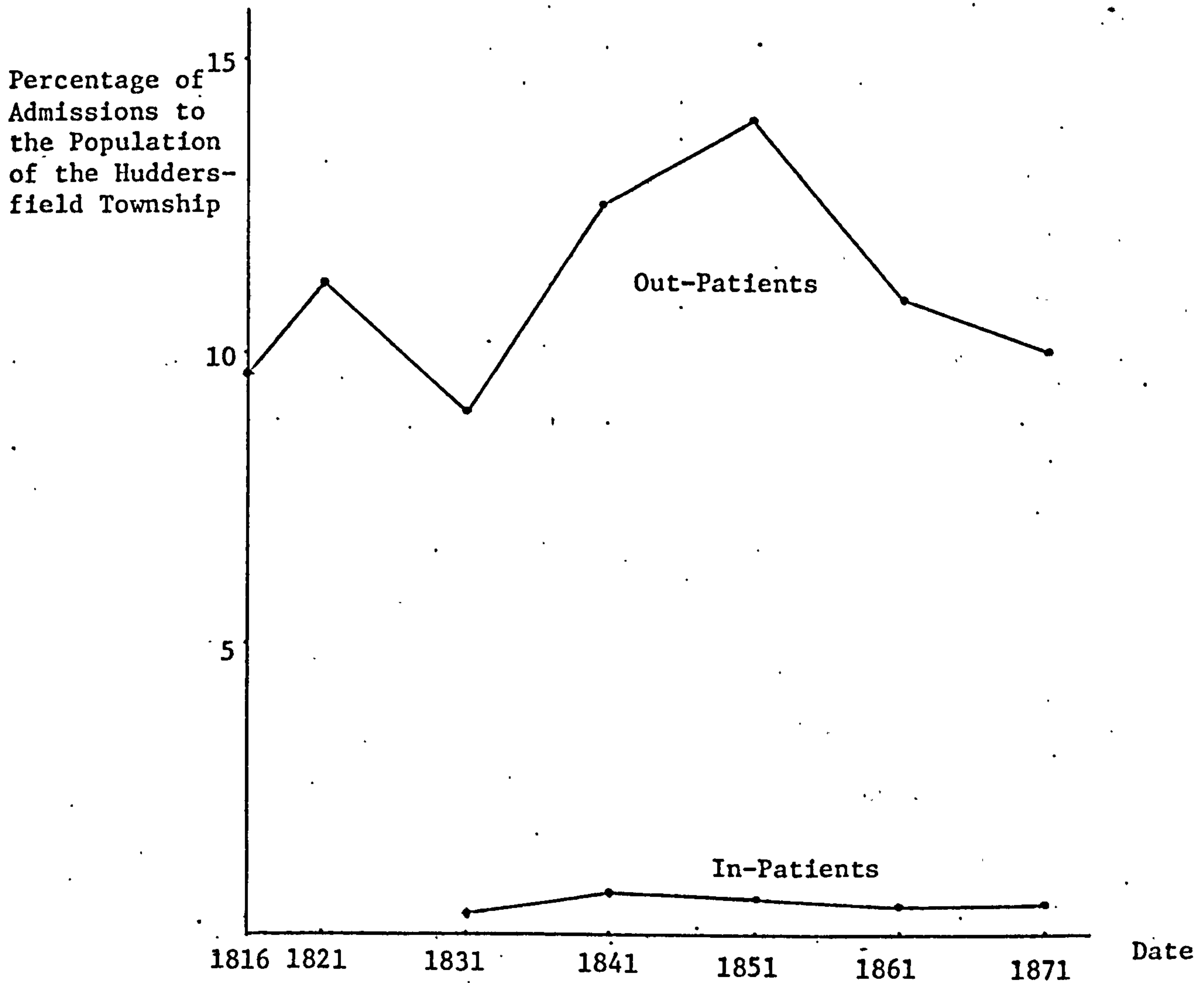
E Estimate

+ The sharp fall-off in admissions appears to be linked to severe financial difficulties during the 1840s.

§ Estimate for 1854-55 (population estimated at 17,300).

FIGURE 8:II (b)

In- and Out-Patient Admissions to the Huddersfield Dispensary and Infirmary Shown as a Percentage of the Population of the Huddersfield Township, 1816-1871



Source: Annual Reports of the Huddersfield Dispensary and Infirmary

Date	Population	Number of Out-Patients <sup>+</sup>	Number of In-Patients <sup>§</sup>	Admissions Shown as a Percentage of the Population of the Huddersfield Township	
				Out-Patients <sup>+</sup>	In-Patients <sup>§</sup>
1816	11,477 E	1,074	-	9.36	-
1821	13,284	1,518	-	11.43	-
1831	19,035	1,667	69	8.76	0.36
1841	25,068	3,128	192	12.48	0.77
1851	30,880	4,181	187	13.54	0.61
1861	34,877	3,787	176	10.86	0.50
1871	38,654	3,848	230	9.95	0.60

E Estimate

+ Figures corrected by one-third to exclude patients admitted from beyond the Township boundaries

§ Figures corrected by one-half to exclude patients admitted from beyond the Township boundaries

These results initially give a very favourable impression of the impact of the medical charities, but they must be qualified in several ways. Firstly, there is little guarantee of the accuracy of such figures, drawn up by hospital administrators, anxious to demonstrate the success of the charities and to encourage support. Patients were frequently counted more than once, and even Dr. Walker of the Huddersfield Infirmary freely admitted that he had 'little confidence' in the accuracy of in-patient lists.<sup>15</sup> A further factor to be considered relates to the nature of the cases treated by the medical charities. It was argued in Chapter 4 that one of the main motivations behind the setting up of the Wakefield and Huddersfield medical charities was to provide relief for accident and epidemic disease cases, and these two categories continued, throughout the century, to comprise a large proportion of admissions.<sup>16</sup> Chronic, 'incurable' and obstetric cases were generally excluded. A final point to be made here is that the vast majority of patients were treated as dispensary out-patients or home-patients. Few were taken into the infirmaries' wards for treatment.

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15. SCMPR 1844, Evidence of H.W. Rumsey, Esq., p.560, Q.9166.

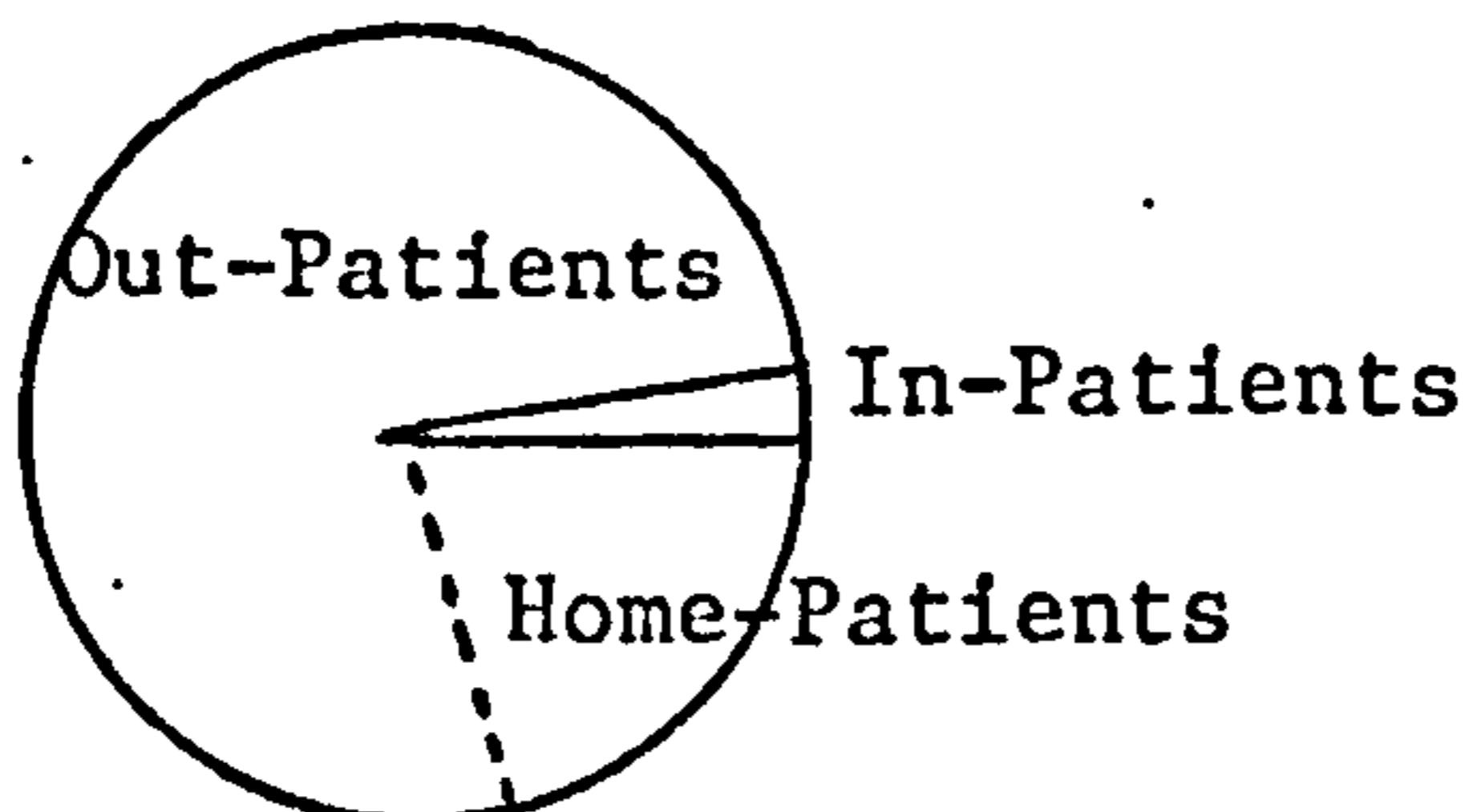
16. Of the two categories, accident cases received the greatest priority. The revised set of rules drawn up by the committee of the Wakefield Infirmary, following the addition of wards in 1854; stated in-patient admissions would be limited to surgical and accident cases. Accidents were the only category of cases which could be admitted immediately to the Huddersfield Dispensary and Infirmary, without a subscriber's recommendation. Rules and Regulations for The Government of the Wakefield General Dispensary and Clayton Hospital, 1854, WYCRO (C2351); Rules of the Huddersfield Dispensary, 1821, WYCRO (Unclassified). This emphasis on accident cases was shared by many other dispensaries and infirmaries during the nineteenth century, especially after the 1840s. Even in the rural area served by the Norfolk and Norwich Hospital, Cherry points to a growth in casualty admissions, which '...reflected population growth and the increased mechanization of agriculture and industry.' S. Cherry, *op.cit.*, p.301. The nearby Leeds Infirmary also admitted large numbers of accident cases during the century. For details of accident cases admitted to the Leeds charity between 1823 and 1824, see S.T. Anning, The History of Medicine in Leeds (Leeds, 1980), pp. 100-34, 202-12.

Although something of a side issue, this would appear to be a useful point to emphasise the overriding numerical importance of out-patients. One of the most outstanding features of the Wakefield and Huddersfield medical charities was the great emphasis placed on both out- and home-patient treatment. Both charities started life as dispensaries, but even after the addition of in-patient facilities, numerically the out-patients departments remained of by far the greatest significance. Between 1831 (and the addition of in-patient wards) and 1871 the ratio of in- to out-patients in the Huddersfield Infirmary averaged out at one to fifteen. For the Wakefield charity between 1854 and 1871 the ratio averaged out at one to 53!<sup>17</sup> In no year did the proportion of the populations of Wakefield and Huddersfield admitted to the towns' out-patient departments fall below four per cent and eight per cent respectively. Home-patients generally accounted for around half of the Wakefield charity's out-patient admissions. Approximately 20 to 30 per cent of the Huddersfield Infirmary's out-patients were treated at their homes by the institution's medical officers. The ratios of out-, home- and in-patients admitted to the two institutions can be shown figuratively thus:

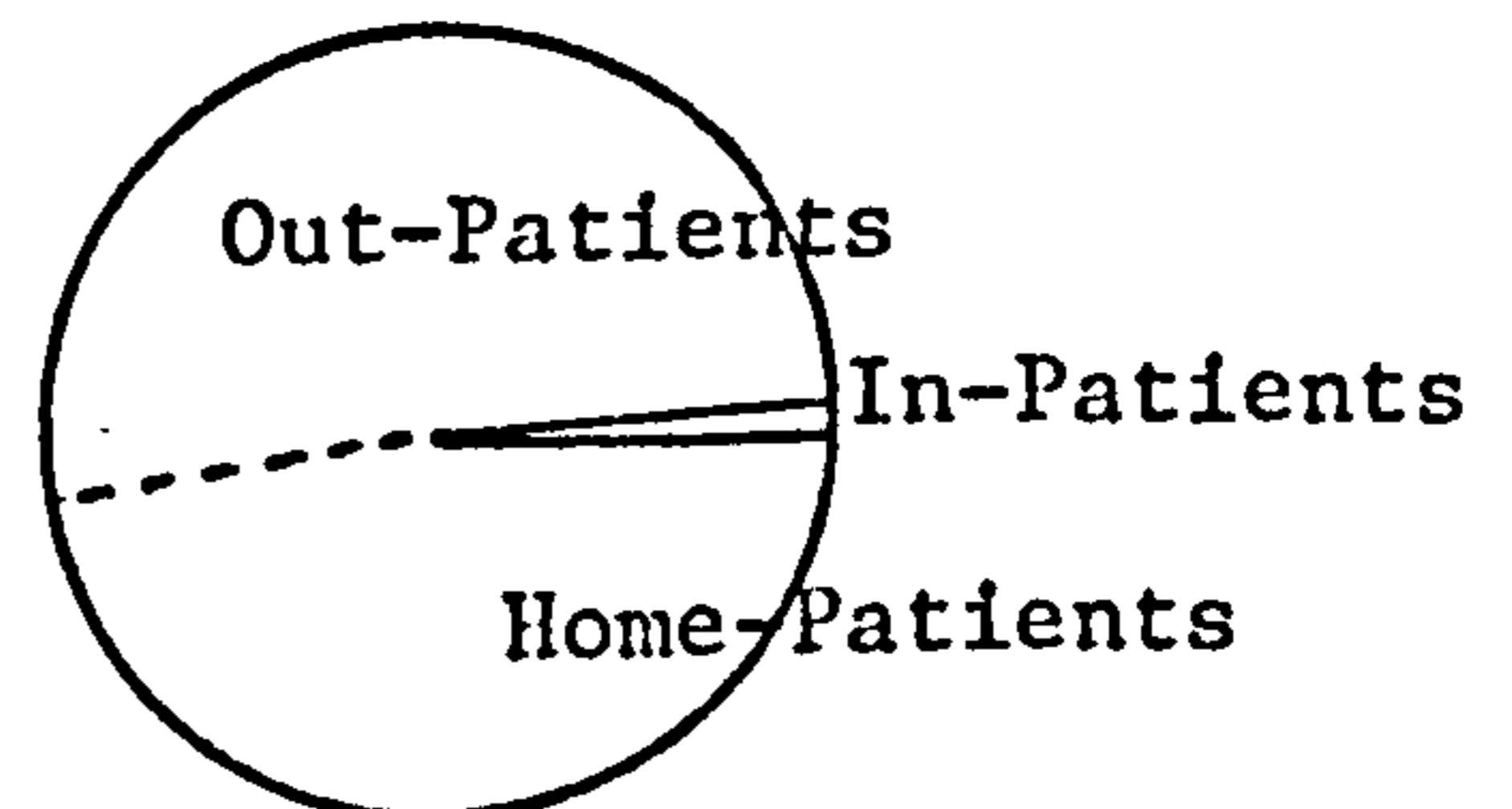
FIGURE 8:II

Ratios of In-, Out- and Home-Patients Admitted to the Wakefield and Huddersfield Infirmaries

Huddersfield Infirmary,  
1831-71



Wakefield Infirmary  
1854-71



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17. First to 40th A.R.s H.I., 1831-71; 67th to 84th A.R.s W.I., 1854-71.

The reasons behind this bias in admissions were straightforward. Out- and home-patients cost less to treat, and involved none of the major capital expenditure associated with the construction and fitting out of infirmary wards. (In 1833 the committee of the Huddersfield Infirmary computed that in-patients cost an average of £3 7s per head, out-patients 3s. Put another way, one in-patient cost as much to treat, feed and otherwise maintain as 22 out-patients.)<sup>18</sup> Moreover, there was no effective upper limit on the admission of out- and home-cases, except that determined by the ability of the medical staff to cope (and to a lesser extent than in-patients, financial limitations). This bias in favour of out-patients was apparently reflected to a greater or lesser degree in most nineteenth-century medical charities, for the same reasons as cited above: to facilitate an expansion in numbers and economy (or increased value for money!).<sup>19</sup> Many, like the Wakefield and Huddersfield foundations, began life as dispensaries; others originated as infirmaries, whose out-patient (and often most especially, casualty) departments expanded during the century.

Surprisingly enough, however, contemporaries, and, more particularly, historians, have concentrated in their analyses of the value of hospital provisions on in-patient admissions. (Concerning the debate surrounding the impact of hospitals on mortality rates, both pessimists and optimists have clung very much to analysis of in-patient figures.) Both the

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18. Second A.R. H.I., 1832-33, Annual Address, p.4.

19. Loudon also points to the increased expectations of the sick poor, confident of being treated by out-patient departments gratis. What became in effect a serious problem for these departments also triggered off a major conflict between the hospitals and general practitioners in the late nineteenth century. The GPs believed, as a result of the growth in out-patient services, that they were deprived of paying patients. I.S.L. Loudon, 'Historical importance of out-patients,' British Medical Journal, Vol. I, No. 6118, April, 1978, pp. 975-6.

dispensary movement and out-patient facilities have been relatively neglected, the implication being that these aspects of medical relief do not merit serious attention as medical services in their own right or as influences on mortality rates.<sup>20</sup>

Yet in Wakefield (and many other provincial towns) the dispensary was the only form of medical provision in existence, apart from the Poor Law medical services, for a period of over 60 years, and even after the establishment of in-patient facilities, numerically the out-patient department remained far more significant. Even in Huddersfield, where provision existed for the treatment of several hundred in-patients from 1831 onwards, the dispensary department continued to treat several thousand persons annually. Dispensaries were not merely supplements to in-patient care: they were vital medical agencies in their own right. (Unlike Loudon, who suggests that out-patient care had little impact until the period 1835-50,<sup>21</sup> I would maintain that together dispensaries and hospital out-patient departments performed an important service by the late eighteenth/early nineteenth centuries, especially when their effects are considered at a local level.)

Out-patient facilities were not only numerically important. They also dealt with a wider range of diseases and conditions than in-patient wards. Firstly, they often took the overflow from overcrowded in-patient facilities, treating surgical and accident cases

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20. As early as 1867 it was pointed out that 'A part of the profession and of the public are (of) opinion that all important cases of disease are treated in the hospital as in-patients, and that out-patients are pre-eminently light cases.' F. Oppert, Hospitals, Infirmarys and Dispensaries (1867), p.77.

21. I.S.L. Loudon, 'Historical importance of outpatients', p.974.



for whom beds simply could not be found. Secondly, they ministered to cases of epidemic disease, normally excluded, by necessity, as in-patients. Thirdly, medical cases and chronic conditions were most often encountered in out-patient departments. The dispensaries treated virtually all-comers so long as they were eligible on social grounds, and could obtain a ticket of recommendation (which were more easily obtainable for out-patient care). As seen in Chapter 4 (Section I), the treatment of out-patients was marked by a relatively high level of success. However, as S. Cherry has pointed out, out-patient figures were more subject to imperfect registration: many out-patients did not complete their treatment or did not inform the hospital of their recovery.<sup>22</sup> Probably more out-patients were categorised as cured or relieved, fewer deaths went recorded. It was after all difficult for the institutions (usually in the person of the hard-pressed resident medical officer) to keep an account of several thousand out-patient cases per annum. Keeping these problems in mind, I believe it is still valuable to give an account of out-patient statistics, which, even if corrected by a large margin, still indicate a promising success rate.

Averaging out all the out-patient figures available for the Wakefield Dispensary and Infirmary between 1787 and 1870, we arrive at a rate of 'cure' of 70.6 per cent and a rate of 'cured and relieved' of 85.1 per cent. A similar computation for the Huddersfield charity between 1814 and 1870 results in figures of 62.4 and 77.7 per cent. Mortality rates for out-patients over the same period averaged out at 3.5 and 1.8 per cent respectively.<sup>23</sup> After circa 1840 both institutions recorded declining rates of cure, although mortality rates

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22. S. Cherry, op.cit., p.299.

23. Annual Reports of the Wakefield Dispensary and Infirmary and the Huddersfield Dispensary and Infirmary. (See Appendix 8 for a complete listing).

remained roughly the same. It is possible that as out-patient admissions grew, the medical officers came under increasing pressure, and the quality of care and success rates fell. It is also possible that the fall-off in those categorised as cured and relieved was due to more accurate and realistic classification and record-keeping. However, by the decade 1860-1870 the Wakefield Infirmary could still record rates of 'cured and relieved' in the order of 79 per cent. Over the same period the Huddersfield Infirmary recorded rates of around 71 per cent. Mortality rates were three and 2.4 per cent respectively (compared with 8.5 and eight per cent for in-patients). Between 1854 and 1870 mortality rates in the Wakefield Infirmary averaged out to 9.94 per cent for in-patients and 3.18 per cent for out-patients. Between 1831 and 1870 the rates for the Huddersfield Infirmary were 6.06 and 1.8 per cent.<sup>24</sup>

In theory Poor Law medical services and the medical charities were designed specifically to deal with clearly-defined classes of patient. In practice the relationship between the two agencies could be close, and it would be misleading '...to suppose that the official Poor Law machinery and unofficial philanthropy existed in two different spheres.'<sup>25</sup> Many impoverished workers on the borderline between need and pauperisation were admitted to the medical charities, which thus acted as a relief on the poor rate (and this seems to have been of particular importance in Huddersfield). In addition (as seen in Chapter 3), procedures existed for the admission of those recommended and paid for by the overseers and guardians to the medical charities, albeit on a small and fluctuating scale.

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24. Ibid.

25. N. McCord, 'The Implementation of the 1834 Poor Law Amendment Act on Tyneside', International Review of Social History, Vol. XIV, 1969, p.100. Quoted in D. Ashforth, op.cit., p.213.

Of the two agencies, the medical charities appear numerically to have been more important, especially in Huddersfield and the surrounding area. In 1844 Rumsey computed that only 1,600 pauper patients were treated annually in the Huddersfield Union, in both the Union workhouses and as domiciliary cases by the Poor Law medical officers. Meanwhile, approximately 5,905 cases were admitted as out-, home- and in-patients to the Huddersfield Infirmary. Throughout the Union as a whole only 1.47 per cent of the population received Poor Law medical assistance, compared with the 5.2 per cent treated by the Infirmary's medical staff.<sup>26</sup> The Huddersfield Board of Guardians estimated that their medical officers had given assistance to a total of 1,277 cases in the half-year ending March, 1861, 105 in the Union workhouses and 1,172 in their own homes. (together 1.94 per cent of the Union population). By way of comparison, in the year 1860-61 6,031 cases were admitted to the Huddersfield Infirmary, 5,680 as out-patients and 351 as in-patients. Taking half of this figure, to facilitate a true comparison with the totals for Poor Law medical relief, the Infirmary was still treating well over twice as many patients as the Poor Law agencies.<sup>27</sup>

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26. SCMPR 1844, Evidence of H.W. Rumsey, Esq., Appendix, Schedule 2.

27. A Statement of the Accounts of the Huddersfield Union, 1861-1873. Medical Cases and Vaccinations during the Half-Year ended March, 1861, HPL (P/HU/Cfo); 31st A.R. H.I., 1860-61. In 1863 the total medical expenses (excluding an unknown, but probably small, amount spent on out-payments to the sick) of the Huddersfield Township amounted to just £296 (or less than 2d per head of the population). In the same year the expenses of the Huddersfield Infirmary amounted to over £1,900 (over 1s per head of the Township population). *Ibid.* (Huddersfield Union Accounts). The Township of Huddersfield in Account with the Huddersfield Union, for the Year ended March 25th, 1863; 34th A.R. H.I., 1863-64. For the first three-quarters of the nineteenth century capital expenditure in the Huddersfield Union amounted to very little, the Board of Guardians continuing to rent five old parish poorhouses, rather than build new workhouse accommodation. The costs of erecting a new Infirmary building in Huddersfield in 1831 totalled £7,500. A South wing was added in 1861 at a cost of £2,300.

In Wakefield the picture was somewhat different. Unlike the Huddersfield Infirmary, which took patients from a catchment area which covered much of the Huddersfield Union (and even beyond), the Wakefield Dispensary and Infirmary limited its intake almost exclusively to the Township boundaries. Its impact on the area beyond was virtually nil. Rumsey's calculation that in 1844 the Poor Law medical officers treated three per cent of the Union population, while together the Wakefield House of Recovery and Dispensary only admitted 1.7 per cent (1,282 and 728 cases respectively) is somewhat misleading.<sup>28</sup> While we can dismiss the Wakefield medical charities' impact on the Union as minimal, their role in the town of Wakefield itself was more significant, and compared favourably with Poor Law medical relief. Between March, 1850 and May, 1851 (a fourteen-month period), for example, the surgeon to the Wakefield medical district claimed to have treated a total of 791 cases, or five per cent of the population of his district (which comprised in effect most of the Wakefield Township). Meanwhile, between 1850 and 1851 (a twelve-month period) the Wakefield Dispensary alone treated 1,115 cases or 6.56 per cent of the Township population.<sup>29</sup>

The gap between the two agencies was less striking in Wakefield than in Huddersfield. As suggested in Chapter 3, the Wakefield Board of Guardians moved with greater rapidity towards the establishment of a more effective system of medical relief. (Compare Rumsey's figures for 1844, when only 1.47 per cent of the population of the Huddersfield Union received Poor Law medical relief, while in the Wakefield Union

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28. SCMPR 1844, Evidence of H.W. Rumsey, Esq., Appendix, Schedule 2.

29. W. Ranger, op.cit., Appendix, p.87; 64th A.R. W.D., 1850-51.

the figure was three per cent). This can perhaps be seen in part as a response to the failure of the town's medical charities to expand to meet the needs of Wakefield and the surrounding district.<sup>30</sup> In 1852 the newly-constructed Union Workhouse took over the role of isolation hospital for infectious disease cases from the House of Recovery. The Guardians also moved to fill the gaps left by the Wakefield Dispensary, which failed to provide in-patient care until 1854, and then only on a very small scale, which limited its intake to the Township population, and which rigorously excluded paupers for much of the century. Although both the Wakefield and Huddersfield medical charities increased their intake during the century, the percentage of the population treated by the Huddersfield Infirmary was of a greater magnitude for much of this period. In 1850-51, for instance, the Huddersfield Infirmary admitted 14.2 per cent of its Township population; in Wakefield the figure was half this, 6.6 per cent. By 1860-61 the gap was smaller, 11.4 per cent and 8.5 per cent respectively, but the Huddersfield Infirmary still had the edge.<sup>31</sup>

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30. The balance in spending on medical relief in Wakefield was for much of the century in favour of the official Poor Law agencies. In 1830-31, for example, the total spending of the Wakefield Dispensary amounted to only £236. In the year 1834-35 the medical expenses of the Wakefield Township totalled £358. In 1858 the Township of Wakefield spent approximately £400 on medical relief; the Wakefield Dispensary and Infirmary, now enjoying increased financial support, £349. 44th A.R. W.D., 1830-31; The Annual Statement of the Receipts and Payments of the Overseers of the Poor of the Township of Wakefield, 1834-35, WDA (JGC); Township of Wakefield. Statement of the Accounts, For the Half-Year Ending Twenty-Ninth September, 1858, WDA (Local Collection, Box 8); 71st A.R. W.I., 1857-58. With regard to capital expenditure, the position was also reversed in Wakefield. The Wakefield Board of Guardians opted to build a new Union Workhouse in 1851 at the cost of £8,000. The Wakefield Dispensary, on the other hand, continued to rent premises until 1854, when the committee purchased a number of small properties at a cost of a few hundred pounds. It was not until 1879 that a new purpose-built Infirmary was opened, costing around £25,000.

31. See Figures 8:I (a) and (b). These approximations do not include patients admitted to the Huddersfield institution from beyond the Township boundaries.

Towards the final quarter of the nineteenth century we can detect an improvement in both the availability and quality of Poor Law medical relief. Although numerical evidence is limited, it is possible to distinguish a small increase in the number of cases treated by the Union medical officers in Wakefield and Huddersfield, and a bettering of workhouse facilities for the sick. Meanwhile, it has already been indicated how admissions to the medical charities of the two communities increased, especially during the middle decades of the century. Thereafter, the intake of the Huddersfield Infirmary failed to keep up with the town's population increase (see Figure 8:I(b)). But by the end of our period the institution still treated far greater numbers and a larger proportion of the population than in its early years in operation (10.55 in 1871 compared with 9.36 in 1816). The Wakefield charity increased its intake more steadily during the century, but was still able to more than keep up with the town's slower rate of population growth (14.35 in 1871 compared with 5.18 in 1791) (see Figure 8:I(a)). It should be re-emphasised, however, that the Wakefield establishment never extended its services much beyond the Township boundaries.

Whatever the balance between official and charitable provisions, and despite an expansion in the facilities of both agencies, for much of the nineteenth century large proportions of the inhabitants of Wakefield and Huddersfield would have been unable, on social or medical grounds, or simply because of an inability to accommodate them, to obtain relief via these services. According to Rumsey's estimates for 1844, for example, only 4.7 and 6.89 per cent of the populations of the Wakefield and Huddersfield Unions received medical assistance via both these sources.<sup>32</sup>

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32. SCMPR 1844, Evidence of H.W. Rumsey, Esq., Appendix, Schedule 2.

For the wealthier classes of the two communities, resort to these agencies was of course unnecessary, and would be shunned by all but the poorest classes until late in the century. The wealthy obtained what medical aid they required from private medical attendants. As seen in Chapter 7, the middle class in particular created an increased demand for medical care, a demand fulfilled largely by the general practitioner. Middle- and even upper-class groups, however, as illustrated in Chapter 6, were not averse to resorting to peripheral forms of treatment as a substitute or supplement to regular medical attendance.

For the poorer classes, for whom the choice of calling in a private medical attendant simply did not exist, there were four options (apart from applying for Poor Law medical relief or to a medical charity). The first option was to let their complaints go untreated, which presumably occurred in a large number of (especially less serious) cases. The second was to apply for another type of medical charity, in the form of free treatment from a medical practitioner. This option certainly existed, and according to doctors it was a common practice, but no numerical evidence exists to confirm this, at least for Wakefield and Huddersfield. Akin to this option, some doctors offered cut-price treatment, with a charge of a few shillings or even pence, to the working class, which the better off and more 'provident' of this class might have been in a position to afford. A third option, again more likely to be taken up by better-off members of the working class, was to join a friendly society, thus providing oneself with a form of medical insurance against sickness, and, in some cases, medical treatment. The final option, or rather set of options, was to apply some form of self-medication, or seek relief

from fringe medical personnel, local healers, itinerant quacks, midwives, chemists and druggists, and so on.

It has been suggested in Chapters 5 and 6 that the last two alternatives, friendly society medical provisions and fringe practice, did go a long way towards filling the gap left by institutional services. The friendly society seems to have specialised to some extent in the relief (in terms of dole and treatment) of long-term, chronic complaints; fringe options also covered this category, and other medical groups least welcomed by the medical charities and Poor Law agencies, 'incurables', medical and obstetric cases. Unfortunately, little numerical evidence is available to show the extent to which these two types of option were utilised. The most conclusive evidence we have is that these forms of relief flourished throughout the nineteenth century. The number and membership of friendly societies multiplied in both towns - already by 1815 approximately 7.5 and 12.2 per cent of the populations of Wakefield and Huddersfield had joined a friendly society.<sup>33</sup> The greatest part of friendly society expenditure went on the payment of sickness benefits (and later, on medical treatment), and this form of relief was considered as the most important benefit conferred by these fraternities. Given these factors, we can assume that a large proportion of those joining these societies, did so in order to provide themselves with assistance in the case of sickness.<sup>34</sup>

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33. Abstract of Returns Relative to the Expense and Maintenance of the Poor, PP, 1818, XIX (82).

34. Spending on medical relief by friendly societies compared favourably with that of the Poor Law administration. Between circa 1840 and 1850 approximately £305 per annum was spent on sick relief and medical attendance by just three Wakefield friendly societies. Roughly 104 sick members were assisted annually, the average number of days sickness per man sick being 22.5 days. In 1858 expenditure by the Guardians on medical relief in the Wakefield Township amounted to only £400 (plus an unknown figure for out-relief). W. Ranger, *op. cit.*, Evidence of W.R. Milner, Esq., p.88; Township of Wakefield. Statement of the Accounts, For the Half-Year Ending Twenty-Ninth September, 1858, WDA (Local Collection, Box 8).



In a similar way fringe practices appear to have flourished in this period. As suggested in Chapter 6, the range of options and number of personnel involved in fringe medicine evidently increased in the nineteenth century. New forms of fringe practice, bolstered by commercial techniques, arrived to supplement older forms, and self-medication apparently continued as a favoured form of treatment. To give just a few examples of the growing popularity of certain types of fringe practice: at the beginning of the nineteenth century there were only a few druggists shops in both communities; by 1861 there were eighteen in Wakefield and seventeen in Huddersfield.<sup>35</sup> By 1844 Rumsey could estimate that one-third of the population of Wakefield, that is, 4,000 to 5,000 people, resorted annually to the druggists shop.<sup>36</sup> By the 1860s there were as many chemists and druggists as qualified medical practitioners in both towns. In addition, a range of itinerant quacks, medicine salesmen and botanic practitioners made their livings from the retail of medicines and advice. By 1861 there were no less than six resident botanic practitioners alone in Huddersfield, whose services were supplemented by vendors of botanic preparations and itinerant medical botanists.<sup>37</sup> The increasing popularity of hydropathic medicine, meanwhile, was reflected in the revival of old bathing establishments and the creation of new ones. In 1833 it was noted that 10,000 baths had been taken at the Lockwood Spa, near Huddersfield. By 1867 the figure had trebled to 30,000.<sup>38</sup> The Lockwood Spa was only one of many bathing establishments in the Huddersfield district, and more distant spas also remained popular. The poor, meanwhile,

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35. White, 1861.

36. SCMPR 1844, Evidence of H.W. Rumsey, Esq., p.547, Q.9121.

37. White, 1861.

38. E. Parsons, op.cit., Vol. II, p.395; C.P. Hobkirk, op.cit., p.10.

continued to utilise ancient wells and springs, not yet developed as bathing establishments.

Examples of the popularity of fringe practice could be multiplied.<sup>39</sup> But it suffices to say here that throughout the century many people (and not just the poor) continued to resort to these options. Taken together, friendly society membership and the utilisation of fringe personnel and practices, point to a high level of self-help with regard to medical relief, and it could be suggested that in effect '...there was little informal or formal control over the kind of medical attention which the poor got or did not get.'<sup>40</sup> While the wealthy classes retained control over Poor Law medical relief and the medical charities, the working class and the poor created their own solutions to sickness and the problems it created.

Were there a wider range of medical options open for the various classes of society by the third quarter of the nineteenth century? Although my remarks can only be made on a tentative basis (not least because of a dearth of statistical evidence), it seems likely there were. The continuing importance of fringe medicine and the growing significance of friendly society provisions have just been referred to. The number of qualified doctors increased during the century, and, although their numbers failed to keep up with the population growth of the two communities, it is likely that they more than kept up with the demand for their services. Overall, the nineteenth century also witnessed an expansion in charitable facilities for the poor, with the out-patients department playing an especially significant role. Meanwhile, towards the final quarter of the century, the Poor Law medical service began to develop into a viable relief agency.

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39. See Chapter 6.

40. J.V. Pickstone, 'The Professionalisation of Medicine in England and Europe', p.540.

Almost by way of a postscript, I would like to re-emphasise two themes, first raised in the introduction (Chapter 1). The first refers to the leading role played by laymen in the provision of medical services in Wakefield and Huddersfield. The second theme relates to the significance of examining the development of medical options within the context of the community.

Laymen both created a demand for medical treatment and went much of the way towards fulfilling that demand. Although medical men were involved in the foundation and running of the Wakefield and Huddersfield medical charities, for example, their role was secondary and in many senses inferior to that of the lay managers. The majority of subscribers and key figures in the medical charities (as seen in Chapter 4) were merchants and manufacturers, who saw medical charity as a 'rational' and 'economic' means of treating active components of the labour market. Medical men were seen in effect as employees, who, while unpaid, showed in their competitiveness for appointments how much they were dependent upon obtaining them, and the support of the lay subscribers who elected them.<sup>41</sup> Laymen (and in the case of the House of Recovery, laywomen) provided much of the impetus behind the establishment of the charities, and most of the organisational energy, policy direction and funding. Laymen dominated admission policies, firstly, because they provided most of the financial support, and, secondly, because they controlled the actual intake via the ticket of recommendation and weekly admissions board. Doctors were only given nominal discretion in the selection of patients, who continued to be chosen just as much on social as on medical grounds.

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41. See Chapter 7, Section I d) and Section IV a).

In a similar way, lay administrators directed the Poor Law medical services, the allocation of money, and their nature and extent. Poor Law medical officers were merely the appointees of the lay overseers and Boards of Guardians. After 1834 the authority of the medical man was reduced still further. Medical relief was strictly limited to paupers, applicants for assistance being judged almost solely on social and financial criteria. The lay Boards of Guardians, through the medium of the relieving officer, retained sole responsibility for authorising medical relief. The emphasis placed on economy (or cheapness) proved to be a further problem for medical men. Their salaries were low, and, unless the medical officer was prepared to be out of pocket, the treatment he gave was dictated by this often inadequate remuneration. Once patients were admitted to the medical charities, the medical staff were given carte blanche to treat cases as they wished. The Poor Law Guardians, by means of their strict regulations and parsimony, even impinged upon that prerogative.

The friendly society surgeon, meanwhile, was an employee of a working-class membership, rather than middle-class philanthropists and Boards of Guardians. The membership determined the amount of dole to be given in cases of sickness and the scope of medical treatment. The nineteenth-century proliferation in the number of general practitioners of medicine was a direct result of a growing middle-class demand for private medical assistance (rather than a result of internal professional and structural developments). Similarly, fringe medical personnel were subject very much to lay demands and expectations, which determined their survival and success.

Finally, I would like to re-emphasise the advantages of examining medical provisions in the context of local communities. By looking in some detail at the workings of medicine in a known community, material for comparison with other communities becomes available, which may even, as John Pickstone optimistically remarks, '...transcend national boundaries.'<sup>41</sup> Such an examination also gives us a greater insight into the reasoning behind the establishment of medical facilities; an idea of perceived needs, and how local groups (and not just the wealthy and influential) responded to these needs. Population changes, the economic situation, the class structure, and the activities of local government in the fields of public health and housing determined the kind and level of medical problems which would arise in a community. In turn, it can be seen how local elite groups and the poor, via their self-help agencies, responded to these problems. Politics (which influenced medical philanthropy, the Poor Law administration and friendly society activities) and religion (which also influenced medical philanthropy and certain fringe practices, in particular, medical botany and folk medicine) also had their impact. The examination of medical facilities and practices in a local community not only gives us more information on the scale and range of options; it also enables us to learn more about the relationships between medicine and society.

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41. J.V. Pickstone, 'The Professionalisation of Medicine in England and Europe', p.550.

APPENDIX 1

Sunday Schools and Day Schools in Wakefield and Huddersfield in 1841

SUNDAY SCHOOLS						
	CHURCH SUNDAY SCHOOLS		SUNDAY SCHOOLS OF OTHER DENOMINATIONS		TOTALS ALL SUNDAY SCHOOLS	
	Schools	Teachers	Schools	Teachers	Schools	Teachers
WAKEFIELD (TOWNSHIP)	2	39	14	388	16	427
HUDDERSFIELD (BOROUGH)	7	200	14	726	21	926
		480		2,396		2,876
		1,672		2,083		5,205

DAY SCHOOLS										
	DAME AND INFANT		OTHER PRIVATE		FACTORY		PUBLIC		TOTAL	
	Schools	Scholars	Schools	Scholars	Schools	Scholars	Schools	Scholars	Schools	Scholars
WAKEFIELD (TOWNSHIP)	8	311	39	1,042	0	0	13	1,171	60	2,524
HUDDERSFIELD (BOROUGH)	2	310	57	1,558	0	0	3	1,147	62	3,015

Source: E. Baines, The Social, Educational, and Religious State of the Manufacturing Districts, Table No. II., Sunday Schools and Day Schools.

APPENDIX 2

Church Accommodation and Attendance in the Parliamentary  
and Municipal Boroughs of Yorkshire in 1851

Accommodation (sittings as a percentage of the total population)

BOROUGH	TOTAL SITTINGS	ANGLICAN SITTINGS	NON-CONFORMIST SITTINGS (including Catholics)	METHODIST SITTINGS
WAKEFIELD	70.9	24.9	46.0	14.6
YORK	65.1	33.5	31.6	11.6
HUDDERSFIELD	51.1	18.8	32.3	13.7
LEEDS	46.0	15.0	31.0	15.1
HULL	44.2	16.0	28.2	13.6
SHEFFIELD	33.9	15.0	18.9	9.9
BRADFORD	31.6	10.0	21.6	7.1
HALIFAX	30.3	14.3	16.0	13.8

Attendance

BOROUGH	POPULATION	INDEX OF ATTEN- DANCE	ANGLICAN INDEX	NON-CON- FORMIST INDEX (including Catholics)	METHO- DIST INDEX	WESLEYAN INDEX
WAKEFIELD	22,065	71.1	35.3	35.8	10.6	5.8
YORK	36,303	62.3	26.9	35.4	12.2	10.2
HUDDERSFIELD	30,880	59.6	25.8	33.8	18.9	10.8
HULL	82,914	49.6	15.7	33.9	17.4	9.8
LEEDS	172,270	47.4	16.4	31.0	15.9	11.5
BRADFORD	103,778	42.7	9.8	32.9	12.6	9.5
HALIFAX	33,582	41.4	23.4	18.0	13.6	6.2
SHEFFIELD	135,510	32.1	11.0	21.1	11.3	7.8

Source: B. Greaves, op.cit., pp. 41, 45.

APPENDIX 3

Deaths in Wakefield Township from 1st July, 1837 to 30th June, 1847

Sub-divisions of Wakefield Township	Under five years of age				Above five years of age				Total deaths at all ages.		
	Deaths from fever	Deaths from other zymotic diseases	Deaths from consumption and other scrofula causes	Total deaths under five years	Deaths from fever	Deaths from other zymotic diseases	Deaths from consumption and other scrofula causes	Total deaths above five years			
Westgate, South	2	66	18	130	216	18	22	71	198	309	525
Westgate, North	-	30	5	66	101	9	9	29	81	128	229
Northgate, West	-	39	7	83	129	6	18	60	226	310	439
Northgate, East *	11	97	16	182	306	7	26	97	206	336	642
Wrengate, North	1	14	1	42	58	4	1	15	37	57	115
Wrengate, South.	-	15	1	18	34	7	3	15	18	43	77
Kirkgate, West	2	78	22	142	244	12	27	70	174	283	527
Kirkgate, East	5	39	9	75	128	10	14	40	86	150	278
Primrose Hill	2	62	12	110	186	13	13	45	72	143	329
Totals	23	440	91	848	1,402	86	133	442	1,098	1,759	3,161
The prison, work-house and those parts of Wakefield not mentioned above	463			939		219		1,540			3,161
	149			150		82		341			722
Total deaths	612			1,089		301		1,881			3,883

Source: W. Ranger, op. cit., Evidence of W.R. Milner, Esq., p.84

\* Including Nelson Street (see Appendix 6 and Chapter 2, Section III).



Appendix 4 (a)  
Mortality in the Township of Wakefield in the Years 1845, 1847, 1849<sup>1</sup> and 1850

CAUSES OF DEATH	1845				1847				1849				1850			
	AGE		TOT	60+	AGE		TOT	60+	AGE		TOT	60+	AGE		TOT	60+
	0-15	15-60			0-15	15-60			0-15	15-60			0-15	15-60		
SPECIFIED CAUSES:																
1. Zymotic diseases	88	12	3	103	42	16	12	70	89	76	16	181	22	7	9	38
2. Sporadic diseases, including dropsy, cancer, ulcer, gout	4	5	5	14	4	10	7	21	3	6	1	10	3	7	10	20
3. Tubercular diseases, including scrofula, phthisis, hydrocephalus	27	44	2	73	24	43	2	69	27	49	4	80	20	41	-	61
4. Diseases of brain, spine, nerves and senses	28	4	7	39	24	18	18	60	30	15	12	57	29	13	9	51
5. Diseases of heart and blood vessels	-	4	1	5	2	5	4	11	-	9	4	13	1	8	9	18
6. Diseases of lungs and other organs of respiration, including bronchitis, pleurisy, pneumonia and asthma	23	4	14	41	18	9	17	44	29	8	14	51	16	10	19	45
7. Diseases of stomach, liver and other organs of digestion	18	6	1	25	20	12	8	40	19	7	7	33	14	20	8	42
8. Diseases of kidneys, etc.	1	1	1	3	-	1	-	1	1	2	1	4	-	2	4	6
9. Childbirth, diseases of uterus, etc.	-	3	-	3	-	1	-	1	-	-	-	-	-	4	-	4
10. Rheumatism, diseases of bone, joints, etc.	-	1	-	1	1	-	1	2	-	4	1	5	-	-	1	1
11. Diseases of skin, etc.	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-
12. Malformations	-	-	-	-	1	-	-	1	-	-	-	-	2	-	-	2
13. Premature birth and debility (infant deaths)	33	-	-	33	26	-	-	26	23	-	-	23	17	-	-	17
14. Old age	-	-	39	39	-	-	32	32	-	-	27	27	-	-	30	30
15. Violence, privation, cold and intemperance	7	15	6	28	5	13	3	21	2	7	5	14	3	14	1	18
ALL CAUSES	229	99	79	407	167	128	104	399	223	184	92	499	127	126	100	353

APPENDIX 4(b)

Mortality from Zymotic Diseases in the Township of Wakefield in the Years 1845, 1847, 1849<sup>1</sup> and 1850

ZYMOTIC DISEASES CAUSES OF DEATH	1845				1847				1849				1850			
	AGE		TOT	60+	AGE		TOT	60+	AGE		TOT	60+	AGE		TOT	60+
	0-15	15-60			0-15	15-60			0-15	15-60			0-15	15-60		
Smallpox	8	-	8	-	-	-	-	-	-	-	-	-	1	-	-	1
Measles	43	-	43	1	-	1	-	33	-	33	-	-	-	-	-	-
Scarlatina	16	1	17	22	3	25	-	8	-	8	-	-	3	-	-	3
Hooping Cough	-	-	-	6	-	6	-	1	-	1	-	-	7	-	-	7
Croup	6	-	6	2	-	2	-	2	-	2	-	-	2	-	-	2
Thrush	1	-	1	1	-	1	-	2	-	2	-	-	1	-	-	1
Diarrhoea	6	2	10	3	-	8	5	14	4	23	5	1	1	1	5	7
Dysentery	-	-	-	2	1	7	4	2	5	8	1	-	1	-	-	1
Cholera	-	-	-	-	2	3	1	19	61	87	7	1	1	-	1	2
Influenza	-	-	-	1	1	4	2	-	-	2	2	-	-	-	-	-
Purpura and scurvy	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
Remittent Fever	3	1	4	2	-	2	-	2	-	2	-	-	1	-	-	1
Typhus	4	7	12	2	8	10	-	6	3	10	1	3	2	3	3	8
Rheumatic Fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
Erysipelas	-	-	-	-	-	-	-	-	3	3	-	-	1	-	-	2
Syphilis	-	1	1	-	1	1	-	-	-	-	-	-	1	-	-	1
TOTAL	88	12	103	42	16	70	12	89	76	181	16	9	22	7	9	38

<sup>1</sup> Year of cholera epidemic  
Source: W. Ranger, op. cit., Appendix, pp. 80-84

APPENDIX 5

A Statement of the number of in and out patients attended by T.R. Tatham, from March 25, 1843 to March 25, 1844, inclusive; with an account of journies, medicines, etc. during the year.

Patients in the workhouse, 127. Out patients, 180. - Total, 307:

Number of written orders for attendance, etc., 166.

Total number of journeys and visits, 1633, at 6d each, amount to £40. 16s 6d.

	£	s	d
584 Mixtures, at 6d. per bottle	14	12	0
2225 Powders, or 185 doz., at 6d. per doz.	4	12	6
2736 Pills, or 228 doz., at 3d. per doz.	2	17	0
166 Bottles of Lotion, at 6d. per bottle	4	3	0
460 Ounces of Ointment, at 2½. per oz	4	15	10
41 Blisters, at 9d. each	1	10	9
59 Leeches, at 4d. each	0	19	3
35 Ounces of Castor Oil, at 2d. per oz	0	5	10
38 Ounces of Lint, at 3s. 6d. per oz	0	8	3
93 Pounds of Linseed Meal, at 3d. per pound	1	3	3
18 Ounces of Carbonate of Iron, at 2d. per oz	0	3	0
Bandages	0	5	6
Toll Bars	2	2	0
	<hr/>		
	£37	18	2

24 Bleedings. 209 Dressings of Wounds. 20 Examination of persons for the board of Guardians, besides the extraction of teeth.

Source: Mr. Tatham's Case against The Huddersfield Board of Guardians, Letter No. 2, To the Board of Guardians for the Huddersfield Union, dated 1844, p.7, HPL (Tomlinson Collection).

APPENDIX 6

Return of Cases treated by Mr. E. Walker, jun., as Surgeon to the Poor  
of the Township of Wakefield, from March 25, 1850 to May 26, 1851

Districts	Continued Fever	Erysipelas	Small- pox	Hooping Cough	Dysentery	Diarrhoea	Other Diseases	Total
North Westgate	27	2	13	7	2	10	78	139
South Westgate	28	-	4	3	-	13	47	95
West Northgate	4	-	-	-	-	3	6	13
East Northgate *	61	-	2	16	4	31	92	206
West Kirkgate	30	-	4	2	2	11	70	119
East Kirkgate	39	1	7	-	-	17	86	150
North Kirkgate	12	-	-	2	-	5	17	36
South Kirkgate	1	-	-	-	-	-	5	6
Thornes-lane	5	-	-	1	1	4	11	22
Doncaster-road	-	-	-	-	-	-	2	2
Barnsley-road	-	-	-	-	-	1	2	3
	207	3	30	31	9	95	416	791

-560-

Source: W. Ranger, op.cit., Appendix, p.87.

\* Including Nelson Street (see Appendix 3 and Chapter 2, Section III).

APPENDIX 7Abstracts of the Accounts of the Wakefield and Huddersfield  
Dispensaries and Infirmariesa) Wakefield Dispensary, 1830-31Receipts

	Amount			Percentage of Income
	£	s	d	
Balance in hand, July 1, 1830	278	8	0	
<u>Items of Income</u>				
Annual Subscriptions	178	19	0	72.8
Half proceeds of the Charity Ball	16	13	8	6.7
Miss Lumb, a donation	25	0	0	10.2
Dr. Alexander, a donation	3	16	6	1.6
Fines, compromises, etc.	6	7	6	2.6
Vagrant office	0	5	0	0.1
Interest allowed by the Treasurer	9	15	7	4.0
Miscellaneous	5	1	6	2.0
TOTAL	245	16	9	100%

Expenses

<u>Items of Expenditure</u>	Amount			Percentage of Expenditure
	£	s	d	
Apothecary's salary	84	9	0	35.9
Matron's salary	12	0	0	5.1
Drugs	72	5	4	30.7
Trusses, etc.	3	0	0	1.3
Leeches	11	11	6	4.9
One year's rent	16	16	0	7.1
Stationery, printing etc.	12	2	7	5.1
Coal	2	0	9	0.8
Groceries, candles, etc.	4	3	6	1.8
Sundry repairs, cleaning, etc.	15	6	8	6.5
Miscellaneous	1	17	9	0.5
TOTAL	235	13	1	100%

Balance in the hands of  
the Treasurer, July, 1, 1831 £288 13s 10d

Source: 44th A.R. W.D., 1830-31

b) Huddersfield Dispensary, 1830-31

Receipts

	Amount			Percentage of Income
	£	s	d	
Balance in hand, June 21, 1830	85	16	6	
<u>Items of Income</u>				
Annual Subscriptions	291	18	0	59.0
Donations and Legacies				
Mr. George Senior £1				
Timothy Bentley, Esq., deceased £45	45	0	0	9.3
Fines ordered by magistrates	52	17	0	10.7
Congregational Collections	96	5	6	19.5
Sale of trusses	3	2	6	0.6
Interest	3	5	4	0.7
TOTAL	493	7	4	100%

Expenses

<u>Items of Expenditure</u>	Amount			Percentage of Expenditure
	£	s	d	
Salaries	146	14	6	34.7
Drugs and leeches	217	0	7.5	51.3
Instruments and trusses	9	18	0	2.4
Rent, taxes and repairs	26	5	0	6.2
Stationery	17	18	8	4.3
Coals and candles	1	7	2	0.3
Miscellaneous	3	12	4.5	0.8
TOTAL	422	16	4	100%

Balance in the hands of  
the Treasurer, June, 24, 1831 £156 8s 6d

Source: Seventeenth A.R. H.D., 1830-31

c) Wakefield Infirmary, 1865-66

Receipts

	Amount			Percentage of Income
	£	s	d	
Balance in hand, June 30, 1865	82	7	11	-
<u>Items of Income</u>				
Annual Subscriptions	515	2	0	33.4
Donations	75	16	0	4.9
Surplus of Lancashire (Cotton Relief) Fund	637	4	0	41.4
Congregational Collections	140	3	10	9.1
Charity Ball	43	0	6	2.8
Fines	2	0	0	0.1
Interest from National Investment Society	5	0	0	0.3
Interest on railway investments	104	14	2	6.8
Banker's interest	1	11	7	0.1
Rent of property belonging to dispensary	15	17	11	1.0
TOTAL	<u>1540</u>	<u>7</u>	<u>0</u>	<u>100%</u>

Expenses

<u>Items of Expenditure</u>	Amount			Percentage of Expenditure
	£	s	d	
Salary of house surgeon	96	4	2	10.5
Salary of dispenser	65	0	0	7.1
Matron's wages	44	13	4	4.9
Nurse's wages	5	18	6	0.7
Messenger's wages	4	15	0	0.5
Drugs, etc.	188	10	6	20.6
Leeches	1	15	3	0.2
Trusses and implements	25	1	2	2.7
Wine and brandy	3	8	6	0.4
Patients' diet	115	13	8	12.7
House expenses, including furniture	193	15	8	21.2
Water and gas	11	17	0	1.3
Coal	16	2	0	1.8
Repairs, painting, etc.	33	5	0	3.6
Stationery, printing and advertising	73	15	8	8.1
Insurance	1	17	6	0.2
Collector's commission and postages	10	14	10	1.2
Miscellaneous	20	15	4	2.3
TOTAL	<u>913</u>	<u>3</u>	<u>1</u>	<u>100%</u>

Balance in the hands of  
the Treasurer, June, 30, 1866 £709 11s 10d

Invested on behalf of the Institution by 1866

	£
National Investment Society, 4 shares	100
Great Western Railway, Debentures	600
Great Eastern Railway, Debentures	200
Lancashire and Yorkshire Railway £5 Guaranteed Stock	1,000
South Eastern Railway Preference Stock	1,000
Midland Railway Preference Stock	1,800
London and Brighton Railway Preference Stock	<u>1,000</u>
TOTAL	£5,700

Source: 79th A.R. W.I., 1865-66



d) Huddersfield Infirmary, 1865-66

Receipts

	Amount			Percentage of Income
	£	s	d	
Balance in hand, June 30, 1865	225	14	6	
<u>Items of Income</u>				
Annual Subscriptions	1,155	12	0	22.9
Legacies	1,087	1	0	21.5
Donations	37	2	10	0.7
Surplus of Cotton Relief Fund	1,831	1	0	36.3
Congregational Collections	66	6	10	1.3
Charity Boxes	1	5	5	0.02
Fines	12	11	6	0.2
Interest on investments.	831	4	11	16.5
Miscellaneous	26	6	6	0.5
TOTAL	5,048	12	0	100%

Expenses

<u>Items of Expenditure</u>	Amount			Percentage of Expenditure
	£	s	d	
Salaries	229	1	7	11.8
Wages	151	18	8	7.9
Collector's commission and expenses	63	8	7	3.3
Drugs and oil	322	7	1	16.7
Surgical instruments, bandages, plaster, etc.	46	5	0	2.4
Spirits of wine	11	18	4	0.6
Trusses, etc.	33	19	6	1.8
Patients' diet	551	14	5	28.5
Alcoholic stimulants	116	9	0	6.0
Coal	72	5	2	3.7
Gas	33	19	0	1.8
Garden	36	16	3	1.9
Linen	18	5	5	0.9
Shaving in-patients	12	0	0	0.6
Soap and ammonia	23	14	0	1.2
Furnishing, repairs and painting	118	14	11	6.1
Printing and stationery	28	19	6	1.5
Rates and insurance	12	9	4	0.6
Law charges	12	1	0	0.6
Miscellaneous	37	9	4	1.9
TOTAL	1,933	16	1	100%

Balance in the hands of  
the Treasurer, June 28, 1866 £3,340 10s 5d

Invested on behalf of the Institution by 1866

	£	s
On the Huddersfield Waterworks at 4.5 per cent	9,000	0
On the Woodhead Road at 3 per cent	1,274	18
On Great Western Railway Debenture at 4.5 per cent	1,000	0
On Mersey Docks/Harbour Debenture at 4.5 per cent	1,500	0
On North London Railway Preference Shares at 4.5 per cent	1,000	0
On Victoria Government Debentures for £2000 at 6 per cent for 21 years running from October 1st, 1862	2,215	0
On North British Railway Company for £900, Border Union Guaranteed Stock at 5.5 per cent	1,049	1
On North Eastern Railway Company Debenture at 4.75 per cent	1,000	0
On the Brecon and Merthyr Tydfil Junction Railway Company Debenture at 5 per cent	1,000	0
On the Cambrian Railway Company Debenture at 5 per cent	1,000	0
	<b>TOTAL</b>	
	<u>20,038</u>	<u>19</u>

Source: 35th A.R. H.I., 1865-66

APPENDIX 8

Number of Patients Treated, Cured and Relieved and  
Mortality Rates in the Wakefield and Huddersfield  
Dispensaries and Infirmaries

a) Wakefield Dispensary (Out-Patients), 1790-1870

Period	Average Number Treated per annum	Average Percentage Cured	Average Percentage Cured and Relieved	Average Mortality Rate
1790-95 <sup>+</sup>	425	85.88	91.29	2.24
No annual reports or patient figures were available for the period 1795 to 1810				
1810-15 <sup>+</sup>	482	85.05	91.48	4.36
No annual reports or patient figures were available for the period 1815 to 1830				
1830-35 <sup>+</sup>	1,180	79.24	86.69	3.73
1835-40 <sup>+</sup>	790	72.28	88.67	4.11
1840-45 <sup>+</sup>	669	71.90	88.12	3.81
No annual reports or patient figures were available for the period 1845 to 1850				
1850-55	1,278	62.18	80.94	3.97
1855-60	1,320	59.64	81.01	2.99
1860-65	1,973	56.94	77.04	3.31
1865-70	2,904	62.66	80.82	2.98

b) Huddersfield Dispensary (Out-Patients), 1815-70

Period	Average Number Treated per annum	Average Percentage Cured	Average Percentage Cured and Relieved	Average Mortality Rate
1815-20 <sup>+</sup>	1,727	-	74.03	2.23
1820-25	2,372	69.52	83.35	1.73
1825-30	2,369	64.98	72.27	2.08
1830-35	2,858	67.39	79.83	1.84
1835-40	3,906	67.43	85.15	1.30
1840-45 <sup>+</sup>	4,692	65.81	86.17	0.43
1845-50 <sup>+</sup>	7,095	63.92	84.78	2.16
1850-55 <sup>+</sup>	6,271	59.64	75.63	1.15
1855-60	5,572	50.31	70.56	2.06
1860-65	5,884	54.43	68.30	2.44
1865-70	5,904	60.57	74.14	2.36

c) Huddersfield Infirmary (In-Patients), 1831-70

Period	Average Number Treated per annum	Average Percentage Cured	Average Percentage Cured and Relieved	Average Mortality Rate
1831-35	165	46.28	70.41	3.49
1835-40	303	52.71	75.17	4.95
1840-45 <sup>+</sup>	384	43.75	78.39	4.95
1845-50 <sup>+</sup>	406	39.90	67.98	6.16
1850-55 <sup>+</sup>	373	50.40	65.15	5.90
1855-60	357	38.84	73.75	7.05
1860-65	368	35.31	55.02	8.47
1865-70	406	48.79	76.96	7.43

d) Wakefield Infirmary (In-Patients), 1854-70

Period	Average Number Treated per annum	Average Percentage Cured	Average Percentage Cured and Relieved	Average Mortality Rate
1854-55	39	53.85	79.49	12.82
1855-60	19	75.00	77.08	11.46
1860-65	43	71.43	75.58	8.29
1865-70	73	76.65	81.59	8.79

+ Periods where data was extracted from an incomplete set of reports.

The data given is subject to a number of irregularities, which go some way towards explaining fluctuations in the figures given for the percentages of patients cured, cured and relieved, and mortality rates. Hospital statistics during this period were notoriously inaccurate, and the Wakefield and Huddersfield institutions were no exceptions. As Dr. Walker of the Huddersfield Infirmary maintained, 'I know so much of the manner of making up lists of diseases, from now 30 years' experience in our medical charity, where we have from 5,000 to 6,000 patients annually, that I have little confidence in the accuracy of any such lists.'<sup>1</sup> It is possible that in some years patients were counted twice or more. (On the expiration of their first term of admission, usually a period of three months, they were readmitted and recounted.) Meanwhile, the category 'cured and relieved' often covered patients whose time had expired. It is not clear whether this group had received any benefits from their treatment. A proportion of in-patients classified as relieved were transferred to the out-patient department, but in many years the actual number falling into this category does not show up in reports.

It will be noted that there is often a large gap between the figures for patients cured and relieved plus the death rate, and the total number treated. The difference was made up by a number of smaller categories: patients discharged as irregular, improper objects or at their own request, those dismissed as incurable or sent to other institutions (for example, the Wakefield House of Recovery, the Leeds Infirmary or the County Asylum at Wakefield), those transferred to the Poor Law medical officers and those remaining on the books at the end of the year.

Sources: Annual Reports of the Wakefield Dispensary and Infirmary for the years 1790-92, 1812-13, 1814-15, 1830-31, 1836-37, 1839-40, 1841-43, 1850-70, and of the Huddersfield Dispensary and Infirmary for the years 1814-18, 1820-41, 1846-47, 1851-52, 1855-70.

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<sup>1</sup>. SCMPR 1844, Evidence of H.W. Rumsey, Esq., p.560, Q.9166

APPENDIX 9

Biographies of Prominent Wakefield and Huddersfield  
Medical Philanthropists

Colonel J.C.D. Charlesworth (Wakefield), 1815-1880

Occupation: Senior partner in Messrs. J. and J. Charlesworth, one of the county's largest coal proprietors. Major landowner.

Religion: Rigid Churchman (Wakefield Parish Church and Sandal Church).

Politics: Conservative. In 1857 returned as M.P. for Wakefield.

In 1859 defeated by Liberal candidate, W.H. Leatham.

Contributions to Medical Charity: Trustee, Life Benefactor and President, 1855-80 (d). Made a large number of donations to the charity - 1859 £46 in aid of a Special Improvement Fund, 1863 £50 towards the Prince Albert Memorial Fund, 1871 £500 towards the Endowment Fund for the new hospital building.

In 1865 acted as Patron to the Grand Concert in aid of the Endowment Fund of the Clayton Hospital. Active in campaign to establish larger, purpose-built accommodation, and in 1879 laid foundation stone of new building. On several occasions added a contribution to the Hospital Saturday Fund - in 1876 made up Fund from £712 to £1,000; in 1877 from £428 to £500. Steward of annual Charity Ball. Several other members of the Charlesworth family funded the charity.

Contributions to other Voluntary Activities: President Wakefield Men's Conservative Association. President of the Cricket Club and Chairman of the Hunt Committee. Liberal benefactor to the Parish Church and Sandal Church. Past Master Wakefield Lodge of Freemasons (No. 495).

Public Appointments: J.P., Deputy Lieutenant. Member West Riding Police Committee. Visitor of Private Lunatic Asylums. Colonel of the Wakefield Volunteers.

Mr. Thomas Clayton (Wakefield), 1786-1868

Occupation: Entered his father's (also Thomas Clayton) tallow chandlers concern. Very successful businessman, and in 1826 Thomas Clayton, junior was able to retire, then aged 40. Thereafter no occupation and lived as a gentleman.

Religion: Until 1854 Clayton had not attended any place of worship on a regular basis. Practised as a Bible Christian, studying the scriptures at home. Following his marriage in 1854 to Eliza Stead, the sister of William Willans, an eminent Huddersfield Congregationalist, Clayton became a regular attender at the Zion Congregationalist Chapel in Wakefield. Although a strong Non-Conformist, also something of a 'liberal' with regard to his religious opinions. One of the stipulations of his legacy to the Wakefield Dispensary and Infirmary was that clergymen of all persuasions should be given free access to the institution.

Politics: Liberal-Reformer. Supporter of Lord Morpeth and Edward Baines.

Contributions to Medical Charity: Long-standing subscriber and committee member. 1854 bought three houses in Dispensary Yard, Northgate, and presented them to the Dispensary Committee. 1858 contributed £120 towards cost of the land and buildings required to add in-patient facilities. 1860 gave a further £150 to defray the entire cost of the purchase. 1863 donated £40 to fund to build 'Prince Albert Memorial Ward'. 1864 donated £100 on opening of the 'Albert Memorial Ward' for the purchase of surgical instruments. 1865 headed an Endowment Fund with a contribution of £1,000. 1867 presented £100 to the Infirmary Committee to purchase an adjacent cottage. By his will a legacy provided for the annual payment of £300 to the Infirmary. Served in capacity of Vice-President, Auditor and Patron. In 1854 name of charity changed to 'The Wakefield General Dispensary and Clayton Hospital', in 1862 to 'The Clayton Hospital and Wakefield General



Dispensary'. In 1867 a special subscription was set up to procure a portrait of Clayton - displayed in Infirmary Board Room.

Contributions to other Voluntary Society Activities: Subscriber to Wakefield Town Mission, British and Foreign Bible Society and Ragged School. Liberal supporter of Zion Chapel and its Sunday School - contributed £200 to Sunday School in 1867 and laid foundation stone of new building. During his lifetime gave large proportion of his income to charity. By will bequeathed £1,000 to British and Foreign Bible Society, £500 to London Missionary Society, £500 to Doncaster Deaf and Dumb Institution, £500 to York School for the Blind, £500 to Friendless Children's Institute, Reedham, £500 to London Orphan Asylum, £25 to Port of Hull Society, £250 to Royal National Lifeboat Association, £100 to Harrogate Bath Hospital. Large sum of money vested in trustees to be given in sums of £10 or upwards to poor, old, deserving men regardless of their religious creed.

Public Appointments: Until 1848 little involvement in civic affairs. On incorporation of Wakefield in 1848 elected Alderman; in 1854 to 1855 served as Mayor.

Mr. Robert Hodgson (Wakefield)

Occupation: Merchant/gentleman.

Religion: Church of England.

Politics: Conservative. Elected Alderman in the first municipal elections, 1848.

Contributions to Medical Charity: Annual subscriber. Committee member for many years and Collector of subscriptions. President 1850-54.

Contributions to other Voluntary Activities: Gave land on which Holy Trinity Church built in 1838. Life Member and committee member Wakefield Auxiliary Bible Society, subscriber Town Mission.

Public Appointments: Watch and Street Commissioner.

Mr. W. Leatham (Wakefield), 1784-1842

Occupation: Banker (links with Barclay family).

Religion: Quaker.

Politics: Liberal.

Contributions to Medical Charity: Annual subscriber, Auditor and Life Governor. Treasurer, together with other members of the Leatham family, during middle decades of century.

Contributions to other Voluntary Activities: Liberal private benefactor. Treasurer Wakefield Auxiliary Bible Society. Subscriber Wakefield Benevolent Society and Town Mission. Treasurer Lancastrian School. On committee and Chairman of Newsroom. Member Phil. and Lit. Society. Vice-President Wakefield Museum. Subscribed £20 to Relief of Poor in Ireland, 1820.

Public Appointments: Treasurer Waterworks Company.

W.H. Leatham (Wakefield), 1815-1889

Occupation: Banker, with connections by marriage with Gurney banking family.

Religion: Quaker.

Politics: Liberal. Elected M.P. for Wakefield 1865 (after two previous attempts in 1852 and 1859). Brother-in-law of John Bright.

Contributions to Medical Charity: Life Benefactor, committee member and Treasurer, 1850-52. In 1859 donated £10 to Building Fund and in 1863 £5 to Prince Albert Memorial Fund.

Contributions to other Voluntary Activities: President and Treasurer Wakefield Town Mission. Active in Mechanics' Institute. Donated books and lectured to members. For a number of years acted as Vice-President and President to the Institute. Member Phil. and Lit. Society. Vice-President Wakefield Museum. Governor of the Wakefield Grammar School. Member of Wakefield Archery Club.

Public Appointments: None recorded.

Edward Tew (Wakefield), 1877 (d)

Occupation: Banker.

Religion: Churchman.

Politics: Reputedly Conservative. Never voted, and a note in the Register of Electors for 1840 stated '....never has voted - but is yellow - being now a magistrate is not like to oppose the son of the Lord Lieutenant.

Contributions to Medical Charity: Annual subscriber. 1859 donated £21 to Wakefield Infirmary. 1863 donated £10 to the Prince Albert Memorial Fund. Trustee, Life Governor, committee member and Vice-President. Left legacy of £4,000 to the Infirmary.

Contributions to other Voluntary Activities: Governor of the Wakefield Charities, 1830-70. Governor Green Coat Charity School and honorary Treasurer.

Public Appointments: J.P.

Joseph Armitage (Huddersfield), 1778-1860

Occupation: Woollen manufacturer. Built a mill at Milnsbridge in 1822 and Burdett Mill, Huddersfield, in 1838.

Religion: Church of England (Huddersfield Parish Church).

Politics: Whig.

Contributions to Medical Charity: Annual subscriber from initiation of Dispensary in 1814. In 1814 also donated ten guineas. Donated £150 towards Infirmary Building Fund. In 1831 elected Vice-President. 1831-60(d) President of Infirmary. Patron of charity. Left legacy of £100 to Infirmary. In 1861 Messrs. Armitage Broths., Huddersfield, donated £50 for a portrait of their father, the late Joseph Armitage, which was hung in the Infirmary Board Room upon completion.

Contributions to other Voluntary Activities: Built Milnsbridge Church. Founder member of Huddersfield Subscription Library.

Public Appointments: J.P. and Deputy Lieutenant of the West Riding. In 1848 appointed Improvement Commissioner. Magistrate for Lancashire, Chester, Derby and the West Riding. Rewarded baronetcy because of services as a magistrate during the Luddite risings and Plug Riots.

Mr. Charles Brook (Huddersfield), 1792-1869

Occupation: Cotton thread and silk manufacturer. Partner in Meltham Mills (Jonas Brook and Broths.) and Charles Brook and Son.

Religion: Church of England (Huddersfield Parish Church).

Politics: Not known, probably Whig. Opposed to Factory Acts.

Contributions to Medical Charity: Annual subscriber. Donated 50 guineas to Building Fund of Huddersfield Infirmary, 1831. Vice-President 1831-1869 (d). Donated £30,000 and site for establishment of Convalescent Home in connection with Infirmary in 1869. Other family members were also liberal benefactors and annual subscribers. After death of Charles Brook, continued to support the charity - in 1873, for example, Jonas Brook and Brothers of Meltham Mills donated £250 towards the fund to extend the Infirmary.

Contributions to other Voluntary Activities: Erected Church at Helme and Parsonage Meltham Mills. On committees of Bible Society and Auxiliary Peace Society. Supporter of Mechanics' Institute - subscribed £100 towards new building in 1861. Said to have subscribed to many other local charities and to be an active private philanthropist.

Public Appointments: Not very active in public affairs. J.P.

Mr. Thomas Pearson Crosland (Huddersfield), 1816-1868

Occupation: Woollen manufacturer/ gentleman.

Religion: Initially Methodist New Connexion. In later life became a Churchman.

Politics: Staunch Liberal. M.P. 1865-68(d) for Huddersfield. Supporter of Free Trade, opponent of Factory Acts.

Contributions to Medical Charity: Together with other family members, subscribed to Huddersfield Infirmary. Liberal benefactors.

Contributions to other Voluntary Activities: Member of Mechanics' Institute and Patron of the Penny Bank. Proprietor of Huddersfield College. Patron of Naturalist Society. Involved in the administration of the local fund during the 'cotton famine'. Oddfellow and Master Freemason.

Public Appointments: Improvement Commissioner 1848-52. Waterworks Commissioner. Appointed J.P. 1852 and Deputy Lieutenant 1864. Active supporter of Volunteer Movement. Captain of the 2nd Co. 1860, Major of Battalion 1862, Lieutenant-Colonel 1864, Honorary Colonel 5th Battalion of West York Rifle Volunteers 1866. Active in campaign for a charter of incorporation. Active in Chamber of Commerce; in 1863 appointed President.



Mr. C.H. Jones (Huddersfield), 1800-1884

Occupation: Manchester draper, who came to Huddersfield in 1841.

Director of several railway companies, including Lancs. and Yorks. and Midland Railway Companies.

Religion: Congregationalist. Attended at Ramsden Street Chapel - Deacon, Trustee and Treasurer.

Politics: Staunch Liberal. Participant at Peterloo. Active in Anti-Corn Law League. Chaired Liberal Registration Association in Huddersfield. Friend of Leatham and Cobden. Great uncle of Asquith.

Contributions to Medical Charity: Annual subscriber and committee member of Huddersfield Infirmary. Auditor. Trustee Meltham Mills Convalescent Home till 1884 (d).

Contributions to other Voluntary Activities: Interested in both religious and secular education. President of Council of Huddersfield College. Trustee of British Schools at Outcote Bank until handed over to School Board. 1874-77 member of School Board. Member and Vice-President British and Foreign Bible Society and member Tract Society. Active in Mechanics' Institute.

Public Appointments: 1853-57 Improvement Commissioner - Chairman 1854-55 and 1856. Elected Alderman for West Ward in first municipal elections. First Mayor of Borough, 1868-72. Borough Magistrate. Agitator for Waterworks Act and active in campaign to rid town of Church Rate. Member of Chamber of Commerce.

Mr. James Campey Laycock (Huddersfield), 1796-1885

Occupation: Solicitor and banker.

Religion: Staunch Church of England (Huddersfield Parish Church - Churchwarden 1834-36).

Politics: No active political involvement. Initially a Whig; in later life became a moderate Conservative.

Contributions to Medical Charity: Annual subscriber to Huddersfield Dispensary and Infirmary. In 1831 donated 30 guineas to the Infirmary Building Fund. For 50 years was responsible for the voting of an annual donation of 25 guineas by the Huddersfield Banking Company. Joint Secretary 1821-37, Honorary Secretary 1837-60 and President 1860-85(d). Active committee member and business manager. Active in campaign to establish an infirmary in Huddersfield - served on Infirmary Committee and organised fund-raising, the building and staffing of the institution. 1858 specially commissioned portrait of Laycock placed in Board Room. 1873 donated £50 to Infirmary extension fund.

Contributions to other Charitable Activities: Largely instrumental in rebuilding of Huddersfield Parish Church in 1836 and in founding of Parish Schools. Secretary and Treasurer to the Managers of the Day Schools 1841-84. For over 40 years teacher and superintendent of Parish Church Sunday Schools. Donated £300 towards building of new Parish Schools and laid the foundation stone of them in 1879. Treasurer Church Missionary Society, President of Huddersfield Branch of British and Foreign Bible Society. On committee of Benevolent and Visiting Society. Founder, Trustee and Governor of Huddersfield Collegiate School. On committee of Ragged and Industrial School. Treasurer of Newsroom.

Public Appointments: Clerk to Justices 1828, Clerk to Borough Bench 1868. Chairman Huddersfield Gas Company.

Mr. William Willans (Huddersfield), 1800-1863

Occupation: Woolstapler. Self-made man, who began life in Huddersfield as a commercial clerk.

Religion: Congregationalist. First attended Highgate Chapel. After 1825 active supporter of Ramsden Street Chapel - lay minister and Deacon, 1833-63 (d).

Politics: Liberal-Radical. Associate of Edward Baines. 1831 Reformer. Founder Huddersfield Anti-Corn Law League 1839. 1852 stood as Liberal candidate for Huddersfield - defeated by the Whig candidate, W.R.C. Stansfield. Chaired Cobden Committee in 1857 election - Cobden defeated by Whig, Edward Akroyd. Grandfather of Asquith.

Contributions to Medical Charity: Annual subscriber, committee member and liberal benefactor.

Contributions to other Voluntary Activities: Supporter of British School. Member and Vice-President Mechanics' Institute - 1861 subscribed £21 towards new building in Northumberland Street. Supporter and Patron of Penny Bank. Active supporter of non-sectarian education. On first Council and President of Huddersfield College. On committees of Huddersfield Auxiliary Peace Society and Temperance Society. Supporter of Bible, Tract and Missionary Societies. Very active in promotion of Ramsden Street Chapel - on organising committee and first Secretary to the committee. Organiser of Bible classes. Established Congregational Mission in Huddersfield. Inspired building of Hillhouse Congregational Church. Active in support of Model Lodging House - held Sunday evening services there, organised Christmas dinner, etc. Reputedly gave one-tenth of his income to charity. Strong believer in voluntary principle and personal service - frequently visited sick and poor.

Public Appointments: J.P. President Huddersfield Chamber of Commerce, 1861-63 (d).

APPENDIX 10

Poems Written in Celebration of the Opening of the  
Huddersfield Infirmary

a)

Anonymous Lines

Written for

THE LADIES' BAZAAR,

in aid of the

HUDDERSFIELD INFIRMARY

(N.D., CIRCA 1831) \*

I wandered to the poor man's cot,  
I stood beside his bed,  
Where a pale sickly woman strove  
To raise his aching head.  
And there his weeping children stood,  
In hopeless misery;  
Whilst every object which I saw  
Spoke abject poverty.

And famine on each infant cheek  
Had left full many a trace,  
But deeper suffering I could read  
In that poor mother's face.  
A dreadful accident the cause-  
No hand of skill was there,  
And on his wretched couch he lay  
The victim of despair

\* \* \* \*

Again I visited that house,  
But what a change I found,  
Disease and want had fled the cot,  
And plenty smil'd around.  
I ask'd what caused this altered scene?  
They said with grateful eye,  
That under heaven, the mighty cause  
Was - the INFIRMARY!

\* HPL (Tomlinson Collection).

Daughters of England hear this tale,  
and your kind aid impart;  
Do the best work that woman can -  
Relieve the poor man's heart.  
And, sons of Britain, oft we know  
For woman's smiles ye sue;  
Come, show your gallantry, and prove  
Those smiles are still for you.

Assist by kind and generous aid  
This branch of charity,  
And purchase for some favoured one  
A pledge of gallantry.  
You've nobly raised the outward pile,  
Now, woman claims her share;  
The minor comforts of the rest  
Must fall to female care.

Assist us then; without your aid  
The great design will fail;  
Oh! never be it said of you  
The sex could not prevail  
To gain your help in virtue's cause:-  
Refuse! - you never can!  
Still prove your title to the name  
Of our superior man.

b)

Anonymous Poem

IN MEMORY

of

MR. SAMUEL CLAY,

OF HUDDERSFIELD,

Who died Feb. 11, 1833, in his 54th Year

(N.D., CIRCA 1833) \*

How bright was life's morning! - what cheering delusion!  
Which gladden'd the hours, and rais'd hope in thine heart,-  
When braving the billows of worldly confusion  
Thou bad'st each unwelcome foreboding depart!  
Eccentric, yet friendly, - loquacious, yet pleasing,-  
Philanthropy's efforts were early increasing.  
Though humble thy sphere, - mortals' woes to be easing:-  
And Wretchedness hail'd the approach of -S. CLAY.

Unaw'd by contagion, regardless of danger,  
Obeying the impulse ennobling to man,  
Thy pity befriended the Poor and the Stranger,  
And lasting relief was deriv'd from THY PLAN!-  
To raise the Samaritans' beautiful large pile,\*  
By aid from the wealthy, with Charity's sweet smile;  
E'en churls own'd thy pleas, - often jocund, without guile.-  
Humanity honour'd her champion, -S.CLAY.

To different objects thy views were extending,  
Political struggles thy mind could elate;  
But, while for the blessing of freedom contending,  
The patriot's warmth met the patriot's fate!-  
Beflatter'd and cheer'd, revil'd and neglected,  
Not merely by foes, but by some long respected:  
Still Liberty glow'd, - the pure flame was ejected!  
For Britain's wellwisher was injur'd - S.CLAY.

Thou wast indiscreet, but from motives thought blameless;  
Thy suff'rings, in various quarters, not few:  
With horror avoiding such deeds as were shameless,  
Unwilling each cause of offence to renew.  
Thou hast left us, we trust, for th'abodes of the blessed!-  
Many numerous friends now assist the distressed;  
That weeping survivors be not sore oppressed,-  
The WIDOW and ORPHANS of worthy - S.CLAY.

T.S.

\* The division of Upper-Agbrigg is much indebted to Mr.C. for the erection of that house of mercy, the Huddersfield Infirmary, which maybe considered a lasting monument of his exertions. L.M.

\* HPL (Misc. Pamph., B.920 CLA).

APPENDIX 11

Amount of Sickness and Sickness Benefit in Eleven  
Preston Friendly Societies in 1843.1

Name of Friendly Society	Total Members	Sick During Year		Average Period of Sickness in Weeks	Average Payment to Each Sick Person		
		Members	Percentage		£	s	d
Teetotal	37	2	5.4	3.0	1	10	0
Managers	47	5	10.6	8.2	4	2	0
Worthy	80	12	15.0	7.5	3	7	8
Rechabites	116	19	16.3	3.7	1	17	7
Oddfellows	689	124	18.0	4.0	2	0	0
Female Rechabites	30	6	20.0	3.3	1	0	0
Foresters	230	52	22.6	8.8	2	11	0
Ebenezer	111	28	25.2	-	3	7	6
Catholic Beneficent	167	51	30.6	10.0	2	19	3
Ditto, Female	80	25	31.2	9.0	1	13	10
Perseverance	58	20	34.4	6.1	2	7	11
	1,645	344	20.9	6.36	2	8	10

1. Table relates to year ending July, 1843.

Source: First Report of the Commissioners for Inquiring into the State of Large Towns and Populous Districts, PP, 1844, XVII (572), Report on the Sanatory Condition of Preston by the Rev. J. Clay, p. 48.

APPENDIX 12

Medical Licensing Bodies and Licences and Degrees in the  
United Kingdom in the Nineteenth Century

MEDICAL CORPORATIONS

LICENCES

England

The Royal College of Physicians of London	FRCP, MRCP, LRCP, Extra-Lic., RCP
The Royal College of Surgeons of England	FRCS, MRCS, Lic., Midwifery (LM)
The Society of Apothecaries (London)	LSA
Archbishop of Canterbury	MD Lambeth - granted prior to 1 August, 1858

Scotland

Royal College of Physicians of Edinburgh	FRCP Edin., MRCP Edin.
Royal College of Surgeons of Edinburgh	FRCS Edin., LRCS Edin.
Faculty of Physicians and Surgeons of Glasgow	FFPSG, LFPSG

Ireland

King's and Queen's College of Physicians of Ireland	FKQCP Ire., LKQCP Ire.
Royal College of Surgeons of Ireland	FRCS Ire., LRCS Ire.
Apothecaries' Hall, Dublin	LAH

UNIVERSITIES

DEGREES

England	Oxford Cambridge London Victoria Durham	
Scotland	Edinburgh Aberdeen Glasgow St. Andrew's	MB, MD, and BCh, Mch, and Lic. Med.
Ireland	Dublin	

F - Fellow, M - Member, L or Lic. - Licentiate

Source: W.E. Steavenson, The Medical Act (1858) Amendment Bill and Reform; a paper read before the Abernethian Society....(1880), pp. 30-31. Cited in M.J. Peterson, op.cit., pp. 289-90.



APPENDIX 13

Places of Training of Medical Men in Practice in  
Wakefield and Huddersfield in 1851, 1861 and 1871

Places where training completed *	1851	1861	1871
<u>Wakefield</u>			
Scotland	9	11	16
London	7	12	11
Ireland	1	2	1
Paris	1	2	3
Pisa	1	1	1
Cambridge	1	1	0
Leeds	1	2	6
Not Known	14	11	8
<b>Total Number of Practitioners</b>	<b>26</b>	<b>24</b>	<b>17</b>
<u>Huddersfield</u>			
Scotland	4	11	13
London	14	12	12
Ireland	2	1	0
Paris	0	1	0
New York	0	1	0
Cambridge	0	1	1
Erlangen (Germany)	1	0	0
Leeds	0	1	1
Manchester	1	1	0
York	0	0	1
Not Known	4	9	2
<b>Total Number of Practitioners</b>	<b>21</b>	<b>23</b>	<b>21</b>

\* Where more than one place of training was given, they have each been recorded in the table.

Sources: Census Enumerators' Books, Wakefield and Huddersfield, 1851, 1861 and 1871; Provincial Medical Directories, 1852-72.

APPENDIX 14

Biographies of Wakefield and Huddersfield Medical Men

Mr. James Fowler (Wakefield)

Born: Winterton, Lincolnshire, 1839.

Family Background and Social Characteristics: Resided South Parade, Wakefield, with his wife and three children. Fowler employed five resident servants: two nursemaids, a housemaid, a cook and a groom.

Qualifications: L.S.A. 1861 (St. Thomas's), M.R.C.S. Eng. 1861, L.M. 1862.

Appointments and Practice: Appointed house surgeon to St. Thomas's Hospital 1861 and resident accoucheur 1862. Elected honorary surgeon Wakefield Infirmary 1863. Also held appointments as assistant surgeon to the 5th W.R. Yorkshire Royal Volunteers, surgeon to the Wakefield District of the G.N.R. and as medical examiner to several assurance societies. Described himself as a general practitioner.

Involvement in Professional Organisations and Publications: Fellow and Honorary Local Secretary to the Obstetrical Society. Member of the Wakefield Microscopic Society. Expert on Obstetrics. Published on diverse subjects, including the action of alcohol, diphtheria, ligature of arteries and obstetrics.

Religion: Church of England.

Politics: Not known.

Involvement in Charitable Work, Civic Affairs, a.s.o.: Fellow of the Society of Antiquities and Local Secretary for Yorkshire, Honorary Secretary University of Cambridge Local Examining Board, Member of the Council of the West Riding of Yorkshire Educational Board, Council Member of the Industrial and Fine Arts. Institute, Vice-President Mechanics' Institute, Wakefield. In 1865 delivered a series of lectures on phrenology in the Wakefield Music Saloon. On Charity Ball Committee. Author of 'Report on

the Condition of the Calder and its Tributaries in the Wakefield District', Third Report Royal Commission on the Pollution of Rivers, 'Water, its Natural uses, etc.', 'On the Scientific Principles in Agriculture', 'On Mural Paintings and other Antiquities at All Saints, Wakefield', and several communications in the Proceedings of the Antiquarian and Topological Journal.

Mr. W. R. Milner (Wakefield)

Born: Wakefield, 1813.

Family Background and Social Characteristics: Son of Richard Milner (1782-1825), a Wakefield surgeon, and Sarah Halliley, daughter of a Wakefield cornfactor. Father, Richard, practised in the town from 1809 until his death, and built up a successful private practice. In youth William Milner resided in house of Colonel Tottenham in Kirkgate. After appointment as prison surgeon took up residence in prison quarters with his unmarried sister and one female servant. No other family.

Qualifications: L.S.A. 1831, M.R.C.S. Eng. 1838.

Appointments and Practice: 1832 appointed apothecary to the Dispensary. In 1840's appointed resident surgeon to the Wakefield House of Correction at a salary of £200 per annum.

Involvement in Professional Organisations: Founder member of Wakefield Microscopic Society. Secretary and active member of the Wakefield Medical Society.

Religion: Methodist (Westgate Chapel).

Politics: No record of his voting.

Involvement in Charitable Work, Civic Affairs, a.s.o.: Member Phil. and Lit. Society. Subscriber to Wakefield Town Mission. Committee of Mechanics' Institute. Gave extensive evidence to the 1852 Wakefield health inquiry on mortality rates in the town, the state of the streets and houses and on sickness in friendly societies. Served on the committee of the Wakefield Dispensary in the 1860's.

Mr. Squire Statter (Wakefield)

Born: Yorkshire, 1766-1839.

Family Background and Social Characteristics: Resided in Kirkgate.

No family. Employed one female servant. In will bequeathed property to nephew, William Statter - messuages, lands, tenements and real estate in Wakefield and Sandal Magna. Also bequeathed pews, seats and sittings in Wakefield Parish Church.

Qualifications: Qualified as a surgeon.

Appointments and Practice: Surgeon under the Old Poor Law to Township of Stanley-cum-Wrenthorpe.

Involvement in Professional Organisations: Not known.

Religion: Church of England (Wakefield Parish Church).

Politics: Conservative.

Involvement in Charitable Work, Civic Affairs, a.s.o: Street Commissioner. 1827 appointed Chairman of the Vestry of the Parish Church. Treasurer Newsroom. In 1836 resolved that a portrait be placed in the Newsroom and that a piece of plate be presented to Statter as a token of 'respect and esteem' for his long services.<sup>1</sup>

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1. WRH, January 1, 1836.

Mr. William Statter (Wakefield)

Born: Wakefield, 1807.

Family Background and Social Characteristics: Son of John Statter, a Wakefield linen draper (d.1830). Nephew of Squire Statter, surgeon of Wakefield. Married Elizabeth Watson of Islington, eldest daughter of late B. Watson, in 1831. Wife died in childbirth 1832. Son William Squire Statter died in 1833, aged ten months. Remarried in 1840's and had five children. Lived with second wife in South Parade, and in 1850's moved to Thornhill House, Almshouse Lane. During the 1850's and 1860's Statter employed four servants: a groom, cook, housemaid and nursemaid. Uncle bequeathed to him messuages, lands, tenements and real estate in Wakefield and Sandal Magna and sittings in Wakefield Parish Church.

Qualifications: L.S.A. 1828 (Guy's), M.R.C.S. Eng. 1829, F.R.C.S. Eng. 1854.

Appointments and Practice: Entered practice of uncle, Squire Statter, on qualification. Upon death of his uncle in 1839, he inherited his practice. In early 1840's entered into a partnership with Edward Watson, which was dissolved by the end of the decade. Till end of our period (1870's) practised generally in Wakefield. Medical attendant to several important local families. 1850 appointed medical examiner to Legal Life and Fire Assurance Society.

Involvement in Professional Organisations: Member Wakefield Microscopic Society. Steward to the West Riding Medical Charitable Society in the 1830's, on the Committee in the 1860's.

Religion: Church of England (Wakefield Parish Church).

Politics: Conservative.

Involvement in Charitable Work, Civic Affairs, a.s.o.: Member Wakefield Phil. and Lit. Society. Subscriber to Town Mission. Appointed J.P. in 1870. Street Commissioner - in 1852 gave evidence to Wakefield public health inquiry.

Mr. Lawson Tait (Wakefield)

Born: Edinburgh, 1845-1899.

Family Background and Social Characteristics: Son of a vintner (status uncertain, probably humble). Lodged with Mr. Kemp, surgeon, at Westgate End House during three-year stay in Wakefield. 1871 married Miss Sybil Stewart, daughter of a Wakefield solicitor.

Qualifications: Entered Edinburgh University in 1859, aged 14. Pupil of Syme, Fergusson and Simpson. Acted as assistant to Simpson. Qualified as L.R.C.S. Edin. 1866, F.R.C.S. 1870.

Appointments and Practice: Appointed house surgeon to Wakefield Infirmary in 1867. Undertook bulk of operating. During Wakefield period became a pioneer in the removal of ovarian cysts and began to specialise in gynaecology. Called in for consultations in both medicine and surgery as far away as Castleford.

Involvement in Professional Organisations and Publications: Attended meetings of the Medical Society of London and the Obstetrical Society, London. Member Irish Medical Society, Dublin. Honorary member (late President) Hunterian Medical Society, Edinburgh. Member B.M.A. Lectured to Leeds Medical Club while in Wakefield. Published widely during Wakefield period on such subjects as fractures of the femur, head injuries, the treatment of cleft palate and hairlip, thyroid diseases and abdominal abscesses.

Religion: Supposedly born into a Roman Catholic family. Likely Churchman, but not active. Follower of Darwin.

Politics: Not known.

Involvement in Charitable Work, Civic Affairs, a.s.o.: Active in Mechanics' Institute and Church Institute - enthusiastic lecturer. Member International Congress of Pre-historic Archaeology: Fellow Anthropological Society, London. Author on the subjects of anthropology, natural history and pre-historic archaeology. A follower of Darwin. In 1870 assisted Dr. Radcliffe, Medical Officer to the Privy Council, to draw up a report on the health of Wakefield.

Mr. Samuel Booth (Huddersfield)

Born: Huddersfield, 1810.

Family Background and Social Characteristics: Resided Queen Street, Huddersfield, with his wife and nine children. Employed one or two female domestics between 1841 and 1871. Son, James Webb Booth, entered medical practice and set himself up in Huddersfield. In 1861 took on nephew, Joseph Riley Booth of Manchester, as a pupil.

Qualifications: L.S.A. 1832 (Univ. Coll.), M.R.C.S. Eng. 1857.

Appointments and Practice: Surgeon Huddersfield Police Force and Prison, Medical Examiner to eighteen Assurance Companies.

Involvement in Professional Organisations and Publications: Member Huddersfield Medico-Chirurgical Society and Medical Library. 1853 member of a committee to revise rules of Medical Library, 1854 Auditor, 1855 Honorary Secretary. Treasurer Huddersfield Medico-Ethical Society. Author of 'Essay on Physiological Effects of Alcohol', 'Precautions for the Prevention of Cholera', 1851, 'Lockwood Spa Baths and their Medicinal Effects', 1855-56, 'The Sanitary measures necessary for the Prevention of Typhus Fever, Cholera, etc.', 1857, 'Essay on the Diseases produced by Smoking Tobacco', The Lancet, 1857, 'Dr. Marshall Hall's Ready Method for Cases of Drowning', 1858, 'Maltreatment of Lunatics in Workhouses', 'Drunkenness and Medical Relief, etc.', 1860, 'Advantages of the Turkish Bath', 'Bathing, etc. and its influence on the Animal Economy', 'On Drs. Lallemand, Perin and Duroy's New Discoveries on the Action of Alcohol', 1861, 'The Temperance Movement', 1862, 'Vaccination and Re-Vaccination', 1863, 'On the Russian Pestilence', 1865.

Religion: Non-Conformist.

Politics: Liberal.

Involvement in Charitable Work, Civic Affairs, a.s.o.: Member Philosophical Society and Lit. Sci. Society. Very active temperance reformer, and member of the Huddersfield Temperance Society.



Mr. Samuel Knaggs (Huddersfield)

Born: Peckham Rye, Surrey, 1828.

Family Background and Social Characteristics: Married with four children. In 1870's resided in Ramsden Street. Employed two female domestics. Also employed an assistant, William Pinck, an undergraduate of Glasgow University.

Qualifications: M.R.C.S. Eng. and L.S.A. 1850 (Guy's).

Appointments and Practice: In the 1860's employed as Poor Law medical officer for the South District of Huddersfield Township at a salary of £27 per annum. Honorary medical officer Huddersfield Ragged and Industrial School. Honorary surgeon to the Huddersfield Infirmary 1863. Employed as a general practitioner.

Involvement in Professional Organisations and Publications: Member Huddersfield Medical Library. Member of committee to revise rules in 1853. Fellow of the London Medical Society. Author of 'Some Suggestions for Diminishing the Abuses of Medical Charities', Medical Times and Gazette, 1859, Vol.II, p.442, the pamphlet Common Sense versus Homoeopathy (1855), On the Unsoundness of Mind Considered in relation to the question of responsibility for Criminal Acts (1853), 'Letters on Homoeopathy and its Fallacies' and 'The Sanitary Condition of Huddersfield in 1857'.

Religion: Church of England (Huddersfield Parish Church).

Politics: Not known, likely Conservative.

Involvement in Charitable Work, Civic Affairs, a.s.o.: 1859 proposed to Huddersfield Infirmary Committee that a self-help provision be set up for the poor of town - proposal rejected out of hand. Annual subscriber to the Infirmary. In the years 1875 and 1880 Knaggs donated ten guineas to the charity. Member Huddersfield Mechanics' Institute. Author of Some Thoughts on the Rights and Duties of the Individual in his Social and National Life (Huddersfield n.d.).

Mr. T. R. Tatham (Huddersfield)

Born: Nottingham, 1804.

Family Background and Social Characteristics: Resided Queen Street, Huddersfield, with his wife and four children. In 1861 employed two female domestics, a housemaid and a cook, and one male servant, a groom and houseservant.

Qualifications: L.S.A. 1826 (Westminster Hospital and London University), M.R.C.S. Eng. 1832, M.D. 1862 (St. Andrew's)

Appointments and Practice: Resident surgeon to St. Mary's Parish Hospital and Dispensary, Nottingham, 1827-31. In early 1830's arrived in Huddersfield and entered practice of George Sargent. After death of Sargent in 1840, Tatham practised alone in Queen Street. In 1843 appointed medical officer to the Northern District of the Huddersfield Union and the Huddersfield Workhouse. Held appointment for nineteen years, until 1862. In 1833 stood for election to the post of honorary surgeon to the Infirmary - defeated by John Bradshaw (291 votes to 225). In May, 1853 stood again, but failed to be selected. Finally, in June, 1853 elected surgeon along with W.J. Clarke, following an increase in the number of surgical posts from three to five. In 1863 resigned post and returned to Nottingham.

Involvement in Professional Organisations and Publications: Member Huddersfield Medical Society. Published 'Remarkable Case of Lithotrity', London Med. Surg. Journ., 19 July, 1834. Claimed to have performed first lithotrity in Yorkshire. Also published 'Excess of Fatty matter in the Blood. Deficiency of the Rectum', The Lancet, Vol. I, 1835-36, pp.373-75. In 1848 produced a collection of correspondence between himself, the Huddersfield Board of Guardians, and the Poor Law Commission and Board, Mr. Tatham's Case against The Huddersfield Board of Guardians (Huddersfield, 1848). In 1864 published a collection of correspondence on the subject of the administration of the Huddersfield Infirmary, with special reference to medical appointments and his own victimisation, Strictures on the Administration of Affairs Pertaining to the Huddersfield & Upper Agbrigg Infirmary (Nottingham, 1864).

Religion: Not known, probably Non-Conformist.

Politics: Liberal.

Involvement in Charitable Work, Civic Affairs, a.s.o.: Governor of the Huddersfield College. For two years President of the Huddersfield Lit. and Scientific Society. In 1848 gave extensive evidence to the public health inquiry held in Huddersfield - only medical witness.

Dr. John Taylor (Huddersfield)

Born: Not known, 1811-1852.

Family Background and Social Characteristics: Resided Fitzwilliam Street.

Qualifications: M.D. 1839 (London Univ.), M.R.C.P. 1842, F.R.C.P. 1847 (at same time Fellowship conferred on Sir George Magrath, Drs. Kingston and Leeson of London, and Dr. Southwood Smith)<sup>1</sup>.

Appointments and Practice: Professor of Clinical Medicine, University College, Physician University College Hospital, London. 1846 elected honorary physician Huddersfield Infirmary. Acted in advisory capacity to Huddersfield Board of Guardians.

Involvement in Professional Organisations and Publications: Member Huddersfield Medical Library. Fellow Royal Medical and Chirurgical Society. Published widely in the The Lancet and Medical Times and other journals. His speciality was the treatment of pericarditis. Papers included 'On the Causes of Pericarditis', Transactions Royal Medical and Chirurgical Society, Vol. XXVIII, 'A series of 40 cases of Pericarditis', The Lancet, 1845-46, 'On a Case of Gangrene of the Upper Extremity', The Lancet, 1848, Vol. II, 549-51, 'University College and Hospital - The late Appointments and Resignations', The Lancet, 1848, Vol. II, pp. 617-19, 'On the frequency of Pericarditis', The Medical Times, Vol. 24, 1851, pp. 482-4, 'On the Mode of Origin and Propagation of the Epidemic Cholera, in Huddersfield and the Neighbourhood, in the Autumn of 1849', The Medical Times, Vol. 23, 1851, pp. 256-9, 340-4, 399-402.

Religion: Church of England (Huddersfield Parish Church).

Politics: Not known.

Involvement in Charitable Work, Civic Affairs, a.s.o.: No records of involvement. The Huddersfield and Holmfirth Examiner, recording Taylor's death in 1852 at the age of 41, remarked 'Huddersfield and the West Riding of Yorkshire will deeply feel and regret the loss of this eminent and inestimable man, who was very highly

and deservedly respected by all classes of society. In the prime of life, and in the midst of his benevolent and professional career, he has been snatched away....'<sup>2</sup>

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1. WJ, July 30, 1847.
  2. HHE, July 3, 1852.

Dr. John Kenworthy Walker (Huddersfield)

Born: Yorkshire, 1791.

Family Background and Social Characteristics: No family. Resided South Parade, Huddersfield, in 1840's, with two female domestic servants.

In the 1850's moved to Springhall, Deanhead, near Huddersfield.

Qualifications: M.B. 1811 (Edin. and London), M.D. 1820 (Cantab.).

Appointments and Practice: Appointed honorary physician to the Huddersfield Dispensary in 1814. Held appointment until resignation on account of ill health in 1846. Was very active in both the establishment of the Dispensary, and Infirmary in 1831. In 1846 took up post of consulting physician. Town's leading physician.

Involvement in Professional Organisations and Publications: Steward West Riding Medical Charitable Society. Originated plan to establish a Sea Bathing Infirmary on the Western Coast and organised campaign, producing a pamphlet on the subject (see Bibliography).

Religion: Church of England (Huddersfield Parish Church). Subscribed £50 to rebuilding of Parish Church in 1836.

Politics: Conservative.

Involvement in Charitable Work, Civic Affairs, a.s.o.: Annual subscriber to Infirmary. Donated £30 to Infirmary Building Fund in 1831. Vice-President Huddersfield Archeological and Topographical Association. Very active in field. Published on mortality related to topography of Huddersfield in 1820's. 1867 published Etymology applied to topography. Fellow of the Society of Antiquities, London.

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List of Abbreviations used in Bibliography

- HPL Huddersfield Public Library  
HRI Huddersfield Royal Infirmary, Postgraduate Library  
WDA Wakefield District Archives (JGC Personal Collection of Mr. John Goodchild, District Archivist)  
WYCRO West Yorkshire County Record Office  
Ms. Manuscript Source (all sources are printed unless otherwise stated).  
All books and pamphlets, etc. are published in London unless otherwise stated.

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Articles of agreem<sup>t</sup> made this 28 day of April 1837 Bet<sup>n</sup> Geo. Holdsworth of Wakefd in the Co. of York Surgeon & Apothecary Wm. Holdsworth of the same place Surgeon & Apothecary (Partnership Dissolution), Ms. WDA (JGC).

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