

CHAPTER X

THE HOSPITAL AND DISPENSARY MOVEMENT

ONE of the outstanding results of the advance in medicine during the 18th century was the foundation of hospitals and dispensaries. The medieval hospitals for the sick were swept away at the Reformation with other monastic institutions, London alone was powerful enough to obtain the refounding of the great hospitals of St. Bartholomew and St. Thomas. The medieval hospital, as the original meaning of the word implies, was not so much a place of healing, indeed it was probably rather a source of disease, as a place of refuge for the destitute and homeless sick. Under the Elizabethan reconstruction the care of sick persons became the duty of the parish.¹ Poor sick persons who had homes were given out relief and the homeless were accommodated in the workhouse or boarded out. Until the medical reforms of the latter half of the 18th century the sick were probably infinitely better off in their homes than they would have been in an institution. Probably in the rapidly increasing towns the poor law provision for the sick was less satisfactory than in the country parishes, and this, together with the growing philanthropic spirit of the times, was no doubt a factor in the movement for hospital foundation. But possibly the main cause was the remarkable advance in medical science; the foundation of hospitals was due not only to the desire that the poor might benefit from the new knowledge, but that the hospitals might serve as centres for the growth and the spread of knowledge in the treatment of disease.

In 1714 John Bellers (a Quaker) published, "An Essay towards the Improvement of Physick" in which the foundation of hospitals was advocated, particularly in connection with the two Universities, pointing out that the sick would benefit from the advance in medicine. The Universities, he said, "being

the Great Nurseries of our Graduated *Physicians*, make *Hospitals* there to be absolutely necessary for their better Instruction, by adding *Practice* to their *Aphorisms* and *Theory* they will learn more in Seven years than in Fourteen Years without them. . . . At present its not easie for the Students to get a Body to dissect at *Oxford*, the Mob are so Mutinous to prevent their having one" . . . "the great Experience of the Physicians of *London* and *Westminster* makes them the most *Eminent* and accounted the *best* in the kingdom" . . . "These *Hospitals*" (i.e. the hospitals advocated) "will Breed up some of the best Physicians and Chirurgeons because they may see as much there in One Year as in Seven any where else". Bellers, it is true, was ahead of his times, he was in favour of a parish doctor being attached to every parish, of State aid to medicine and of the endowment of scientific research. In another sphere he advocated a Council of Nations to keep the peace and to settle international disputes. However, in the matter of hospitals Bellers did not stand alone, as the list in the Appendix shows, and it is interesting to see that the Hospital at Cambridge was the first to be established, only five years after Bellers wrote. The first county hospital was that for Hampshire, it was established at Winchester in 1736. In an account of its foundation, it was stated that it was a form of charity that could not be abused or misapplied and that it relieved the "useful and industrious instead of only *the Poor*" (i.e. paupers), that it would save the poor from quacks and impostors, help the parishes and encourage religion and virtue! Lastly, prospective supporters were reminded that "It is of infinite use to *all other* Persons as well as the poor, by furnishing the Physicians and Surgeons with more experience in *one* year than they could have in *ten* without it" and that it was "a work which in the compass of a few years will be the means of greatly increasing the number of our People".²

A later writer testifies that the hope that hospitals would lead to the advancement of knowledge was not altogether vain: "The following pages contain a selection of cases and observations chiefly drawn from my practice at the Manchester Infirmary. The extended plan of that institution affords

the most favourable opportunities to a diligent observer for ascertaining with precision many facts in the history of diseases, and for appreciating the value of established methods of cure. Some part of the fruits of such advantages should therefore revert to the public, in acknowledgment of the good it bestows. And something may be added to the stock of science, by unwearied attention to a considerable number of patients, indiscriminately taken, in a great town." ³

It must not be supposed that hospitals in the 18th century were by any means model institutions from a modern point of view. In the first place, admission could generally only be obtained with a Letter of Recommendation from a subscriber and after tiresome formalities, though both these were omitted in some hospitals in the case of accidents or other very urgent cases. The admission by Letter was in keeping with the times, people liked their charity to have a personal element and they enjoyed patronage, which then pervaded every aspect of life. Moreover, it is doubtful if the subscribers could have trusted the officials with the admission of patients. Further, fees were often extracted by the nurses and porters, sometimes illicitly, it was often customary to charge for laundry and, a gruesome item, it was usual to demand a sum from patients on admission in security for burial. No doubt in many cases all these charges were met by the wealthy patron who gave the Letter. The financial position of many hospitals was insecure from the first and their administration was often hampered by the squabbles of contending factions and personal recriminations, which seem to have been the breath of life to the public man of the 18th century.

Nor would a modern visitor be better impressed by the material surroundings of an 18th century hospital. The hospital building often consisted of converted houses, ill adapted to their purpose, often not kept particularly clean, with the windows closely shut and the floors sanded. The sanitary arrangements to modern eyes (and noses!) would seem offensive in the extreme. The bedsteads were of wood, with testers, and since the patients were never washed and seldom had a change of bed linen, the beds were often

swarming with vermin. The nurses were rough, untrained women and the discipline both for them and the patients was extremely lax. Alcohol was brought freely into most hospitals and Howard records that the gin shops in the neighbourhood of Guy's and Thomas's benefited from the visits of the patients of these institutions.

The hospitals, however, were not worse than the outside world. Wooden bedsteads and testers were to be found in every home and it would be safe to say that vermin would have been found in most. Clean bed and body linen were only enjoyed by the wealthy and even their standard in the matter of personal cleanliness was not high. A doctor writing in 1801 says that "most men resident in London and many ladies though accustomed to wash their hands and face daily, neglect washing their bodies from year to year."⁴ Even had the hospital administrators realized the importance of cleanliness it would have been a very difficult thing to enforce it, considering the state of knowledge and the material upon which they were obliged to rely for nurses. The question of discipline also must have been a difficult one and it is significant that conditions in the naval hospitals were better than in most of the civilian ones. Howard mentions that at Haslar "there were strict rules for nurses". It is interesting to remember that the founder of modern nursing gained her main experience as a military nurse and that she laid the foundations of the reformed profession and of the reformed hospital practice upon strictly military lines. To this day the military tradition is extremely strong in the nursing profession and in hospital routine.

Hospitals which, as a class, generally seemed to be satisfactory in the 18th century were the Lying-In Hospitals. These were usually small institutions and the nurses, who were in training to be midwives, were doubtless of a somewhat superior grade to the "watcher" in an ordinary hospital. Perhaps, too, something was due to the fact that this was the one class of hospital in which, at this time, women took an important part in the management. A committee of ladies nearly always formed part of the management, indeed maternity charities

were often delicately known as Ladies' Charities. A Ladies' Committee would be likely to insist upon cleanliness up to the standard of the time and one suspects that the nurses did not find them quite so easy to deal with, as were the kindly gentlemen who occasionally strolled round the wards of the general hospitals.

In spite of difficulties, however, a good deal of hospital reform took place in the second half of the 18th century. Many hospitals were re-built and upon noble lines; the influence of the classical revival in architecture was at its height and the result was lofty, airy buildings adequate to their purpose. The London Hospital was re-built in 1752 and St. Bartholomew's between 1730-53, the latter building is still in use and the writer has heard an eminent physician say that, even in the light of modern knowledge, it was well adapted to its purpose. Not all the new buildings were equal to these in style and design but at any rate all the re-built hospitals gained in cleanliness and convenience. With the work of Lind and his followers the importance of fresh air and cleanliness began to be understood. Slowly reforms spread, here testers were swept away, there floors were regularly washed; hospital clothes and bed linen began to be provided, this reform being made easier by the new cheap cotton fabric, even cesspools and privies were looked after. A frequent innovation was the introduction of iron bedsteads in place of the old vermin-ridden wooden ones, another reform in the interests of health which industrial change had made possible.

Howard added to his more famous work in connection with prisons, zeal for hospital reform. He published in 1789, in an appendix to his work upon the Continental lazarettos and quarantine systems, an extremely frank description of what he found in a tour of the British and foreign hospitals. He had very definite ideas about hospital planning, as he had about prison planning, and gave his advice freely if it were asked for or not. As one reads how he appears to have been free to enter any institution he liked, at home or abroad, and to have asked any questions that occurred to him and to publish afterwards an account and criticism ruthless in its frankness, it is

difficult to know which to admire the most, the man with his simple minded honesty or the age which supported such methods.

It seems worth while to give some of the more salient points from Howard's notes, since they convey in their baldness a far more vivid impression of the hospital conditions of the time than pages of elaborate description. They indicate, too, the progress of reform, slow and unequal, but nevertheless unmistakable:—

LONDON

LONDON.—This hospital contained 18 wards but only 7 were occupied, there were 18 beds in each ward and the medical and surgical cases were together, the wards were 20 ft. wide and 12 ft. high and were not dirty but needed whitewash. The passages were dark and there were no cisterns for water and the vaults were offensive. In a dirty room in a cellar there was a bath which was seldom used.

There were no testers to the beds. No fees or rewards were paid to nurses for admission, nor was any security demanded for burial. The Committee were exerting themselves to improve the hospital.

ST. BARTHOLOMEW'S.—The wards here were clean except the men's foul ward, where no window was open. The bedsteads were of wood and with testers. Fees were taken and security had to be given for burial.

MIDDLESEX (which had been founded as a smallpox hospital). Only four wards were occupied out of the 16, the funds being very low. The rooms were close and dirty, the bedsteads of wood and the testers old. Whitewash was needed and there was a general air of poverty.

ST. THOMAS'S.—The wards were fresh and clean except the three foul wards which were offensive and with not a window open.

The bedsteads were of iron with no testers and a society engaged to supply patients with clean body linen once a week. (Here is the influence of Blane's administration.) There were, however, no water closets.

Fees were required from patients and security for burial. Quantities of beer were consumed in the hospital.

GUY'S.—The wards were too low, some being only 9½ ft. high. In the old wards the bedsteads and testers were of wood and infested with bugs but in the new wards the bedsteads were of iron and the beds of hair. The windows were open and there were also ventilators. The water closets were of the best construction and "not in the least offensive"; by opening the door the water turned into them. There were excellent baths. The alterations were to continue, each ward being taken in rotation. Fees and security for burial were exacted.

WESTMINSTER.—The wards were only 17 ft. wide, the beds close to the wall with wooden testers, the floors sanded and the walls dirty. A sum was paid every year for the destruction of bugs. There were, however, no fees and no security money to be paid.

ST. GEORGE'S.—The description almost identical with the last, except that there is no reference to bugs and that a good cold bath existed which was never used.

(St. George's was an offshoot of the Westminster, the result of a quarrel.)

BRITISH LYING-IN.—Contained six wards each with six beds, the wards clean and quiet but the house was old and needed whitewash. No fees were payable.

"A good institution" comments Howard.

THE CITY OF LONDON LYING-IN.—Also had clean wards and beds but also needed whitewash.

PROVINCES

NORFOLK.—This hospital was spacious, neat and clean, the wards were quiet and fresh. "A notable matron" comments Howard.

LEICESTER.—No windows were open and the wards were close.

NOTTINGHAM.—"A neat hospital in a fine situation." The bedsteads were of iron and the furniture was clean, there were reservoirs of water over the closets.

OXFORD, RADCLIFFE HOSPITAL.—The wards were close and offensive and the floors were only dry rubbed. In Worcester the conditions were the same.

SHREWSBURY.—The house was not originally built for a hospital and the wards were inconvenient. The water closets were offensive.

HEREFORD.—There were baths but the floor was not clean.

GLOUCESTER.—The wards were clean, fresh and spacious and there was a convenient bath.

WINCHESTER.—The windows of the passages and staircase were shut and the venereal wards were close and offensive. The bedsteads were of iron.

HASLAR.—"This well conducted hospital" was clean and quiet, the windows on the staircase were open, indeed Lind nailed them open in summer. The floors were washed.

The patients were provided with white linen sheets and hospital clothes, there was a good diet provided and the rules for nurses were strict.

However, the ceilings were low, and the inside sewers were offensive and there were no cisterns in the wards. (These last matters were no doubt beyond Lind's control.)

ROYAL HOSPITAL, PLYMOUTH.—"This noble hospital."

LEEDS INFIRMARY.—"One of the best hospitals in the kingdom." Great attention was paid to cleanliness, there were ventilators in the wards, there were no fixed testers and no bugs! Howard commented "Many are here cured of compound fractures who would lose their limbs in the unventilated and offensive wards of some other hospitals."

YORK.—The wards were clean, quiet and not offensive, the bedsteads were of iron with hair beds and linen bed furniture.

CHESTER.—The wards were spacious and clean.

Howard's comments upon the Continental hospitals revealed not dissimilar conditions and the same inequality between different hospitals.

According to the rules of the Winchester hospital the following classes of patient were not admitted:—Incurables, children under 7, pregnant women, the insane or those suffering from smallpox, the itch or other infectious diseases, nor those in a consumptive or dying condition. The same or similar exclusions were to be found in the rules of other general hospitals, for

obvious reasons, when the conditions of the time are remembered. The necessity for specialized institutions to deal with the excluded classes soon began to be felt. Numerous Lying-In Hospitals were established during the second half of the 18th century; this movement is described in the next chapter. At the end of the century the Fever Hospital Movement began and the new methods introduced by Lind caused many general hospitals to ignore or to modify their rules and to establish fever wards.⁵ The London Lock Hospital was founded in 1746 and this institution was copied in other parts of the country. Judging, however, from Howard's report most general hospitals also had venereal wards. Even the wants of the most despised and neglected class of patients began to be considered and lunatic asylums were erected in various places. Outside London, which possessed the ancient Bethlehem Hospital, the only previous refuge for the destitute lunatic had been the workhouse and dangerous lunatics were often sent to the lock up as the only safe place for confinement. London was large enough to find room for various other specialized hospitals, a list of which will be found in the Appendix.

Many of the hospitals were founded through the efforts of individual doctors, who gave their services as well as their time and money; in other cases wealthy founders interested their medical friends or their medical attendants. From the first, therefore, the curious phenomenon arose which still exists, that the very poor, like the very rich, enjoyed the benefit of the best medical advice available, while the middle and artisan class had to put up with the second or third best. The difference was even more marked in the 18th century, when the mass of the people who could pay for medical attention could only afford the services of an apothecary.

With all its faults and imperfections the 18th century hospital movement presents a noble effort to relieve suffering, an effort that by no means altogether failed in achievement. To many a poor sufferer the old, unreformed hospital with its warm bed, its pleasantly stuffy ward and its sufficiency of rough food must have been a real harbour of refuge. It is sometimes difficult to believe in the number of cures claimed by the hospital reports of the period, but the large number of serious diseases

excluded by the rules make it possible that a good many patients were only suffering from under-nourishment. These, food and warmth would cure, while in other cases nature was aided by homely remedies or rough and ready surgery. It would be interesting if we could know the comments of the patients upon the reforms of the latter part of the century. How did they view the abolition of testers, coupled with open windows, what did they think of being washed or even, horror of horrors, being invited to take a bath? Did they take kindly to the uniform hospital clothes or appreciate the fresh air and the reformed sanitary arrangements? Did they not regret the old small, dirty, stuffy rooms, with their homely sanded floors, and view with distaste the iron bedsteads, with their coldly clean linen or cotton sheets, and the newly whitewashed walls and scrupulously scrubbed floors? History remains mute, but a knowledge of human nature supplies the answer. One of the difficulties of the reformer is that the persons for whose benefit a reform is desired often welcome it as little as those who will have to provide it.

A very important supplement to the Hospital movement was the Dispensary movement. The first dispensary was founded by Dr. Armstrong in Red Lion Square in 1769 for the Relief of the Infant Poor. The better known General Dispensary was founded the following year. By 1800 many dispensaries had been established in London and the movement spread rapidly. A writer in 1802 says, "The dispensaries in the metropolis are numerous. From the eastern extremity of Limehouse, to the western of Millbank and on the north from Islington and Somers Town, to the south as far as Lambeth; and by means of the Greenwich dispensary, to Newington and Peckham, including a space of nearly fifty square miles, a system of medical relief is extended to the poor unknown to any other part of the globe. About 50,000 poor persons are thus annually supplied with medicine and advice gratis; one-third of whom, at least, are attended in their own homes."⁶

In the provinces the hospital and the dispensary were often combined, indeed one often grew out of the other. Many provincial hospitals were originally founded as dispensaries,

while in other cases hospitals started dispensaries, really fore-runners of the modern out-patients' departments. The dispensary was a very much easier and cheaper institution to run than the hospital, it dealt with a large number of patients and ministered to every kind of disease. It formed an even better school for the doctor than the hospital. The dispensary doctor learnt at first hand "how the poor lived" and the writings of the London dispensary doctors in the early 19th century give us a vivid description of the health conditions of the poor and of the valiant efforts made to combat disease. They pay tribute to the courage and patience of the poor and combat the popular notion that their sufferings were due to sloth and drink. At the General Dispensary patients who were well enough to do so attended as out-patients, but those seriously ill were attended in their own homes. One dispensary doctor writing in 1774 says simply, "visiting patients at their own homes is peculiarly laborious to the physician."⁷ In this unboasting, matter-of-fact spirit, the dispensary doctor took his life in his hands as he went about his duty and so little was said about his unremitting and heroic labours, either by himself or anyone else, that they were almost unnoticed by his contemporaries and totally forgotten by posterity.

The crown and glory of 18th century medicine is that it first attempted to bring such knowledge as it had to the service of the mass of the people. The rich physician, pampering the imagined ills of the wealthy, has been taken as typical of the age, but he is common to all ages; the new figure was the dispensary doctor risking his life daily in the disease-ridden hovels of the poor.

CHAPTER XI

GENERAL HYGIENE AND MIDWIFERY

EIGHTEENTH century medicine is distinguished from that of preceding centuries in that it made a definite and by no means unsuccessful effort to prevent disease, especially epidemic disease, as opposed merely to curing it. Prevention was sought along four different lines, all of which are still followed in modern practice and all of which had roots in the past. In the first place the policy of segregation was developed, systematized and applied to a larger number of diseases. Secondly, there was detailed and scientific experiment with various antiseptics and a satisfactory technique of disinfection was worked out, at any rate in regard to certain types of infection. Thirdly, the method of artificial infection was introduced in the case of one disease. Lastly, and perhaps most important, the avoidance of the conditions of life which cause disease was definitely inculcated by medical reformers. The advocacy of personal and public hygiene was in part a reflection of the general philosophical attitude of the time with its admiration and respect for nature, and in part the result of the renewed discriminating study of the ancients. Ancient Greek medicine had excelled in personal hygiene, Roman administration in public, while the Jewish religion had inculcated many excellent dietic and other hygienic rules. But most, if not all, of this knowledge had been lost in the dark ages and a distrust of and disdain for the body and its requirements had been borrowed from the East. The Hypocratic School had held strongly that the natural condition of the body was one of health and that disease could be checked and prevented by proper surroundings. The deep consciousness of sin, inculcated by religious teaching, inclined Christian Europe, however, to the idea that, since the soul of man is naturally wicked, his body is naturally diseased and, that