Accounting for Healthcare in the Newcastle Infirmary During the 19th Century

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Thesis submitted for the degree of Doctor of Philosophy

Newcastle University
Business School

June 2018

To Gill, Olly and Emily
for all your support, encouragement
and love

Newcastle Infirmary c 1815

Figure 0.1 – The Newcastle Infirmary

(Source: Welcome Library Images)

To serve the needy, sick and lame,
This splendid shilling freely came,
From one who knows the want of wealth,
And what is more - the want of health.

Beneath this roof may thousands find,
The greatest blessings of mankind;
And hence may millions learn to know,
That to do good's our end below;
That Vice and Folly must decay
Ere we can reach eternal day!

(Anon. Above poem written on a note which enclosed a shilling left in a poor box 1752 – from Hume 1951, p. 5)

Abstract

Accounting played a critical role in the management of the Newcastle Infirmary during the 19th century. In a class-based society, the poor relied upon the generosity of the wealthy for their healthcare at a time when poverty itself was seen as a sin, an act against God. These wealthy donors established and maintained hospitals, such as the Newcastle Infirmary, and were responsible for the governance, management and admission of patients. Their aim was to be seen to use resources efficiently and to treat the "deserving poor" to restore them to productive members of society. Throughout the century new buildings, medical advances and increasingly highly specialised staff had to be financed to cope with increasing demand. In the last quarter of the century, paid administrators were employed to manage the Infirmary as finance came less from the wealthy few and more from individual workers and separate charitable bodies.

This thesis demonstrates how the management of the Newcastle Infirmary used accounting as a moral practice to allow treatment for patients who were outside the rules, which were a guide to the admission and treatment of patients, and to justify expenditure on large capital projects on nothing more than acts of faith. In turn, accounting was used as a tool to hold managers accountable for their actions and as a vehicle for communicating that accountability to the changing providers of finance. This thesis adds to the literature on accounting within early voluntary hospitals by identifying the balance of contributions of costing systems to planning and decision making and the impact of finance on governance and holding managers accountable for their performance and the successful treatment of patients.

Acknowledgements

It is fair to say that this has been some journey. When I first joined Newcastle University back in 2003 as a teaching fellow I did not expect to be still here fourteen years later and I certainly did not expect to be submitting a PhD thesis for examination for the degree of Doctor of Philosophy. I owe a great deal to Professor David Oldroyd, who like me was a qualified Chartered Accountant, and also like me had left the profession and entered academia. David was always keen to encourage teaching fellows to take on research, ideally based upon their interests, knowledge and first degrees. As a qualified accountant with an interest in history and a first degree in a medical science (physiology and pharmacology) I took his advice and started looking into medical accounting history in early 2007. Around this time David introduced me to Professor Warwick Funnell and together they encouraged my preliminary research into the historical accounting records surviving from the Newcastle Royal Victoria Infirmary. Together we have written two papers which have been published in Accounting, Auditing and Accountability Journal. The first "Accounting and the moral economy of illness in Victorian England: the Newcastle Infirmary" was published in 2009 and the second "Costing in the Newcastle Infirmary, 1840-1888" was published in 2014 and both form an integral part of this thesis. I collected all the data and archival evidence for both these papers and David and Warwick helped to refine my ideas and contextualise the papers within the accounting literature. This thesis builds on these papers by extending the time frame to cover the entire 19th century as well as provide greater empirical data and new additions to our knowledge of the funding of voluntary hospitals.

David was my first official supervisor and helped me to get the ball rolling before moving on to pastures new. Unfortunately, moving on to pastures new became a repeated story with

my official supervisors but I would like to thanks Tom McLean, Professor Kathryn Haynes, Professor Jim Haslam, and my current Newcastle supervisor, Professor David Higgins, for all their support and guidance.

My greatest academic thanks must go to Professor Warwick Funnell. Warwick has been my one consistent supervisor without whom this research thesis would not have been completed. Warwick helped me through some dark times in my PhD journey and for his endless enthusiasm and support I will always be in his debt.

Finally, but by no means least, I would like to thank my family. To mum, writing your two books and starting your third has been truly inspirational and a key factor in giving me the belief to start my own writing journey. To Olly and Emily, thank you for being you! To Gill, my greatest thanks of all for never doubting for one second that I could complete the journey.

AJH

31 July 2017

Newcastle upon Tyne

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Chapter 1

Introduction

1.1 Aims of the Thesis

Although there is an abundance of histories of British hospitals, both provincial and in London (for example see Anning 1963; Eade 1900; Haliburton-Hume 1906; Hall et al. 1987; Harris 1922; Jacob 1951; Robb-Smith 1970; for an extensive bibliography of hospital histories see the bibliography in Woodward 1974), the interest of accounting historians is only recent and remains scarce. Gebreiter and Jackson (2015, p. 177) comment "Whilst the historical study of hospital accounting has received only limited attention to date, it should be noted that a number of interesting and important studies have begun to map this field of enquiry over the last 25 years." Central to this growth have been Berry (1997), Jackson (2004, 2012), Cherry (1972, 1980, 1992, 1996), Jones and Mellett (2007), Borsay (1991a, 1991b) and Howie (1981). Berry (1997) sought to explore the relationship between economic pressures and policy-making through an examination of the accounts of provincial hospitals in the second half of the 19th century. Jackson (2004 and 2012) focused on the use of the annual accounts of the Royal Edinburgh Infirmary as a means of engaging with the subscribers to command their support. Cherry (1972, 1980, 1992, 1996, 2000) has written a number of articles, which, as well as covering various social aspects, also examines issues such as funding, control and accountability within a provincial voluntary hospital. Jones and Mellett (2007) examined the evolution of hospital accounting in Britain from the 19th century to the creation of the NHS whilst Borsay (1991a, 1991b) examined the financing of Bath hospital in the 18th century and the impact of corruption within voluntary hospitals. There

are other articles of academic interest in the medical history field (notably Howie 1981, Hart 1980, and Waddington 1998) which although have little accounting, they do cover many of the social themes of interest to a critical accountant.

This thesis examines the accounting practices conducted at the Newcastle Infirmary, a voluntary hospital, during the 19th century. This period saw a dramatic change in the funding and admission policy of the Infirmary, changing from a subscriber dominated institution which financed and gave letters of admission to those deemed worthy, to one predominantly financed by workers and an institution which provided services without charge to all those in need. As noted above, although studies have been made of accounting within British voluntary hospitals (see for example Cherry 1972, 1980, 1996; Jackson 2004), and studies have been made of the use of accounting to drive decision making in the 19th century in profit making organisations (see for example Edwards 1991), none have specifically investigated the use of accounting as a decision making tool in a voluntary hospital.

In particular, this thesis will demonstrate using a case study approach the critical nature of accounting: how accounting can be used to remind people of their moral obligations, rather than as a rigid tool of entitlement to enforce rules; how accounting can be seen as a social practice, not just a record keeping mechanism; and how accounting practices can facilitate change and control, not just be a neutral bystander. Thus, this thesis confirms accounting as a moral practice in the management of the Newcastle Infirmary during the 19th century. Accounting was used as a tool to echo and reinforce the pervading moral attitudes of the day in order to raise the necessary finance whilst simultaneously challenging these same social and moral beliefs to provide assistance to the "undeserving poor" of the local community. This thesis demonstrates how the management of the Newcastle Infirmary used accounting

as a moral practice to allow treatment for patients who were outside the rules, to agree to large capital projects on nothing more than an act of faith and to change its governance and reporting to echo and appease the new contributors of finance. Accounting was used as a tool to hold managers accountable for their actions and as a vehicle for communicating that accountability to the providers of finance.

In a highly stratified class based society, the poor in the early 19th century relied upon the generosity of the wealthy for their healthcare, as poverty itself was seen as a sin, an act against God. The Newcastle Infirmary was funded predominantly by wealthy individuals who took a direct role in its governance, being responsible for the management and admission of patients. Their aim was to be seen to use resources efficiently and to treat the "deserving poor" to restore them to productive members of society. Medical advances and population expansion produced a constant demand to increase the capacity which was met with extensions and new buildings, all financed by voluntary contributions. The rise during the last quarter of the 19th century of the professional class and workers meant healthcare no longer relied exclusively on the generosity of the wealthy. This change impacted on the governance of the Infirmary and on the actual healthcare provided.

The Newcastle Infirmary was one of many provincial hospitals established throughout Britain during the mid-18th and early 19th centuries by contributions from wealthy members of the local community, hence their description as "voluntary" hospitals. Brockbank (1952, p. 6) suggested that infirmaries were there to provide patients with "diet, washing and lodging" and that patients were "supplied with everything during their sickness, to promote a speedy recovery." Pickstone and Butler (1984, p. 227) describe the voluntary hospitals of the late 18th century as "central charities in increasingly prosperous towns, a means by which

leading citizens could demonstrate a collective responsibility for the poor, and an arena in which physicians and the better qualified surgeons could establish a public presence and demonstrate their skills." In addition Pickstone and Butler (1984, p. 229) argue that infirmaries were "an attractive means of philanthropy... less subject to abuse than non-medical charities and could not be regarded as encouraging laziness. Its subscribers' recommendations brought the sick poor into a well-regulated public household" although surprisingly they add "No one expected that such hospitals would appreciably improve the health of the general population."

Voluntary hospitals were originally intended for patients who could not afford to pay for their treatment, although there were usually severe moral qualifications attached to eligibility. These qualifications were consistent with prevailing beliefs of the 18th century that the poor were either "deserving" or "undeserving" of help, as described by Howie (1981, p. 346)

> The founders of the eighteenth-century hospitals were quite clear in their intentions. They were setting up hospitals to care for the labouring poor who did not qualify for the workhouse, but who, when sick, required medicines and medical care to recover from their illnesses. By such care, the deserving poor were protected from the trickery of quacks who would deprive them of their money, and by the preservation of the lives the nation benefitted; for people meant wealth (Howie 1981, p. 346).

Howie (1981) further expands upon the aims of the infirmaries by suggesting that voluntary hospitals were established with a clear primary purpose to provide aid and assistance to those in need, as well as a secondary purpose "not related to health but to morality." Hospitals should do all they could "to preserve the strictest Regularity of Manners, and due sense of Religion" so that patients would exit "a much better Man in Morals as well as Health, than he went in" (Broughton 1752, p. 17). Hence the founders of the voluntary hospitals

established strict rules to treat only the "deserving" poor, those who wanted and were able to work, as opposed to the feckless and therefore "undeserving" poor, for whom possibly the best option was the workhouse infirmaries. The Statutes and Rules of the Newcastle Infirmary in 1801 stipulated that:

> The express design of the Infirmary is to afford relief to the indigent sick, who cannot be treated with success at their own homes (TWAS: HO/RVI/74/2).

This thesis adds to the literature on accounting within early voluntary hospitals by identifying the balance of contributions of costing systems to planning and decision making and the impact of finance on governance and holding managers accountable for their performance.

1.2 The Value of Accounting History

In the 2011 paper, "Does Accounting History Matter?" Gomes et al. answer their question unsurprisingly in the affirmative and suggest "Accounting historians may well fail to make accounting history matter if they do not strive to do the following: (1) demonstrate the contemporary relevance/implications of accounting history scholarship; (2) proactively engage with other accounting researchers and scholars from other disciplines; (3) write their research in an informative and even engaging way; and (4) better develop and articulate their historical methodologies" (Gomes et al. 2011, p. 392). Similarly Levant and Zimnovitch (2017) raise the question "is there any point in researching accounting history?" They consider the scientific legitimacy of accounting history and warn of the dangers of "introspection and neglect and the impact it should have on management practices" (Levant and Zimnovitch, 2017, p. 450)

The contemporary relevance of the present study is clear and highlighted in the previous section. Hospitals throughout time have, and will continue to have, limited resources. There have always been, and will continue to be, tough decisions to be made in the allocation of those scarce resources and looking into the past can only help the decision makers of today make better decisions. Modern day accounting research into hospital funding could greatly benefit from examining the findings of what has happened in the past to ensure mistakes are not repeated.

Gebreiter and Jackson (2015, p. 180) encourage researchers to “re-engage with hospital archives” and this thesis has demonstrated the wealth of material contained just in one small provincial Infirmary. Archival research automatically creates an engagement with scholars from other disciplines, history if nothing else. Medicine and hospitals touch on so many disciplines it becomes more difficult to remain in isolation than to find linked disciplines. As well as the obvious historical aspect, medicine can bring into play technology, sociology and general business to name but three. Indeed, the interdisciplinary movement has been considered “the catalyst for growth in historical accounting research” (Carnegie and Napier, 2012; also Guthrie and Parker, 2006) and Baskerville et al. (2017, p. 450) concur with Gomes et al. (2011) and state “accounting historians need to, and should make an effort to, engage with scholars inside and outside accounting…they (accounting historians) need to make an effort to leave their comfort zone …and challenge the apparent prejudice against historical research.” The early chapters of this thesis engage specifically with social, medical and Newcastle history to provide context to develop a better understanding of the impact and role accounting played within the Infirmary.

With regards to Gomes' et al. (2011, p. 392) point 3, "to write their research in an informative and even engaging way" they suggest "One way of attracting a broader audience is to produce thoroughly contextualized and well-written manuscripts on accounting in non-typical settings." Every effort has been made to make this thesis well written, informative and engaging and the setting of a hospital is one with which everybody has a personal experience. To give a feel for the actual archival data encountered, photographs have been used in places. Similarly, relating the findings of the 19th century to the 21st century, highlights the parallels to enable a greater understanding, both of the accounting subject matter and of the reason why historical research is so important. The final point Gomes et al. (2011, p. 392) suggests accounting historians should "better develop and articulate their historical methodologies" can be found later in this chapter.

The evidence discovered in the archives has been presented as found with no attempt made to draw on any particular theories or theoretical frameworks. Gaffikin (2011, p. 245) suggests accounting scholars should be more receptive to theory orientated approaches, provided they do not "contain diametrically opposed ontological and epistemological positions". The reasoning for this takes on a postmodern stance, which Himmelfarb (1994, p.133) describes as "a denial of the fixity of the past, of the reality of the past apart from what the historian chooses to make of it, and thus of any objective truth about the past". According to White (1998, p.16) historical narratives "are verbal fictions, the contents of which are as much invented as found and the forms of which have more in common with their counterparts in literature than they have with those in sciences". As a result postmodernists believe that any historical data should not be taken as the "truth" as it is impossible to separate what may be a fact from the inherent bias in the person that documented that evidence in the first place, let alone the inherent bias of the person trying

to interpret the evidence. Munslow (2002, p. 20) writes, “Quite simply, there can be no historical facts without the application of theory…” Whilst it is certainly true that there are no guarantees that the original evidence is “true”, and that scholars will bring their own internal bias to bear when reaching conclusions, it is also true that there are some fundamental flaws with using theoretical frameworks. This position is contrary to the traditional approach to accounting history that “uphold the efficacy and use of evidence to form conclusions about past events” (Tyson et al. 2017). In particular Tyson and Oldroyd (2017) gave three examples where postmodern approaches to accounting history had in the first instance allegedly misrepresented particular terminology (Hoskin and Macve 1986, 1988a, 1988b, and Tyson 1990, 1993), in the second provided no factual information to evaluate claims (see Sy and Tinker 2005 and Tyson and Oldroyd 2007), and finally in the third the methodology relied upon secondary sources only (see Bryer 2012, 2013a, 2013b and Fleischman et al. 2013). Tyson and Oldroyd (2017) warn of the danger of postmodernist approaches that “employed past events primarily to bolster a particular social theory or political philosophy”. Evans (1997, p.250) similarly comments “politically committed history only damages itself if it distorts, manipulates or obscures historical fact in the interests of the cause it claims to represent”.

1.3 The Critical Nature of Accounting

Until the mid-20th century there was little if no merit given to the thought that accounting could have any other function then that of recording and reporting facts. That is not to denigrate this pragmatic approach as Gomes (2008, p. 481) comments “The technical dimension of accounting , which privileges accounting as a system of measuring and reporting economic transactions in order to arrive at verifiable representations of purported economic reality, is an important element of the accounting discipline.” Indeed as a technical

practice, accounting can be seen as neutral and objective, two key characteristics which make it useful for economic decision making, and key assumptions that lie at the heart of positive accounting theory (Watts and Zimmerman, 1986). Positive accounting theory aims to identify the natural laws of accounting, and is based on the notion that theory should seek to explain and predict accounting practice (Napier 1989). Watts and Zimmerman (1986, p. 14) stress the importance of this research as it "provides those who must take decisions on accounting policy …with predictions of, and explanations for, the consequences of their decisions." Thus, traditional accounting history's perspective assumed accounting to be neutral, not influenced by and having no influence on the organisation or the environment it operates in. In so doing, economic rationality could drive the quest for profit and act as an objective determinant of wealth (Hopwood, 1987). Most accounting research, particularly in America, concentrated on this positivist, mainly empirical based research but there were some that questioned the idea of accounting as a neutral concept. Lane (1945, p. 172-173) criticised research which failed to contextualise the accounting research being undertaken, and commented;

> The older (surviving) account books have been graded according to the extent which they anticipated modern methods, but the relation of the books to the business problems of the men who wrote them has usually been ignored, and necessarily so because the historians of accounting have not understood the business problems.

The rise of the social responsibility movement in the 1970's (Ackerman and Bauer 1976, Vogel 1978) saw the emergence of literature concerned with the impact of social change on accounting (Estes 1973, Gordon 1978, Livingstone and Gunn 1974). Ghandi (1976) commented upon the unidimensional character of money making it an inadequate means of rational action and called for accountants to "come to a collective realization that there is more to performance evaluation than financial indicators" (Ghandi 1978, p. 125). Gilling

(1976) argued for the need for accounting to change quickly to respond to changes in the environment and noted "as a result of its failure to react to new environmental circumstances the accounting profession is facing something of a crisis; a crisis in part of public confidence and on part of identity" (Gilling 1976, p. 64). Burchell et al. (1995, p. 541) comment upon the findings of Gilling that "accounting appears as something marked off from its environment. Within the passage of time, the latter requires the former to change. Accounting thereby is seen to be something that is and certainly should be a reflective phenomenon. As the environment develops or evolves it requires accounting to fulfil different needs". At the time Gilling (1976) argued for the reflective capacity of accounting, Wells (1976) suggested that there were constitutive capacities of accounting, and that rather than just reflect the context in which it operates, accounting actually was able to exert some influence back. Burchell et al. (1995, p. 544) concur with this notion and argue "Accounting thereby is seen to give rise to developments which shape the context in which it operates. The environment of accounting can become, in part, at least, contingent upon the accountings of it". Similarly, Gilling (1976, p. 61) concludes "The interdependency of accounting and its environment results in change being brought about by a process of mutual adaption. Environmental demands lead to changes in accounting practice and changes in accounting practice lead to changes in environmental demands and expectations."

This thesis augments our knowledge of the contribution of accounting to enhancing managerial effectiveness in the 18th and 19th centuries, and in particular as an aid to management decision-making, by broadening the focus of interest from the industrial firms that have preoccupied accounting historians to the not-for-profit sector. During this period, commercial organisations, particularly those in capital intensive industries such as iron and steel or engineering, were developing costing systems to better understand the determinants

of profit, the allocation of overheads and the key factors in decision-making. Jones (1985, pp. 168-171), for example, demonstrated that the Mona Mine Company was using an imputed interest charge to take account of the opportunity cost of the working capital when determining the profitability of a particular activity as early as 1800. By 1870 a relatively sophisticated form of overhead apportionment based on a level of throughput was in operation at the Staveley Colliery (Boyns and Edwards 1997). Standards were being used by Boulton & Watt for control and planning decisions including setting piece-rates by 1800 (Fleischman et al., 1995), and to judge the efficiency of coal consumption in a copper smelting company, Vivian & Sons at Hafod in the 1840s (Edwards and Newell, 1991). Costing was employed to determine selling price at the Wedgwood Company (Fleischman and Tyson 1993). Jones (1985, pp. 110-111) found evidence of budgeting in the Dowlais Iron Company in the early 19th century where accounting also informed the strategic decision-making process during the 1850s and 1860s (Boyns and Edwards 1997).

Based on an appraisal of some two hundred industrial enterprises mainly in the iron, textiles and coal sectors Fleischman and Parker (1997, p. 47) concluded that "the comprehensiveness and variety of cost management practices during the British Industrial Revolution attest to their high priority with industrial entrepreneurs". In particular, industrialists used cost accounting "to aid them in decisions involving the procuring, tracking, and comparing of their technological investments" (pp. 234-5). Boyns and Edwards (2013, p. 279) saw the industrial revolution as a period of continuing evolution in which businessmen devised practical costing solutions to provide them with the information they needed "for both routine issues, such as price fixing, contract tendering and monitoring/control purposes, as well as for more strategic decision making purposes". Despite the consistency of these studies regarding the significance of costing to decision-making in the industrial revolution,

dissenting voices remain over how effective an aid it proved in practice, and indeed whether the costing calculations that have been interpreted by historians as designed to aid decisions were really intended to serve that purpose by the owners (Fleischman and Parker, 1997, p. 8; Miller and Napier 1993; Hoskin and Macve 2000). Bryer (2005), for example, argues that the Economic Rationalist School is mistaken to attribute decision-usefulness as a motive to cost accounts in this era when their true purpose was to align the mentality of the managers with that of the owners by providing the means by which the managers could be held accountable. This particular issue is relevant to the Newcastle Infirmary where accountability was the prime motivator of the costing procedures rather than decision-making.

Hospitals in the modern era have attracted the attention of accounting researchers not only because of the vast resources that they consume but, possibly more importantly, they present the most challenging problems for government when evaluating performance (Birch and Maynard 2006). Unlike many public and private sector services, for example the building and management of roads, hospitals involve the provision of services that have the greatest impact on the well-being of large numbers of the population and, therefore, the source of greatest political exposure to governments should services not be delivered efficiently and effectively. While the public might recognise that matters of finance must be major considerations when managing hospitals, rarely are they prepared to prioritise finance ahead of the alleviation of suffering.

A significant part of the efforts of critical accounting researchers with a public sector emphasis has been directed at the National Health Service (NHS) and the management of its hospitals (Broadbent et al. 1991; Laughlin and Broadbent 1996; Froud and Shaoul 2001;

Broadbent and Laughlin 2002; Broadbent et al. 2003). Critical accounting researchers have been especially prominent in their examination of the ways in which accounting, and the managerial values and emphases that it promotes, has been used in the public sector as a key element of the New Public Management (NPM) to supplant previous administrative understandings of accounting and performance measures. Critical accounting scholars have exposed, across myriad government agencies and services, how accounting has been essential in the institutionalisation of a new regime of public sector values, most especially those which result in measurable, auditable and reportable performance, and the social consequences of these changes (Power 1997; Funnell et al. 2009).

However, the idea of holding hospital managers to account by measuring performance is not unique to the 20th and 21st centuries. Indeed, this was one of the main drivers behind the costing records at the Newcastle Infirmary in the mid-to-late-19th century.

1.4 Accounting as a Moral Practice

In the management of modern British hospitals which form part of the National Health Service (NHS) matters of finance are not normally expected to be elevated above the relief of suffering. The overriding qualification for assistance is that of need. In the 19th century the need of patients who could not afford to pay for their treatment, however pressing, was but one possible consideration in determining whether the impoverished sick were admitted to hospitals, most of which were entirely dependent for their meagre resources upon the charitable giving of affluent citizens. The tension between financial constraint and the provision of free hospital care was a key issue for the new wave of voluntary hospitals, such as the Newcastle Infirmary, established throughout Britain from the mid-1700s. The solution to this insistent and enduring problem for most voluntary hospitals was to apply a moral

qualification for allocating the hospitals' precious resources amongst those seeking help by distinguishing between the poor who were "deserving" of care and "undeserving" who were not. This distinction was effectively a means of rationing the limited resources of these institutions. Although the improvement in medical knowledge and technology during the 19th century which allowed an increased range of conditions to be susceptible to medical intervention lead to a demand for treatment from a "superior class" of wealthy patient (1886 annual report, p.5), most of the demand at Newcastle continued to come from the impoverished masses whose numbers rose rapidly during the industrial revolution. Between 1760 and 1850 the population of the region tripled, placing severe pressure on the hospital's resources (McCord, 1979a, p. 25) which, until 1887, came entirely from voluntary contributions. How to ration the care which the Newcastle Infirmary provided became a fundamental issue, in which the role of the financial accounts was especially prominent.

Accounting historians have long recognised accounting practices as an overt manifestation of social, political and economic values as well as being their agent (e.g. Lyons 1993; Walker, 1998; Davie, 2000; Neu 2000; Walker and Llewellyn, 2000; Funnell 2001; Fleischman and Tyson 2004; Fleischman et al. 2004). Maltby (1997, p. 85), for example, argued that accounting "commanded conviction" in 19th century Germany precisely because it reflected the established "schema" of middle-class morality. Miller (1990, p. 1) argued that accounting is "intrinsic to, and constitutive of social relations, rather than derivative and secondary". The present study demonstrates that it was in the provision of treatment for the sick that the socially constructed and constitutive nature of accounting and the roles that it performed can be seen in particularly bold relief. Accounting by hospitals in the 19th century was both a means of recording economic phenomena and a technology of entitlement; a means by which the moral and economic criteria determining access to medical attention

could be reinforced in a situation where access to treatment for the poor depended upon satisfying society that they were "deserving" of help. However, there was also a more compassionate side to Victorian moral virtue in dealing with the sick-poor in extreme cases.

In contrast to the rigid enlistment of accounting as a technology of entitlement ushered in by the Poor Law Amendment Act (Walker 2004), and in the provision of relief to the desperate poor during the Irish famine (Funnell 2001), this thesis shows that accounting was also used to justify providing relief on compassionate grounds to those who were otherwise regarded as being morally "undeserving" of help. The Newcastle Infirmary was a Christian foundation, and the annual accounts frequently espouse the example of Jesus. Thus, even in parsimonious Victorian Britain the strict dictates of economy and efficiency were forced to yield to compassion in the treatment of the sick poor. Indeed, at the Newcastle Infirmary there was an expectation gap between the stated aims of the hospital and what took place each day, which both the hospital authorities and funding providers proved willing to tolerate given that the numbers and types of patients treated were made clear to them repeatedly in the annual accounts. By allowing the construction of discursive formations that moderated society's perceptions and treatment of the poor, accounting practices were thus implicated in, and essential to, endeavours to give relief to the needy. Moreover, this thesis describes how accounting, by providing information which allowed responsibility for these lapses to be thrown back onto the subscribers, was implicated in the tacit understanding subsisting between subscribers and authorities that the admission rules of the hospital could be broken. The hospital management were thereby enabled to follow their religious conviction in exercising compassion to the poor without overtly challenging the social order premised on the belief that property was both the evidence and source of virtue. Thus, this thesis supports

Jacobs and Walker (2004) and Jacobs (2005) in challenging the idea that accounting and religious values are inevitably "antithetical" (Jacobs 2005, p. 189).

1.5 Methodology

1.5.1 Case Study Approach

Following Scott et al. (2002, pp.104, 108) and Jones and Mellett (2007) this thesis adopts an extended historical perspective to "evaluate relationships and provide interpretations" (Previts et al. 1990, p.2) at the Newcastle Infirmary. A case study is a methodological approach that allows researchers to look in detail or overview at often complex interactions to enhance knowledge in a particular area. Stake (1995) refers to the rationale behind using the case study as a methodological approach as being a "functioning specific" with purposive working parts within an integrated system. According to Stark and Torrance (2004, p. 35);

> Case study is not easily summarised as a single coherent form of research. Rather it is an "approach" to research which has been fed by many different theoretical tributaries, some, deriving from social science, stressing social interaction and the social construction of meaning in situ, others, deriving from medical or even criminological models, giving far more emphasis to the objective observer, studying the case.

The case study approach is often used when trying to look at a particular part or parts of a complex system, allowing the researcher the flexibility of addressing the multiple factors whilst maintaining singular focus. In this thesis, whilst accounting practice is the central focus, three key themes are addressed. Most importantly, the early 19th century attitude towards the poor, in particular the "undeserving poor", provides the backdrop against which accounting as a moral practice is exposed. A second theme is the way in which the Infirmary, almost throughout its entire history, operated with limited resources yet regularly engaged in substantial capital projects. Accounting played a key role in holding managers responsible

for the use of the limited resources and for assisting in decision making. A further main theme examines the nature of funding and rules on admissions, whereby admission to the Infirmary required a letter of support from a patron which changed towards the end of the 19th century, with the letter system of admission being abandoned in favour of admission being free for all. The Infirmary began to rely less on large donations from a relatively few wealthy individuals and more on annual donations from charitable institutions, namely the Saturday and Sunday Funds, and small but high volumes of donations direct from workers and their employers. This process of change in the provision of finance saw the new providers being more removed from the management of the Infirmary. Traditionally, the wealthy subscribers became the governors and they directed and managed the institution. Accounting again played a significant role played in making the Infirmary and in particular its management, accountable to the new finance providers.

Like all such organisations, the Infirmary evolved over time. It has regularly been extended and has physically moved location three times, moving from the original site in Gallow Gate, to Forth Banks and to its current location on the Town Moor. As well as physical evolution, the number of medical staff, patients and types of conditions treated changed over time, as medical advances brought innovation and growing industry an increasing population. Management changed from lay governors to paid professional administrators and the annual reports grew from clear and concise four page documents to hundred page tomes to reflect the growing complexity of the institution and meet the needs of the new finance providers. The Infirmary also evolved internally and as a result the nature and structure of the organizational boundary and its interaction with the local environment evolved as well. It could be argued that many of the interactive forces impacting upon and affected by the

Infirmary could be classed as cases in their own right, and as a result although this thesis centres on the Infirmary, it is a case study encompassing more than just that particular Institution.

Ragin and Becker (1992) developed a conceptual map and identified four different case conceptions. Firstly, cases are "Found"; they are specific and real and can be discovered as a result of the research. For example within the Infirmary the House Committee (a committee made up of selected governors who effectively controlled and ran the voluntary hospital in its early days) would be classed as a case which was "Found" by research. Secondly, cases can be "Objects" and a good example of this would be the Infirmary itself as an organisation. Thirdly, cases can be "Made"; they are theoretical constructs developed to enhance our understanding. In this thesis reference is often made to the "deserving" and "undeserving" poor. This theoretical stratification of a class of society would be a case that was "Made". Finally, cases can be "Conventions", products of general scholarship, such as the Industrial Revolution as a case in point. Regardless of whether the case be Found, Object, Made or Convention, it is importance to recognize that although this study focusses on the Infirmary, there are many case concepts both internally, externally and those that cross over case boundaries that are important to acknowledge and be aware of.

There have been many criticisms of the use of case study methodology in qualitative research. The majority of case studies are unique to their own particular context and as a result there can be few conclusions drawn that could be extrapolated or used to build up a reliable theory that could be used on a wider population. As the number of variables impacting upon any particular case can be large and generally cannot be removed there can

be little consistency in method or comparability of results. The narrative approach itself tends to be unsystematic and therefore open to bias and difficult for others to replicate. However, despite these recognised criticisms, case study as a methodology is still often used. Flyvberg (2006) identified common misunderstandings about case studies, particularly that theoretical knowledge is more valuable than practical knowledge and that generalizations cannot be made from a single case. Flyvberg (2006) argues that at times theoretical knowledge can ignore the context and potential impact on the wider society and as a result theoretical knowledge cannot be seen to be any more valuable than practical knowledge.

They both have a value, the worth of which is context dependent. In this thesis there is a well-established theory that society in the mid to late 19th century did not want to help the "undeserving" poor. God wanted man to work, so if a man chose not to work (the so called undeserving poor) then to help such people would be a sin against God. Thus, the rules of the Infirmary specified that only the deserving poor should be treated. In reality however, the Infirmary did help the so called undeserving poor. The second perceived failing of the case study approach, the inability to generalize from a single case, Flyvberg (2006) argues would be true only if the case were extreme or involved paradigmatic shifts. There is always a danger that the particular case study under examination is atypical, but in the social sciences variations would be expected and conclusions generated to account for these differences. In this thesis conclusions are drawn which shed light and further our knowledge and understanding on the Infirmary at a particular point of time. There is no reason to believe that the Infirmary is atypical when compared to other provincial hospitals of the same period. While there will be some differences, for example the number of patients and the level of funding, the findings still increase our knowledge and allows further study to be undertaken.

In accounting history, the use of case studies, such as the present study of the Infirmary, extends the compass of accounting history. Previts et al. (1990 p. 149; see also Scott et al. 2002, p. 108), argue that the case study

> represents a form of study that offers considerable promise for accounting history research … Its emphasis on qualitative, holistic analysis makes it particularly suitable to historical research by allowing the researcher to look at problems as a whole and to take into account a multiplicity of variables ….

These "multiplicity of variables" discussed by Previts et al. (1990) in the preceding quote are particularly noticeable in the history of hospitals where the convergence of the financial, political and moral can be most obvious. The outcome of this convergence can at time be tragic but also provides opportunities to admit compassion. Miranti, Jensen and Coffman (2003, p. 143) note that the use of an historical case study supported by a general synthesis can be an effective strategy when conducting detailed research of a specific enterprise or process, especially if the subject incorporates dynamic processes that occur over broad periods of time. This would support the case study methodology adopted by this thesis as the Infirmary was clearly an open system, reacting to and being impacted upon by changes in the environment it was situated within. These changes, such as population growth, medical advances, public perception of the poor etc. were all dynamic in their own right and impacted upon the Infirmary during the century under review.

Scapens (1990, p. 265) identified five classifications of case studies in accounting history

- Descriptive case studies that reveal contemporary accounting practice.
- Illustrative case studies that depict innovative accounting techniques or systems employed by the subject.
- Experimental case studies that are used to test and analyse innovative accounting practices and techniques devised by the researcher.
- Exploratory case studies designed to discover the reasons why particular accounting practices were generally adopted.
- Explanatory case studies that explain why a specific organisation adopted the accounting practices they did.

These five classifications are by no means mutually exclusive. In terms of Scapens' (1990) taxonomy, the objectives of this thesis identify it as predominantly a descriptive case study, with explanatory and illustrative overtones.

1.5.2 The Scope of the Thesis

The 18th century in Britain was a period in which hospitals were established and maintained by voluntary contributions of the wealthy. Although hospitals in one form or another did exist prior to this time, it was in particular the second half of the 18th century which saw the formation of many provincial voluntary hospitals in Britain. Industrial towns such as Newcastle were amongst the first to recognise the need for places whereby the sick and infirm could receive treatment.

The study concentrates on the 19th century but the dynamic nature of progress, whether technological, medical or social, was not uniform throughout this period. The early decades were dominated by the impact and repercussions of the wars with France. During this period 1793 - 1815, O'Brien (1988, p. 1) states "taxes collected for central government increased steadily in direct response to demands for the funding of military expenditures" and notes that 61% of all government expenditure was military related, 30% was repaying interest on loans to fund the wars and only 9% expenditure was for civil government. With the energies and finance of the country focussed elsewhere, there was relatively little economic growth and much hardship for the population as a whole which Newcastle was not immune to.

From the 1820's onwards however there were very significant advances in medical knowledge, including the introduction of anaesthetics and antiseptics, and in the treatment of illness, with Florence Nightingale pioneering advances in nursing care. Newcastle itself went through a period of rapid industrial growth, based mainly on coal and engineering, which saw an influx of workers attracted to the city by the new employment opportunities. The population growth was not matched with the supply of accommodation and inevitably as the human density increased epidemics, especially cholera, were common place. Against this background of industrialisation and associated accidents, population growth and resulting epidemics and the New Poor Law (1834) and the changing attitudes towards the poor, it is unsurprising that the Newcastle Infirmary was severely stretched in terms of both physical capacity and finance and the moral foundations upon which the institution was built.

Evidence has been gathered from the annual reports of the Newcastle Infirmary, records analysing income and expenditure kept from the Infirmary's foundation in 1751, and the minutes of the Infirmary's main committees: the House Committee, the Medical Committee,

and the Special Finance Committee, most of which are preserved within the Newcastle University Library (NUL) and Tyne and Wear Archive Service (TWAS). The hospital's statutes and regulations and building reports were also examined. The Newcastle Infirmary kept many volumes of detailed records relating to the workings of its various committees, the vast majority of which still survive today. Records relating to the hospital's success in treating patients such as the average length of stay, number of patients treated and death-rates were regularly published in the annual reports. In addition a great deal of costing information was also published in these reports, such as cost per bed and cost per patient. The annual reports of a voluntary hospital played a pivotal role in its marketing and communicating to current and potential subscribers, as well as to other voluntary hospitals. However, there were no statutory requirements regarding what should or should not be published in these reports. As a result, the annual reports were used as a means of conveying the prior year's performance as well as highlighting future issues and plans. From its very beginnings, the books of account of the Infirmary were to "lie constantly open for inspection" (1752 Annual Report. TWAS, HO/RVI/72/1). As a result, anyone including non-subscribers, could access the accounting records if desired.

1.5.3 The Archival Data

The findings from this thesis are drawn predominantly from an examination of the surviving primary archival data on the Newcastle Infirmary contained within the Newcastle University Library (NUL) and Tyne and Wear Archive Service (TWAS). The use of a primary data as opposed to secondary sources brings many advantages. The researcher can gain an insight into the actual context and setting to draw independent conclusions based upon the primary resource and, by using the primary source, compounding errors in interpretation and meaning can be avoided. However, there are inherent problems with using archival data, in

particular that archives can never tell the complete story. Inevitably there will be missing documents and whilst researchers can perhaps go beyond the simple empiricism in order to reconstruct the past, at the same time researchers must be wary about assumptions made in filling the inevitable gaps.

The interest of the author in the study of the Newcastle Infirmary began as early as 2006 when the institution was celebrating its centenary of moving to its current location and changing its name to the Royal Victoria Infirmary in 1906. The Robinson Library at Newcastle University contained limited archival information on the Infirmary, as can be seen in the primary references of this thesis, but seeing the extensive archives kept at the Tyne and Wear Archival Service stretching back to the formation of the institution in the mid-18th century made the possibility of a research project tangible.

Being a qualified accountant, the initial focus of attention was on the annual reports and the information they contained. The TWAS archive contained virtually all the annual reports since the formation in 1751, either in the original A3 four sided pamphlet form (see Appendix A for an example of this with the 1805 annual report) or in books which collated several years' worth of reports together. Immediately it became apparent that there was a constant plea in the annual reports for more subscribers, often backed up by concerns expressed of rising expenditure creating deficits on 'ordinary income'. On closer examination it was clear that the 'ordinary income' excluded large donations and legacy income and a research plan began to formulate around the disclosure of deficits on ordinary income. At the same time, utilizing the critical accounting literature (see earlier), if the Infirmary was always short of funds, then the management could use accounting as a tool of

entitlement to deny treatment. To create a time frame for this initial research annual reports were examined from 1834, the date at which the New Poor Law was introduced, and 1887, the date at which the Infirmary changed its financing structure and became free to all. The findings of this research are contained within Chapter 4 and see also Holden et al. 2009.

This initial research prompted more queries as the extent and content of the archives became clear. In addition to the annual reports were minutes of the House Committee, the main management structure within the Infirmary, as well as minutes from special committees, set up as temporary bodies to investigate a particular area of concern for the Infirmary. Two such types of temporary committees were building committees set up ahead of any major capital improvement, and committees looking into the finance and efficiency of the Infirmary. These additional archival data sources enabled a review of the extent to which accounting was used by the management to control costs and inform future decision making. A similar time period was chosen and the findings are contained within Chapter 5 and see also Funnell et al. 2014.

The time frame of the period of research was later extended to incorporate the whole of the 19th century. This wider period enabled large capital projects in the early 19th century, for example the new wing built in 1803, as well as the late 19th century, for example the building of the Royal Victoria Infirmary, to be incorporated into the thesis. It also enabled the impact of the Infirmary becoming free to all to be considered and this prompted the final main chapter of this thesis to consider the sources of finance reported in the annual reports throughout the 19th century.

The combination of the TWAS and Newcastle University archive enabled income and expense data for every year of the 19th century to be collated and analysed. This was either direct from the individual annual report itself, or through the extensive use of comparative data contained within the annual reports. There was a complete collection of the House Committee minutes (over 33 volumes) for the 19th century but some were very difficult to read as a result of poor handwriting, ink fading over time and occasional water damage. On reflection it has been very fortunate to have such an extensive archive. One unexpected problem of this, however, is the various interesting tangents that appear, some of which have been followed in this thesis such as the change in source of finance during the 19th century, and others where time would not permit. These have been included in the conclusions chapter as areas for further study.

1.6 Organisation of the Thesis

This thesis has seven chapters. Chapter 1 introduces the thesis and sets out the key aims and objectives. To enable an understanding of where this thesis is located within the academic literature, the chapter contains a discussion of the relevance of accounting history alongside literature relating to the critical nature of accounting, specifically accounting as a moral practice and accounting within voluntary hospitals of the 19th century. Finally, the methodology of the thesis is presented to justify the use of a case study approach, the time period the thesis is set within and a brief reflection on the archival process.

Chapters 2 and 3 provide the contextual background which underpin the thesis and enable the findings to be correctly interpreted. It sets out the history of the development of Western medical knowledge as well as the role of the monarchy, the church and the growing involvement of the state. These issues are then examined in the context of Newcastle upon

Tyne itself, the city in which the case study is based, examining the role of the state, religion and attitudes towards the sick and poor.

The findings of the thesis are found in chapters 4, 5 and 6. Chapter 4 demonstrates how accounting was used as a means of moral persuasion in treating the "undeserving" poor, despite the Infirmary having rules against their treatment, until the institution became free to all. Chapter 5 examines the costing arrangements throughout the century, finding initially they were more about demonstrating good stewardship rather than forward planning, particularly with large capital projects that were often entered into as acts of faith. Finally, Chapter 6 examines the changing nature of funding on the Infirmary and the impact it had on the accounting, the accountability and the medical provision provided by the institution.

Chapter 7 provides conclusion. In this chapter the key findings are brought together to highlight the contribution to the existing literature. Further areas of study are suggested alongside the relevance of this historical study to the medical care of the present day.

Chapter 2

Medicine and the Moral Economy of Poverty in the 19th Century

2.1 Introduction

The previous chapter gave an overview of the literature within which this thesis is located. The critical nature of accounting was discussed and in particular the ability of accounting to not only reflect the context within which it operates, but also to exert influence itself (Wells, 1976). Gilling (1976) describes how environmental demands can not only lead to changes in accounting practice, but changes in accounting practice can also lead to changes in environmental demands. As a result, accounting practices have developed as a consequence of social, political and economic change, as well as being an agent for their change itself (e.g. Lyons 1993). Consequentially to understand the critical nature of accounting, it is important to fully understand the social, political and economic environment within which this study is situated.

The development of Western medicine and in particular medical knowledge is first discussed as some elements of the Hippocratic and Galenic teachings were still in evidence at the start of the 19th century. In particular, the idea of a doctor taking a holistic view of their patients to try to determine an internal imbalance meant that many doctors in the 18th and early 19th century were trained more in areas of philosophy than in science. The role of the state and the monarchy is contextualised to highlight the relatively low level of influence the state had in provincial towns and cities such as Newcastle in the early decades of the 19th century although state involvement grew as the century progressed. In particular, brief historic

details are provided of the Civil War and the Dissolution as these events impacted upon the industrial base of the city which is further explored in Chapter 3.

The Infirmary relied upon voluntary subscriptions from members of society for its everyday existence. The subscribers wanted to know that their money was used economically but also that it was used to treat those deemed admissible. The changing societal attitudes towards the poor are therefore a critical factor impacting upon the management of the Infirmary and these are discussed within this chapter. At the start of the 19th century, the poor were seen as a natural part of God's creation, which allowed members of society to provide aid and assistance and be looked upon by others as performing the role of the Good Samaritan. However, as the 19th century progressed, morality and economics fused with the cannon of classical political economy and poverty was seen more as a sin against God. These themes are discussed in this chapter along with the impact of the 1834 New Poor Law Act and the classification of the poor into the 'deserving' and 'undeserving'.

2.2 The Rise of Medical Knowledge – A Subtle Change of Faith

Hippocrates is often thought of as the father of ancient Greek medicine (Kleisiaris et al. 2014). He was born on the Greek island of Kos, in the Adriatic Sea, around 460B.C. The son of a physician, he practiced and taught medicine throughout his life. He is thought to be the first to argue that disease was caused by natural factors as opposed to causing displeasure to the gods. He divorced medicine from religion and superstition, believing diet, living habits and environmental factors were key to both the cause and cure of sickness (Orfanos 2007). Kirsten et al. (2009) argue that the key point of Hippocratcic medicine was that it was based on diagnosis, treatment and prevention. At the time, the Greeks believed the human body to be sacred and would not permit human dissection and as a result knowledge of anatomy was

rudimentary at best. The Hippocratic School of medicine was very benign, often prescribing rest and nourishment, believing the body had the ability to heal itself, to rebalance the four "humors" (Latin for liquid); blood, phlegm, yellow bile and black bile (Legay, 2002). It is thought that these four fluids were based upon the observation that blood will separate into four layers of liquids if drawn and left for about an hour, being; a dark clot (the "black bile"), a layer of red blood cells (the "blood"), a layer of white blood cells (the "phlegm") and a layer of serum (the "yellow bile"). Hippocrates is often credited in relating the four elements of air, fire, earth and water to these four medicinal humors and this relationship was later formalised by Galen (129 – 216 A.D.) (Garcia-Ballester, 1984, p. 36). Humorism, the belief that a person's health and disposition was a direct consequence of the balance or imbalance of four humours, dominated the thinking of the Hippocratic School of medicine and much of western medical thinking from the Middle Ages until as far as the early 19th century (Lagay, 2002). Although now discredited, people are still described today as having temperaments which are sanguine, phlegmatic, melancholic or choleric. A cheerful, confident person was thought to have an excess amount of blood, and would be described as "sanguine", derived from the Latin word "*sanguis*" meaning blood. On the other hand, a gloomy depressed person was thought to suffer from an excess of black bile and would be described as "melancholic", from the Latin "*melan*" meaning black and "*chole*" meaning bile.

If a person was ill, humorists believed that there must be an imbalance in the humours (Legay, 2002). For example, epilepsy was believed to be caused by an excess amount of phlegm and epileptic seizures were a result of the body trying to rid itself of the excess. Medical treatment was designed to restore balance – an excess could be treated by purging, vomiting, bloodletting and sweating. A deficit could be treated by attention to diet, exercise

and lifestyle (Kleisiaris et al. 2014). In this way the humoral system took a holistic view of the patient, promoting the use of herbs and applying the idea of "opposites cure opposites". Thus, a person sweating with a hot fever would be given substances associated with the cold and dry such as chamomile. This holistic idea, treating the person as a whole as opposed to the particular illness or disease, meant that extensive consultations were needed to determine the imbalance in that particular person. This was very laborious and expensive and was perhaps one of the biggest drivers for the rise of practitioners that treated the particular illness rather than the individual person.

Following the fall of Rome in 476 A.D. the ecclesiastical took over medical learning, and learning in general as few others could read or write. During this "Dark Age" healing was offered at shrines by holy men, tales of miracles abounded and Saints of healing were prayed to. It was not until the ninth century that evidence has been found of a more theoretical and scientific approach to medicine. This occurred in the region of Salerno, Southern Italy, where it is believed the first medical school in the western world was established (Della Monica et al. 2013). The first medical university was established in Padua, Northern Italy in 1222 (Zampieri and Zanatta, 2015). Over the next hundred years, Padua in Northern Italy and Salerno in Southern Italy became centres of medical knowledge, combining both Arabic knowledge of surgery and pharmacology with the Greek philosophy and beliefs of Aristotle, Hippocrates and Galen. By the end of the 14th century there were many universities in Western Europe where medicine was taught.

Little publicised scientific progress, medical or otherwise, was made in the West during the Middle Ages, due mainly to the dominance of the Roman Catholic Church and their teachings that disease and illness was a consequence of sinful behaviour and as a result was

a punishment from God. The Roman Catholic Church endorsed the humorist views of Galen and would not tolerate any opposition (Blainey, 2011). However, towards the end of the 14th century the power of the Church started to wane as the power of the monarchies increased, city states grew from consolidated feudal manors and regional states from consolidated city states. Monarchs brought stability and peace allowing feudal lords to concentrate more on trade than local wars, with people looking more towards the monarch and the state for justice and protection, rather than the church (Blainey, 2011).

The city of Florence in northern Italy is often quoted as being the birth place of the Renaissance (1330 – 1530). The city was the centre of the European wool trade and was controlled by wealthy merchants, in particular the Medici family, and saw a marked turn away from medieval life and values dominated by Church doctrine, towards philosophical principles of humanism and individual achievement in this world rather than the next. The Renaissance saw the arts and literature take primary importance in society, with artists such as Leonardo da Vinci, Raphael and Michael Angelo coming to the fore. This period also saw the invention of the printing press by Johannes Gutenberg, a German, in 1440, which for the first time made possible the mass production of books in Europe and authors such as Luther and Erasmus sold hundreds of thousands of copies in their lifetime.

Although weakened by the rise of the monarchies, the Church still remained a key political player, and when the papacy returned to Rome in 1376 after nearly 70 years in Avignon (Blainey, 2011), France, they wisely employed the Medici family from Florence as bankers and became interwoven into the political power struggles of the day. The Papacy became more interested in political power than providing moral guidance during much of the fifteenth and early sixteenth centuries and nepotism was rife with many Papal “nephews”

receiving high powered jobs with huge salaries, and some even becoming Pope themselves (Blainey, 2011). With the rise of large regional state powerhouses during the fifteenth century, particularly in Spain and France, the Church had to play the political game to remain in favour with all sides. Monarchs often used religion to try to bring peace and unite a country, and as a result enforce their right to rule. Prince Ferdinand of Aragon and his wife Isabella of Castile, a devout Catholic, used religion to consolidate the independent realms within what is now Spain. Ferdinand managed to lobby Rome and in 1478 Pope Sixtus IV issued a papal bull which established the now infamous Spanish Inquisition. This inquisition was used primarily by Ferdinand to drive out the Jews and Moors (Muslims) and later the Protestants following the Reformation precipitated by Martin Luther in 1517, and continued in one form or another throughout Europe and its owned lands until the start of the 19th century. Initially used by monarchs to unite kingdoms, the Church later used the Inquisition, or the threat thereof, to ensure its teachings and the doctrines of Catholicism were obeyed (Blainey, 2011). This had the effect of censorship, stifling any views, either philosophical or scientific, that went against Church teachings. For example Michael Servedo, a Spanish doctor and theologian published "Christianismi Restitutio" in 1551, a paper which refuted the four humors theory of Galen and was subsequently burned at the stake for heresy, and even Galileo Galilei was held under house arrest for the rest of his life after he published his work proving the Copernican view of a heliocentric solar system rather than the Church approved Aristotle view of a geocentric solar system.

In parts of Europe however, the power of the Roman Catholic Church started to wane. The Protestant Reformation under Luther in 1517 and the Dissolution of the Monasteries in England following the Act of Supremacy in 1534 (which officially sealed the break from Rome and placed Henry VIII as the Supreme Head of the Church of England) saw pockets

of resistance where scholars and academics were free to publish research without fear of retribution. One such person was William Harvey, born in Kent in 1578 and educated at Cambridge and later at the University of Padua, Italy (Poynter, 1960). Harvey returned to London in 1602, became a reader in anatomy and surgery at St Bartholomew's Hospital and in 1616 publicised his discovery of the circulation of blood in the body, explaining how blood flowed in one direction, pumped by the heart and transformed by the lungs from venous blood to arterial blood (Poynter, 1960). This theory directly refuted the teachings of Galen, who believed the liver was the centre of circulation within the body, and although Harvey was probably not the first person to discover the true nature of the circulation of blood within the body, he was the first to publicise it.

The 17th century saw an explosion in knowledge, particularly in astronomy, mathematics, physics, biology and philosophy and as these fields often overlapped, communication between the great thinkers of the day grew and in 1662 the Royal Society of London was formed, to meet weekly, to discuss the current issues (Morrill, 2001). The Society admitted Fellows of all denominations, professions and origins and sought to promote a culture of peace and scientific innovation: to reject ingrained dogmatic views and to prove new ideas by repeatable scientific experimentation. Similar societies were established throughout Europe, and as all encouraged the free flow of ideas and information, advances in different fields were often combined to solve complex problems. The century brought scientific reasoning, both inductive reasoning from Francis Bacon and a deductive approach from Rene Descartes. Exploration and the growth of empires brought new cultural influences and beliefs and people started to question the divine right of monarchy (the Thirty Years War 1618 – 1648, (Morrill, 2001)) and the authority of organised religion.

At the dawn of the 19th century the medical profession had become very astute in collecting empirical evidence but there was still much doubt as to the actual causes of disease. Although science was starting to come up with answers, much of the medical profession still relied upon the holistic view taught from humoral principals (Lagay, 2002).

2.3 Monarchy and Politics During the 19th Century

At the start of the 19th century William Pitt the Younger was the Prime Minister and King George III was the reigning monarch. The first two decades of the 19th century were extremely eventful and had implications for Newcastle and its Infirmary. The Napoleonic Wars (1803 - 1815) took their toll and Harvie (2001, p. 487-488) comments “Britain had spent £1,500 million on war. Britain was an armed camp for much of the time; there were constant drafts into the militia, and at any stage about a sixth of the adult male population may have been under arms.” The war caused economic depression (Harvie 2001) and as a result it would be expected that this would have been a difficult time for the Infirmary to raise sufficient funds (see Chapter 6 which contains an analysis of the income of the Infirmary for each decade of the 19th century). In 1829 the Catholics received emancipation, ending most denials and restrictions on their civil rights (Harvie 2001). The emancipation allowed the formal establishment of Catholic churches (see also Chapter 3) and therefore more clergy to offer aid and assistance to the sick and needy and more church sermons to raise finance for the Infirmary.

King George III had four sons; George Prince of Wales (later the Prince Regent in 1811), Prince Frederick Duke of York, Prince William Duke of Clarence and Prince Edward Duke of Kent the youngest son and father to Victoria. King George III died in 1820 and his eldest son, the Prince Regent, became King George IV in 1820 (Harvie 2001). King George IV had

no heirs so on his death his brother, Prince William became King William IV in 1830. Princess Alexandrina Victoria, daughter of Prince Edward Duke of Kent and niece to King George III, became Queen Victoria of England on 20 June 1837 at the age of 18 following the death of King William IV. Victoria inherited the throne as neither the Prince Regent, nor the Duke of York nor the Duke of Clarence had any surviving heirs.

Victoria was crowned on 28 June 1838 and took up residence at Buckingham Palace – the first monarch to do so. Less than two years later, on 10 February 1840 Victoria married her first cousin, Prince Albert. They had nine children together, their first, Princess Victoria was born in 1840 and Princess Beatrice, their last was born in 1857. It is interesting to note that for the birth of her last two children, Victoria used the new anaesthetic, chloroform.

At the time of her coronation, Lord Melborne leader of the Whig party was Prime Minister until the Whigs were defeated by the Tories in 1841 and Sir Robert Peel became Prime Minister. Both Melborne and Peel were influential during the early years of her reign, but it was Albert who was her chief advisor and confident. The first two decades of reign were nothing if not turbulent. The country had to come to terms with the abolishment of slavery in the British Empire following the Slavery Abolition Act 1833, the Irish potato blight and repeal of the Corn Laws in 1845/6, the French revolution in 1848; the Crimean War 1853-1856; the Indian Rebellion of 1857 and the dissolution of the British East India company (Matthew 2001).

On 14 December 1861, Albert died of typhoid fever. Victoria was devastated and from that day on she entered a state of mourning, wearing black every day. She withdrew from public life for the next few years and the popularity of the monarchy started to wane (Matthew

2001). She did undertake her public duties, most notably supporting the passing of the Reform Act of 1867, following undoubted pressure placed upon Parliament with the Union victory in the 1865 American Civil War. The Act gave the vote to the skilled male workforce, virtually doubling the size of the electorate.

Republican sentiment grew throughout the 1860's culminating in rallies in London demanding her removal from the throne. Her self-imposed seclusion did not help matters and in the space of two months in late 1871 both Victoria and her son the Prince of Wales became seriously ill; Victoria with a large abscess on her arm and the Prince of Wales with Typhoid fever (Matthew 2001). Their illnesses were seen by many as a sign from God and both republicans and monarchists could do nothing but wait. Victoria was treated by Joseph Lister who successfully lanced the abscess and used the new anti-septic carbolic acid to keep the wound clean. The Prince of Wales was given clean water and kept in a well ventilated room and he also pulled through. On 27 February 1872 Victoria and the Prince of Wales attended a public parade through London and a thanksgiving service at St Paul's cathedral. This was taken as a sign from God by many people and the republican feeling started to ebb. It could be argued that medical advances both saved the lives of Victoria and the Prince of Wales as well as the English Monarchy.

Victoria supported Prime Minister Disraeli's foreign policy on expansion. In 1875 the British Empire had colonies and provinces in Canada, India, parts of Africa and Australia, and as a result of dominating world trade, also controlled the economies of China, Argentina and Siam. Indeed it was an empire where the sun never set. This desire for expansion was underpinned by new technologies invented in the second half of the 19th century, including steam power, telegraph communications and armaments. Towns and cities in Great Britain

became industrial hot beds and Newcastle was no exception to this, excelling at engineering, ship building and coal production.

Victoria became ever more popular, with lavish celebrations for both her Golden Jubilee in 1887 and Diamond Jubilee in 1897. Victoria died on 22 January 1901 and was succeeded by her eldest son King Edward VII (Matthew 2001).

2.4 The Moral Economy of Poverty: the Virtuous Sick Poor in 19th Century Society

During the first half of the 19th century hospitals in Britain were used only by those who were unable to pay for medical assistance. Those who could afford to pay were expected to be treated at home (Berridge 1990, p. 203; Scott et al. 2002, p. 111). Indeed, only the destitute were likely to seek succour in hospitals, so malodorous was their reputation. In 1844 *The Lancet* authoritatively described the hospital system in England as "essentially bad" (Rivett 1986, p. 15). When determining the eligibility of the poor for even these uncertain benefits, British society distinguished between two main categories of those in need, the category in which an individual was assigned determining the type of medical institution from which they might receive medical attention. Those defined as the "sick poor" were the deserving poor, labouring men and women who were normally in employment but due to unforeseen illness or accident required medical attention to return them to gainful employment. Paupers, on the other hand, were the "undeserving poor", those who did not work, either because they were unable to find a job or because they did not wish to work (See Himmelfarb 1984, pp. 77, 79, 161 for a detailed discussion of the stigmatisation of poverty in Victorian England).

Although the poor had always been regarded with some suspicion and disapprobation by English society, prior to the 19th century poverty was regarded as something which was

inherent to the existence of humankind: “the poor are always with us” (Jesus’ words quoted from Matthew 26, 11; see also Smiles quoted in Black 1971, p. 371). Instead of attempting to eradicate poverty, society was to accept that this was impossible because the poor were a part of God’s creation. The poor fulfilled a divine purpose in that they were a natural, unavoidable accompaniment to the social order ordained by God. Society and the poor themselves were to accept that they were but one component in a society ordered into classes, each with obligations towards others either above or below them. Most especially, the existence of the poor allowed the prosperous to demonstrate their piety and God’s favour by showing charity to the less fortunate (Briggs 1955, p. 126).

With the growth of the industrial revolution in England in the mid-19th century the long-standing acceptance of the poor began to change, after reaching its moral nadir during the middle decades of Victoria’s reign. The 19th century was an era in which the state gradually took from the Church responsibility for the poor, in which poverty was secularised and the “moral economy” of society was replaced by Adam Smith’s market economy (Himmelfarb 1984, p.63). This was a scientific age where measurement and rationalism increasingly supplemented religion in determining cause and effect in society, the economics of public health and poor relief being a prime example.

Reflecting a change in emphasis in religious teaching consistent with a more materialistic age, the Victorians took a far more judgemental view of the poor in their midst. Poverty was characterised and condemned as a vice in and of itself as well as the result of vices. Instead of the poor being accepted as part of God’s unblemished, infallible plan they became an offence to this plan, each of the poor betraying a purposive rejection by them of the life of provision that God had ordained in His perfect plan for everyone. To descend to the level of

pauperism was to live a life of sin and spiritual death of which the dependence of the able-bodied upon charity was among its most obvious manifestations. Accordingly, poverty in the 19th century was not to be accepted but to be vigorously overcome and morally stigmatised.

With increasing conviction throughout Queen Victoria's reign (1837-1901), poverty was denounced as the consequence of licentious behaviour, a life characterised by intemperance, idleness and immoral behaviour. Poverty was essentially a question of choice rather than circumstances (Clark-Kennedy 1963, p. 3; Eyles and Woods 1983, p. 34). Thus, in 1866 the Chaplain at the Newcastle Infirmary (Annual Report for 1866) blamed improvidence and drunkenness for the poverty which caused the "disease (which)… sends many of its victims to this house …". Reflecting strengthening social attitudes which condemned poverty and maligned the poor, in 1816 the Archbishop of Canterbury, John Sumner, encouraged the poor to live a life of discipline, the result of which is "a moral character formed, tried and confirmed previously to their entering upon a future and higher state of existence" (quoted in Dean 1991, p. 93; see also Tawney 1980, p. 265). Of course not everyone was as severe in their judgement of the poor. Notably, Florence Nightingale condemned the way in which "a sick man, woman or child is considered *administratively* to be a pauper, to be repressed and not a fellow creature to be nursed to health" (quoted in Ayers 1971, pp. 8-9, emphasis added). Classical economists, however, were as one in their denunciation of the evil of poverty and the necessary remedies, as will be seen in the next section.

2.5 The Poor in Classical Political Economy

The writings of Thomas Malthus, David Ricardo, Jeremy Bentham,[1] Adam Smith and Sir Francis Eden,[2] which constitute much of the cannon of classical political economy, were frequently preoccupied with matters of poverty but especially the correspondence between morality and economics. So persistent are these concerns that Dean (1991, p. 111) refers to "the plethora of moral statements concerning the poor in classical political economy". Thus, Ricardo (1772-1823) criticised the Elizabethan poor laws for directing money away from productive pursuits and removing the incentive for work. Referring to the certain, unbending injurious effect of the poor laws he noted how "the principle of gravitation is no more certain than the tendency of such laws to change wealth and power into misery and weakness …" (Ricardo 1817, p. 108). The Poor Laws could never hope to improve the condition of the poor but rather to "deteriorate the condition of both poor and rich" (Ricardo 1817, p. 106; Harris 2004, p. 33).

Famously, Thomas Malthus, writing in his *Essay on Population* in 1798, warned that God had ordained a natural balance between the providence of the earth and the population that it could sustain. If the poor were not given material support they would see their children and possibly themselves die out. Accordingly, for Malthus poverty without relief was essential to human happiness by keeping the population size down by a natural process of elimination in which society and its institutions should not interfere; it was the natural order of things. To interfere in this natural balance would place all in peril and question God's divine plan. Ricardo (1817, p. 107) maintained that those who provided entirely for their

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[1] Bentham promoted his panopticon as equally suited to the management of hospitals for the poor as for prisons (Himmelfarb 1984, p.78).

[2] Sir Frederick Eden was well known in the late 18th century for his views on the causes and consequences of poverty. His book *The State of the Poor: or a History of the Labouring Classes in England, from the Conquest to the Present Time* (1797, London: J.Davis) was a highly influential text.

own needs from their labour could be expected to promote the population control necessary to retain this balance, for they would know how many children that their material wealth would support and, therefore, of their own volition and without any outside intervention they would limit the size of their family. In fatal contrast, the poor, but especially paupers, who were provided for from the endeavours of others, had no such inducements to control their tendencies to procreate. Notoriously, Herbert Spencer (1820-1903), a firm advocate of eugenics, later followed closely Malthus' lead when he argued that the culling of the poor, the idle, the old and sick was a "stern discipline" of nature and an act of "far-seeing benevolence":

> Under the natural order of things society is constantly excreting its unhealthy, imbecile, slow, vacillating, faithless members (Spencer 1851, p.323; see also Mencher 1967, p. 63).

There was also wide agreement between political economists, notably Adam Smith (1776) and David Ricardo (1817), that there should not be any attempt to improve the state of the lowest paid workers by interfering with the market processes that determined wages. Most famously, Ricardo's "iron law of wages" portrayed wage levels as the manifestation of a natural law (Ricardo 1817; Rodgers 1949, p. 6). Any attempts to interfere with this eternal law of economics would ultimately end in failure as immutable, natural and unrelenting forces would eventually see a return to an enduring homeostasis but only after causing great harm to individuals and to the nation (see also Tawney 1980, p. 265).

Salvation for the poor was therefore only possible through individual initiative or "self-help". Harrison (1957, p.160) and Himmelfarb (1984, p.24) link this concept to Protestant teachings that promoted the virtues of "moral restraint, unremitting labour, self-discipline,

self-reliance, independence and foresight" (Dean 1991, p. 92). Briggs (1955, p. 127) describes the writings of Spencer and Smiles which espoused the self-help doctrine as part of the "success literature" of the mid-19th century. Smiles' *Self-Help*, the "Gospel of Work" (Harrison 1957, p.162) published to coincide with the Great Exhibition in 1851, from the first edition proved to be very popular and influential in conditioning social attitudes about wealth and dependence (see Fielden 1968). Charles Dickens' (1995, pp. 126-7) Mr Bounderby epitomised this pride in mastering circumstance, to be able to say like Mr Bounderby that those who redeem themselves "may shake hands on equal terms. I say equal terms, because although I know what I am, and the exact depth of the gutter I have lifted myself out of … I am as proud as you are". According to Smiles (1883, pp.1, 3, 5), not only did individual well-being depend upon self-reliance but so did the future of the nation which, after all, was merely the agglomeration of individuals whose energetic pursuit of their self-interest was the foundation of moral character (see for example the Annual Report of the Manchester Royal Infirmary 1777-8, cited in Cherry 1980, p. 72). Accordingly, Smiles and Ricardo (1817, p. 107) saw the world as divided into those who save and provide the means by which society advances and those who are their slaves, the improvident and the wasteful. There were no excuses for falling into poverty and dependence; even the humblest working man by being careful could be the master of his destiny, never to rely upon the charity of others and take from them their rightful entitlements (Smiles 1883; Black 1971, p. 370).

2.6 Poor-Relief and "Efficacious Assuagings of Distress"

The reform of the Elizabethan Poor Laws with the Poor Law Amendment Act in 1834 provided statutory recognition of society's changing attitudes towards the poor. Dean (1991, p. 98) refers to a "massive change" thereafter in attitudes towards the able-bodied poor. After the reforms poverty was perceived by many much less a matter of economics and more a

matter of morality. The New Poor Law was about "moral discrimination on grounds which were pure Malthusian" (Dean 1991, p. 99). Most importantly, the reforms created a clear and enforceable distinction between the "indigent" poor and the destitute paupers. Indigence was defined by the Poor Law Commission as "the state of a person unable to labour or unable to obtain in return for his labour the means of subsistence" (quoted in Mencher 1967, p. 93). Paupers, on the other hand, were categorised as those who were able to work but who chose not to do so. They would have to locate themselves and their families into workhouses where living conditions were deliberately set at levels just below those of the lowest paid workers, and life comprised a daily toil of disciplined work. Thus, the reforms consecrated work by ensuring that the able-bodied destitute were provided for in a manner which 'encouraged' them to regain their independence, supposedly the original purpose of the Elizabethan statutes (Briggs 1955, p.125; Ayers 1971, p. 2; Dean 1991, p. 97; Abel-Smith 1964, p. 46).

The same shift in emphasis can be seen in attitudes towards charity for the poor. Charity prior to the 19th century was more readily regarded as materially beneficial to its recipients and spiritually beneficial to those who gave. God had ordained poverty not to inflict punishment and misery but, reminded Robert Eden famously in 1760 in his influential book *Harmony and Benevolence*, to provide the means by which His faithful servants could perform His will and assure them of salvation (see Eden in Rodgers 1949, p.9). In contrast, increasingly during the 19th century charity was portrayed as creating far greater vices and suffering than those which it sought to relieve. Walter Bagehot (1826-1877) was but representative of a pervading antipathy to providing for the presumably improvident when after recognising that philanthropy may be able to do good in some ways, also believed that it could do "great evil" by "augmenting vice" and "multiplying suffering" (Bagehot quoted in Owen 1965, pp.167-8). Similarly, Samuel Smiles portrayed as true patriotism the charity

which provided the means for those in need to establish their independence sufficiently to be able to provide for themselves. Any other form of charity would destroy initiative and the opportunity to live a life of virtue (Smiles 1883, p. 3). Mr Gradgrind in Charles Dickens' (1995) grim depiction of the English working class in his novel *Hard Times* epitomised this Victorian judgement of the poor.

For the Victorians, if assistance could not be entirely avoided then private charity was always to be preferred to state sponsored assistance. So malicious for Spencer (1851, p. 320) were the effects of state provision that he believed that "there could hardly be found a more efficient device for estranging men from each other, … than this system of state-almsgiving". Whenever the state took property from one section of society, Spencer's "good for somethings", to give to others in need, the "good for nothings", it contravened Spencer's fundamental law of the state propounded most famously by John Locke whereby the state is "to take care that every man has freedom to do all that he wills, provided he infringes not the equal freedom of any other man …" (Spencer 1851, p. 311; for very similar sentiments see Smiles 1883, p. 2).

Irrespective of the urgings of moralists such as Smiles and Spencer, however, there were still powerful motives for giving to those in need in the 18th and 19th centuries, prompted most especially and enduringly, but not exclusively, by the teachings of the Church (Berridge 1990, p. 204; Woodward 1974, pp. 19,20; Gorsky 1999, p. 467). Owen (1965, p. 164) refers to the 19th century as a humanitarian age, an age when the act of charity continued to assume some importance. Also reflecting the tenor of mid-Victorian society, the *Westminster Review* in January 1853 (Vol.59, p.62) dismissed the mid-19th century English as "foolishly soft,

weekly tender, irrationally maudlin, unwisely and mischievously charitable …. We are kind to everyone except society".

The impulse to be charitable was not entirely selfless. From the very top of society, with the royal family especially notable for lending its name and association to many charitable organisations, good works were the mark of social standing and virtue. Being associated with charitable works provided opportunities to have one's name linked with the nobility, even royalty (Owen 1965, p. 165; Woodward 1974, p. 20). Charles Dickens showed with Mrs Jellyby in *Bleak House* that charitable works had become a fashionable activity, but especially for middle and upper class women. Charitable works allowed them to escape from the suffocating strictures of domestic confinement by engaging in an activity which in these pious times attracted considerable social approval (Rodgers 1949, p. 19, Harrison 1957, p. 160).

The results of charitable impulses in Victorian Britain were no more clearly evident than in the formation and maintenance of voluntary hospitals, of which the Newcastle Infirmary was an outstanding example. However as this thesis shows, it was a charity couched in "self-help" terms resulting a difficult dilemma for hospital management between the relief of suffering and denying care to those most in need.

2.7 Conclusion

In order to appreciate the environment in which the Infirmary operated it is important to understand the social history leading up to the 19th century as well as the social attitudes towards the poor. These attitudes are critical to the understanding of the motives of the

donors to the Infirmary, and hence the rules of admittance set by the Infirmary and in theory the ability to treat the sick poor of the time.

At the beginning of the 19th century the medical profession had collected extensive empirical data on various diseases and illnesses but questions as to the true cause remained highly controversial (Porter, 2006). The personalisation of disease, drawing on traditional Galenic humouralism, still focussed on an individual's personal moral responsibilities and as a result often advocated self-help as a cure. As illness was seen as a fallibility of an individual rather than something which would effect a collection of individuals regardless of individual morals, the state effectively left the Church to look after the poor. The poor, who could not afford to seek help directly, either had to rely upon the assistance of neighbours or to try to seek assistance in the voluntary hospitals established during the latter parts of the 18th century. These voluntary hospitals were established at a time when poverty was seen as a natural part of God's creation, allowing the prosperous to demonstrate their philanthropy to gain Gods favour (Biggs 1955).

There was, however, a change in attitude towards the poor during the 19th century. Poverty was condemned as a vice in itself, and society segregated the poor into the deserving and undeserving poor. The deserving poor, those who were destitute through no fault of their own, merited help and assistance. However, to assist the undeserving poor, those who were unwilling to work or to help themselves were seen as morally reprehensible. The state started to take a greater interest and the New Poor Law Act of 1834 created the workhouses often depicted in works of fiction by Charles Dickens. This shift in societal attitude towards the poor directly impacted on charitable institutions, such as the Newcastle Infirmary, which relied upon the generosity of individual subscribers just to survive. The management of the

Infirmary, acknowledging the central Christian values of assistance to all sick and needy upon which it was founded, had to be aware of the pervading attitude of the subscribers to obtain their continued support. This thesis attempts to shed light on how the Infirmary managed to secure sufficient finance to treat the sick and needy, both deserving and undeserving alike, despite the changing social attitudes of the day.

The following chapter examines in more detail how these national social attitudes were actually reflected in Newcastle itself. It also provides the context to the industrial, religious and medical institutions that developed in the city throughout the 19th century.

Chapter 3

Newcastle, its Origins, Growth and Achievements

3.1 Introduction

The 19th century was an era of scientific and industrial progress, brought about by the relative peace, population growth and economic buoyancy that characterised much of this hundred year span. The enlightened thinking of the 18th and early 19th centuries, particularly the search for perfection, played a key role in the establishment of professions, including the medical profession, and the establishment of various institutions, such as the Infirmary. It also brought into question the role of the State, in terms of its responsibility towards individuals and the role of the Church in terms of the seemingly unquestionable holding of the nation's moral compass.

Healthcare at the start of the 19th century was very much regarded as the responsibility of the individual and of no day-to-day concern of the State, yet during the same century various Acts of Parliament were passed on healthcare issues including public hygiene, water sanitation and prescriptive medical qualifications demonstrating both directly and indirectly that the State was beginning to take on more responsibility towards its citizens with regards to their health throughout the 19th century. The Church had the belief that sickness was a sign of sin and as God created the poor, they had a natural place and a moral duty to stay in that place. These hard line dogmatic beliefs softened during the century, due in no small part to increasing scientific knowledge, the rise of the worker and their collective voice and to a gradual decline in the number of people regularly attending church.

This chapter demonstrates that the changing traits, attitudes towards the poor, the increasing role of the State and the general decline of the Church as the moral compass was clearly in evidence in the North East of England as it was elsewhere in the country. This chapter contextualises the social environment in which the Newcastle Infirmary was situated and identifies the attitude of the State and the Church in Newcastle as in the rest of the country. By providing the context within which the Infirmary was situated at this time the critical nature of accounting can be demonstrated in terms of its ability to influence and be influenced by the stakeholders of the Infirmary.

The chapter starts by examining the origin of Newcastle in terms of its physical location and its growth from a small Roman fort in the second century A.D. through to a densely populated metropolis by the end of the 19th century. The significant industries of Newcastle are examined to demonstrate the impact they had on attracting workers and capital into the city, and in creating extremely wealthy industrial magnates. The types of industry, the influx of workers and the creation of wealthy industrial magnates all played a critical role within the Infirmary during the 19th century. The industries were typically hazardous, and as a result accidents were common which the Infirmary would treat. The influx of workers directly created a general demand on the Infirmary by virtue of simple rising numbers. The poor housing conditions that the workers were forced to inhabit also indirectly creating demand through epidemics such as cholera and typhus. However, the wealth the industries created effectively funded the Infirmary. Wealthy industrial magnates, e.g. Lord Armstrong, provided the majority of financial support in the early part of the 19th century, and the workers themselves became a vital source of income in the latter stages of the 19th century.

The influence of the Church and its teachings at the local level are discussed, particularly the creation of the new Diocese of Newcastle upon Tyne in 1882. This led to an increase in Church buildings and the Church playing a larger role in Newcastle society following years of gradual decline. Finally, the chapter focuses on society and societal beliefs exhibited in the region before concentrating in detail on the medical care available in Newcastle during the 18th and 19th centuries.

3.2 Newcastle – Its Origin and Early Years

> The importance of Newcastle upon Tyne in the history of the North has been determined by four factors: its nearness to the northern frontier, its command of the chief crossing of the Tyne, its easy access to the sea, and its central position in the northern coalfield (Middlebrook, 1950, p. 4).

Newcastle upon Tyne is a city on the north bank of the river Tyne, 250 miles north of London and 40 miles south of the Scottish border. There is no direct evidence as to the origin of the borough of Newcastle and no recorded reference as to the foundation of the town (Walker, 1976). As a result its origin is disputed. Some scholars (Bourne 1736, Brand 1789) believe the town originated from a Roman fort built on the banks of the Tyne by Hadrian c122 A.D. being one of many forts in the original Hadrian's Wall.[3] The fort, on the northern banks of the river had an adjoining bridge across the Tyne, a wooden structure with stone pillars near the present day location of the Swing Bridge, which was called Pons Aelius. The fort took its name from the bridge (Middlebrook, 1950) and although occupied until the Romans withdrew from Britain in the latter stages of the 4th century, there is little evidence to suggest that a permanent settlement continued to exist around the fort. For this reason many scholars

[3] Hadrian's Wall formed the norther boundary of Emperor Hadrian's empire, traversing Britain between the Solway estuary in the West and the Tyne estuary in the east

(Brooke 1961, Welford 1883), argue that following the departure of the Romans from the British Isles[4] many Roman forts, including Pons Aelius, had centuries of inoccupation and as a result, although the location is situated within present day Newcastle and hence could be described as the origin of its location, it would be inaccurate to refer to Pons Aelius as the origin of the borough of Newcastle following such a long period of inoccupation. Instead, they attribute the origin to the construction of a castle in an area formerly called Monkchester in 1080 by Robert of Normandy, son of William the Conqueror. Regardless of the actual origin, the construction of the new castle from which the city was named marks a convenient starting point to provide a brief overview of the history and development of Newcastle.

The North in the Middle Ages was essentially a sparsely populated borderland between England and Scotland, with two long but low lying coastal strips on either coast separated by the Pennine moorlands and the Cumbrian fells. Any communication or movement of arms between England and Scotland had to go either on the West side through Lancashire and Cumbria or on the East side through Yorkshire, Durham and Northumbria. The Pennines, a mountainous range of hills forming the back bone of Britain, run much closer to the western side of the country making travel more constricted and difficult resulting in the eastern side being the preferred option. During the medieval period castles were built to guard this North/South route, most prominently at river crossings such as Warkworth, Newcastle and Durham. Newcastle was of key strategic importance as it sat on the main north-south route from England to Scotland as well as on the east-west route from Newcastle to Carlisle following the Tyne Gap (Middlebrook, 1950). Newcastle itself was ten miles from the sea and therefore less susceptible to raiders then Tynemouth or Jarrow, and being situated in the

[4] The six centuries following the Roman departure were extremely turbulent for Britain and the North East in particular; seeing the rise of the Saxon kings and the kingdom of Northumbria, the Viking raids and then the Dark Ages of the ninth and tenth century.

converging valleys of the Team and Derwent it was a natural place for trade and people to settle. The castle at Newcastle, originally built in 1080, was constructed on the stone piers of the Aelian bridge destroyed many centuries before. The castle was the typical "motte-and bailey" type which the Normans constructed throughout the country and consisted of a wooden superstructure built on an artificial mound surrounded by a moat. A century later the wooden structure was replaced with stone walls and a large keep and the town, although primarily a military base, started to grow as traders and merchants were attracted by the constant flow of traffic north and south.

Society in the medieval ages was feudal and Catholic. The Holy Catholic Church was seen as the visible expression of the Kingdom of God on earth and the clergy were held in great esteem as they performed the important function of trying to secure the salvation of the souls of the faithful. By the end of the twelfth century there were four churches in Newcastle; St Nicholas, St Andrew, St John and All Hallows as well as the first hospital, the Hospital of St Mary the Virgin in Westgate. As towns grew in size and number, priests struggled to meet the needs of the growing population and various orders of friars came into existence to meet this growing social need towards the end of the thirteenth century.

By 1300 Newcastle had won significant recognition as a corporate body for the role it played in the northern defence and it became governed by a Mayor and four bailiffs. Jollieffe (1937, p. 322) describes the role of Mayor in Edward I's time as being "over the bailiffs and others in the town in all things that pertain to its government and welfare". Later in the fourteenth century King Edward III declared that the Mayor was to be elected from twenty four of the

leading guilds or "mysteries"[5] who would then elect the bailiffs and other officers of the corporation (the burgesses). Such uses and customs were to be written down and made available to all to avoid the quarrels and disputes that had arisen in the early part of that century. A new charter secured from Henry IV in 1400 separated the town (but not the castle or its precincts) from the county of Northumberland, and Newcastle-upon Tyne was recognised as a county in its own right (Jollieffe 1937, p. 324). The burgesses of the town had the power to appoint six Aldermen who with the Mayor became the Justices of the Keep. Newgate became the gaol of the town whilst the castle was used to hold criminals from Northumberland. Construction of the Newcastle town wall commenced in the latter part of the thirteenth century and was completed in the early part of the fourteenth century. When complete it had a circumference of over two miles, including seven main gates and nineteen towers, and Newcastle had become the twelfth largest town in the country. The town was divided into twenty four wards for defence purposes, and the burgesses were responsible for the maintenance and repair of both the wall and the castle.

The predominantly feudal and Catholic society prevailed throughout the fourteenth and fifteenth centuries. The king "Ruled by the grace of God" (Harris 1997) with sworn allegiance from the barons to whom he gave land to oversee. The pope was God's emissary on Earth and people, including monarchs, lived in fear of eternal damnation and therefore looked up to the Church in order to "buy" safe passage to Heaven. As a result religious

[5] At this time there were already established craft guilds within Newcastle for skinners, tanners, saddlers, bakers, brewers, butchers, fullers, dyers, tailors, cordwainers and smiths. Each guild had its own warden or steward to ensure quality and price and apprenticeships and hence membership was limited to borough craftsmen "no scot or other stranger or foreigner" was to be admitted (Middlebrook, 1950). In addition to the craftsmen were the less numerous but more powerful merchants of wool, corn and general goods. In deed much of the economy in the thirteenth and fourteenth century was derived from the export of wool, grindstones, hides and to an ever growing extent coal.

leaders had great influence and centuries of accumulated wealth. However, in the reign of King Henry VIII in the 16th century, revolution was in the air. Revolution not in terms of overthrowing the existing monarchy, but in terms of shedding their dependence on the Barons and the Catholic Church. Middlebrook (1950, p. 44) writes,

> The sixteenth century was a period of revolutionary change, in which the people of this country became predominantly Protestant instead of Catholic, bourgeois[6] instead of feudal and, in a long drawn out tension of life and death struggle with the forces of the old order, a fully conscious nation, as Elizabethan literature bears witness (Middlebrook 1950, p. 44)

The rise of the wealthy merchants throughout the 15th century played a significant role in shaping the 16th century and beyond. The merchants found they shared the same interest as that of the Crown, namely peace, order and security. To this end they threw their not inconsiderable financial weight behind the monarchy in effectively ending the dominant role of the Catholic Church and the Baron's feudalistic rule.

As far as Tyneside was concerned a key aspect of the religious revolution following the Dissolution of the Monasteries[7] was the passing in ownership of the coal mines from the Church to the Crown. Prior to the Dissolution, the vast majority of the pits were owned by the Church; south of the Tyne by the Bishop of Durham and north of the Tyne by the Prior of Tynemouth. Under the management of the Church, rents were high and leases short and as a result few would risk a long term investment in sinking deep mine shafts to find new

[6] Originally the French word bourgeois refers to people of the town as opposed to the rural peasants and is used politically and sociologically as referring to the ruling upper class of capitalist society – in the sixteenth century this would be the mayor, merchants and senior craftsmen

[7] In 1533 King Henry VIII broke with Rome when Pope Clement VII refused to annul his marriage to his first wife Catherine of Aragon. During the remainder of that decade Henry became Head of the Church of England and authorised the infamous Dissolution of the Monasteries whereby over 800 abbeys, priories and friaries were dissolved and all their assets transferred to the crown.

coal seams and as a consequence, only surface mining occurred. The coal seams around Newcastle and Gateshead were good quality and close to both the surface and the sea. These factors contributed towards the Tyneside pits being some of the earliest worked in the country. However, management by the Church severely impaired coal output from the region just at the time when demand for coal from large urban populations, such as London, and the development of large scale fuel using industries (Nef 1966, p. 135), was rising rapidly. A further complication arose with the burgesses of Newcastle, who with support from the Church, insisted that the coal mined in the region had to be sold in Newcastle before export, so that they could benefit from levying a duty on the sale. The consequence of these actions was lack of investment, reduced output and spiralling costs of wood for fuel.

Once the ownership of the mines had been passed from the Church to the Crown following the Dissolution, rents were reduced and longer lease terms offered in an attempt to attract new investment. It worked and the Dissolution brought huge benefits to Newcastle and the North East region in establishing its dominance in the coal industry. This was the key trade which brought wealth and employment to the city from the late 16th century onwards. The total annual exports of coal from the Tyne before the 16th century were not more than 15,000 tons, but by 1565 they had reached 35,000 tons and by 1625 no less than 400,000 tons (Nef 1936, p.76). Indeed, such was the extent of the supply of coal from Newcastle that the phrase, "To carry coals to Newcastle" was introduced into the English language to refer to a futile or pointless act as early as 1538 and it is even documented as being used in America in 1679 (Bartlett 1977).

The rise and rule of the bourgeois merchant class was firmly established when in 1600 Queen Elizabeth granted a new charter to the town. The new charter granted the hostmen[8] corporate recognition in return for collecting a tax of one shilling for every chaldron[9] of coal shipped coastwise on the Tyne. The corporate recognition gave them exclusive rights to trade in coal on the Tyne and sanctioned election arrangements which gave them a virtual monopoly of the municipal offices (Reid 1921, p. 219).

During the Civil war, Newcastle supported the King (Middlebrook, 1950, p. 74), providing both finance from the lucrative coal fields as well as men for his army. Newcastle became a key strategic target for both sides. In 1644 Parliament made a strategic military alliance with the Scots, initially blockading the River Tyne from January and later laid siege to the town from July. The town held out for three months but eventually fell in October and the blockade was lifted but the occupation of the town by the Scots lasted a further two years. The effects of the blockade on the coal trade were dramatic. In 1644 only 3,000 tons of coal were shipped against the usual 450,000 tons, with only 200 ships entering the Tyne in the year compared to the normal 3,000 (Nef 1939, p. 69).

The Civil War in general, and the blockade and Scottish occupation of Newcastle in particular, had a profound impact on normal economic life in the north east. However, the region soon bounced back, particularly following the Restoration,[10] financed by coal and

[8] Hostmen was the term given to merchants who controlled the coal trade in Newcastle
[9] A chaldron is a unit of weight, just over a metric ton
[10] Oliver Cromwell, the Puritan leader of the Parliamentary army became Lord Protector of England following the defeat of Charles I and his ultimate execution in 1649. Charles I had several children, the eldest sons being Charles and James and the eldest daughter Mary. Mary took refuge in Europe during the Civil War and in the decade following during which Oliver Cromwell, and later his son Richard Cromwell, ruled England as the Lord Protector. In 1660, Charles I eldest son, Charles II, issued the Declaration of Breda promising to pardon his enemies, uphold the Anglican Church and submit all difficult matters to the direction of Parliament. In May on his 30th birthday, King Charles II entered London and so began the Restoration of the Monarchy.

other new and emerging industries. In the aftermath of the Civil War, the number of English ships employed in exporting the coal grew rapidly, displacing the French and Dutch ships that had dominated the trade in the previous century. The demand for ships for the coal trade as well as for a strong navy stimulated shipbuilding at all major ports, including Newcastle. The demand for coal continued to grow as industries which typically used charcoal for fuel switched to coal, as charcoal was becoming more expensive as the forests dwindled. These industries included brewing, pottery, glass, brick making and the smelting of lead, copper, tin and brass. Charcoal was still preferred to coal in the production of iron and steel as the sulphur in coal reacted making the metal brittle.

Men were prepared to travel to make their fortune. Ambrose Crowley, an ironmonger from Greenwich, established a works at Sunderland in 1682 employing over 100 men, including skilled workers he brought over from Liege, Belgium. By the end of the century he had moved from Sunderland and set up two centres of manufacture in Newcastle; one at Swalwell for heavy forging such as anchors, chains etc. and one at Winlaton for lighter articles such as knives, saws and hammers. The Winlaton site was as much a model factory as Robert Owens works at New Lanark several decades later. Crowley built houses for his employees and there existed a self-contained community where according to Middlebrook (1950, p. 110), "A system of contributory insurance against sickness, old age and death was instituted, and master and men jointly maintained a clergyman, a doctor and a schoolmaster to minister to the various needs of the community". The Crowley sites continued to flourish through the first half of the 18th century, initially importing American and Swedish iron. In 1710 Abraham Darby, a Quaker ironmaster of Coalbrookdale discovered how to smelt iron with coke without making the product brittle and by mid-century blast furnaces were appearing on the Tyne.

The first half of the 18th century saw a great expansion in the northern coalfield as it grew to meet the demand predominantly from the London market. The pits became deeper, particularly after Newcomen[11] developed and patented a steam powered water pump which reduced the risk of flooding. Ponies began to be used to pull the coal laden sledges from deep underground along wooden railed tracks to the surface and then to the nearest waterway. Child labour was rife, particularly as small boys could drive the ponies and they often ended up working many more hours than the adult coal miners. The average shift of a hewer[12] was ten to twelve hours a day but that of a boy might be twelve to eighteen hours (Ashton et al. 1929). Until the invention of the steamship in the 19th century coal mining was a seasonal industry. In order for pit owners to be guaranteed workers and for miners to have guaranteed annual wages the miners worked for their employers under a yearly bond, the binding fee being typically a six pence to a shilling. The two industries which expanded the most during the second half of the 18th century were cotton and iron. The North East was not directly affected by the cotton industry but benefitted from the shift of iron industry away from the forests to the coal fields following the invention by Darby of a smelting process involving coke. In 1782 the iron industry received a further boost with the invention of the steam rotary engine by James Watt which removed the reliance on waterways to power the bellows needed for the blast furnaces and great hammers. The demand for the products of the iron industry came from the machinery needed for the growing cotton industry and in particular for weapons for the long war with France. By 1800 not only had England ceased to be dependent on Sweden and Russia for iron but had herself for the first time become an exporter of iron (Ashton 1924).

[11] Thomas Newcomen was an ironmonger by profession and in 1712 invented the first practical steam engine for pumping water.
[12] Hewer is the name given to a miner who actually hacks away at the coal seam

Industrialisation was picking up pace throughout the 18th century but the state of the roads and the difficult nature of the Tyne to navigate meant growth was retarded. The roads were all but tracks despite private turnpike companies from 1663 onwards being allowed to charge a toll for using main roads in return for their upkeep. Arthur Young[13] wrote in 1770 of the turnpike road leading into Newcastle from the South, “a more dreadful road cannot be imagined...Let me advise all travellers to avoid this terrible country, which must either dislocate their bones with broken pavements or bury them in muddy sand.” Despite the growing industries, England in the early 18th century was mainly an agricultural country where commerce was far more important than industry. As a result towns grew at the major ports and markets and with the exception of London, there were no large urban centres. The vast majority of Northumberland was uncultivated land, dotted with villages in river valleys and on the coast. Sheep and cattle were bred for their wool and milk rather than meat. “Fresh meat like wheaten bread appeared only on the tables of the rich. The labouring class lived mainly on oatcake, ryebread and buttermilk” (Middlebrook 1950, p. 105).

Perhaps the greatest revolution in the second half of the 18th century was in agriculture rather than industry. A key part of this agricultural revolution was the enclosure of previous waste land under private Acts of Parliament so much so that between 1760 and 1810 over a quarter of a million acres were enclosed in the two counties of Northumberland and Durham. The cultivation of turnips became standard practice, with the introduction of sowing in drills and use of lime on land increasing productivity enormously. Horse drawn threshing machines

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[13] Arthur Young was the son of a Norfolk rector. He was a prolific writer particularly on agriculture, politics and society. He went on several tours of the UK and Europe, writing books on each which were published and well received. In 1770 appeared a ‘Six Months' Tour through the North of England’

came into widespread use towards the end of the century and the quality of cattle and sheep herds were dramatically improved by selective stock-breeding practices.

The eighth edition of Defoe's[14] Northern Tour published in 1778 states, "A few years ago little else was to be seen there but barren wastes; now, large tracts of country are enclosed, farm houses built, and the land so well cultivated so as to produce very good corn and grass". Transport throughout the country improved consistently throughout the 18th century as new turnpike roads were constructed and regular mail coach services ran, including a weekly service from London via Newcastle to Edinburgh. Thousands of miles of canals were constructed throughout the country but none in Northumberland or Durham, due partly to the cost and also the fear of the northern coal field owners losing their monopoly of sea transport. In the end the greatest revolution to transport came with the railways and the opening of the first stretch between Stockton and Darlington in 1825.

At the time the Infirmary was built in the mid-18th century Newcastle was still very much medieval in appearance. In 1750, the stone town walls with the seven gates were still intact and only one bridge spanned the Tyne, and that was lined with houses and shops as it had been since the 14th century. The majority of the inhabitants in Newcastle, approximately 20,000 by the mid-18th century, lived very close to the river, although the wealthy merchant class were starting to migrate away either West along Westgate or North to Pilgrim Street.

[14] Daniel Defoe was a writer, most famous for his novel Robinson Crusoe. Defoe travelled extensively and wrote pamphlets and articles regarding his journeys.

In 1771 the old medieval bridge over the Tyne was swept away in a flood and its destruction appeared to be the incentive needed to make major alterations to the street plan of the city; old property was cleared to create new roads and widen others and create the modern Newcastle we know today. Roads and houses were created beyond the wall boundaries as the city expanded and new civic buildings were constructed such as the Assembly Rooms in 1776 and the Theatre Royal in 1788. The new bridge over the Tyne was completed in 1781, a low stone bridge of nine arches, which was later widened in 1801 to cope with the volume of traffic. Towards the end of the eighteenth and beginning of the 19th century the town walls and particularly the six gates were increasingly being a nuisance and a hindrance to growth. Some gates, especially Close Gate, were particularly narrow leading to carts getting stuck and others such as Pilgrim Street Gate were so low that some waggons had to unload part of their cargo before they could pass beneath. Sand Gate, near the river, was the first to be demolished in 1795, Newgate the last in 1823 and between these times many portions of the wall were pulled down to make way for new buildings or roads.

3.3 Commerce and Manufacture in the 19th Century

The size and scale of the Tyneside coal industry meant the problems of large scale industry had to be surmounted and overcome, namely mining equipment and transport. This demand for engineering skills and improving transport infrastructure paved the way for the development of many key industries in the 19th century.

At the turn of the century the original pits with coal seams near the surface were quickly being exhausted and the mine owners were forced to sink deeper and deeper shafts to find new seams. Further safety inventions including better ventilation and the Davy lamp made conditions more bearable for the workers and Newcastle still enjoyed being by far the largest

supplier of coal to London as late as 1826. Of the total of two million tons then imported into London all but 125,000 tons came from the great northern coalfield (Ashton & Sykes 1929, p. 238). The need to replace horse power became more evident at the beginning of the 19th century as this became the main bottleneck to improving efficiency and output in many industrial settings, especially coal. In 1802 Richard Trevethick from Cornwall invented a high pressure "Puffer" steam locomotive engine and this was followed a decade later by many other inventions as the coal field owners instructed their managers to design similar engines. In 1811 a more powerful rack and pinion engine was invented by John Blenkinsop of Walker-on-Tyne and two years later in 1813 William Hedley developed an engine for Wylam colliery called the "Puffing Billy". Perhaps most famously though in 1814 George Stephenson, on the instructions of Sir Thomas Henry Liddell, the chief lessee of Killingworth Colliery, devised his steam engine which was to become the blueprint for generations to come. Initially the colliery companies used the new steam engines to replace the old wooden waggonways in the transportation of coal from the mine to the river. Not long after the first public railway from Darlington to Stockton was opened in 1825 and the age of the railway was born. There was rapid expansion of public railways over the next thirty years with 1,335 miles of new line being added to the North Eastern Railway system alone. The railways not only provided easy access to the sea to enable exports particularly to the Baltic but also provided a key stimulus to engineering in the region, a stimulus which was to prove hugely beneficial to the region throughout the 19th century.

> The importance of the railways in quickening the industrial development of Britain during the nineteenth century can hardly be exaggerated. Not only did they stimulate competition between the manufacturers of different towns but also gave employment to nearly a quarter of a million labourers. (Middlebrook 1950, p. 191)

By the mid-19th century Newcastle had a wide mix of thriving industries. The coal industry still dominated but others flourished as well such as ship building, rope making, glass, pottery, engineering, alkali, salt, mill stones and iron. These industries required labour which in turn required housing and feeding. If one was to approach Newcastle at this time as well as seeing the spuming chimneys of industry they would also have not failed to notice the see of windmills doted around to grind the corn to make bread to feed the growing workforce.

The demand for iron set the pace for the massive industrial expansion seen in the second half of the 19th century. Iron was needed for the expanding railways, bridges, warships, ordnance and general machinery as it began to replace wood and manual labour. Although Tyneside had a successful iron industry in the early 19th century it was all but extinguished by the end as iron production on Teesside started to dominate, taking advantage of the high quality Cleveland ore. The Bedlington ironworks for example was established in 1760 and was booming in the early part of the 19th century only to be closed down in 1856, a victim of the of the competition from the works in Cleveland. As the local iron industry declined, the coal industry boomed. As a nation, coal became the key driving force for the whole economy and the North East one of its principal providers. Total UK coal production had grown from 65 million tons in 1854 to 290 million tons in 1913 with the pits of Northumberland and Durham combined contributing 16 million tons in 1854 and 56 million tons in 1913.

The shipbuilding industry went through a massive transition during the second half of the 19th century going first from construction of wooden to iron vessels and then from iron to steel. The North East achieved national and global dominance for a time in shipbuilding due mainly to the building of the first sea going iron screw collier vessel the *John Bowes* by Charles Palmer in 1852. This ship enabled the Tyneside collieries to compete with the

growing Midlands and South Wales collieries who now could use the railway to transport coal to the profitable London market. The *John Bowes* enabled 650 tons of coal to be transported from the Tyne to London within three days compared to the usual two weeks on the traditional collier vessels. The stimulus the railways provided to engineering was now baring fruit in the shipbuilding industry to such an extent that companies such as Armstrong's which began as an engineering establishment later took up shipbuilding as well, while a shipbuilding firm like Leslies[15] amalgamated with the engineering firm of Hawthorns[16].

Pivotal to the success of the expansion of shipbuilding, engineering and coal export was the transformation of the river Tyne by the work of the Tyne Improvement Commission which was established in 1850. In the second half of the 19th century over 130 million tons of material was dredged from the Tyne, turning a small, shallow, difficult to navigate tidal river into a wide, deep navigable gateway to London, Europe and the World. The old low spanned bridge was replaced with Armstrong's hydraulic swing bridge; the old Quay was replaced and extended; enclosed docks and two large piers at the mouth of the river were constructed as the Tyne was transformed to enable Newcastle to become an industrial and economic powerhouse of the mid to late 19th century with the Tyne being the third port in the country behind London and Liverpool for total tonnage entering and leaving the port. Steady improvements to the shipping facilities on the Tyne enabled Newcastle to keep pace with the export demand for coal with 3,805,633 tons being exported in 1850 rising to 20,299,955 tons in 1911.

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[15] A. Leslie and Company formed 1853 – shipbuilder at Hebburn

[16] Robert Hawthorn founded engineering works 1817 specialising in steam engines and railway locomotives – later specialised in the manufacture of marine engines for the new iron ships

The second half of the 19th century saw a change in the industrial landscape. Whilst the big three industries of coal mining, ship building and engineering grew from strength to strength, other once successful industries such as soap, glass, wrought iron and alkali declined and barely survived. Rowe (1981, p. 22) suggests that

> It may be that both the financial and entrepreneurial capacities of the area were so stretched in the second half of the century by the enormous expansion of the coal mining, engineering and ship building industries that other industries failed to attract capital and talent.

There were some examples of other industries succeeding. Ford Pottery became one of the largest UK manufacturers in the 1880's suggesting the ability to attract talent and finance were not the sole reasons for decline in some and expansion in other industries. Yet new industries also developed, including the chemical industry utilising the by-products of coal and most notably the electricity industry. In 1879, Joseph Swan from Gateshead, almost simultaneously with Edison in America, invented the incandescent lamp. In 1880, eighty years after Mosley Street became the first gas lit street in Newcastle, Swan used the new lamps to light his premises as well as Mosley Street where his business was located. Shortly after Armstrong used an early form of hydroelectric power and Swans lamps at his mansion, Cragside near Rothbury, making it the first large house in the country to have electric lights installed. In 1881 Swans Electric Light Co. Ltd was formed and established in Benwell becoming the first company in Europe to manufacture the complete electric lamp. Although Swans moved production to London five years later, the impetus it created in the electric industry was carried on by the likes of John Holmes from Newcastle who invented and patented various switch breaks and dynamos, and also Charles Parsons, whose invention of the turbo-dynamo in 1884 revolutionised power production by making it possible to produce cheap electricity. By the turn of the century, industries were beginning to capture "lost heat"

from their furnaces to produce electricity and power stations were built to supply the growing demands of the city. Electricity was transforming industry, powering lifts, winches, pumps, cranes etc. as well as heating and lighting. In 1901 the electric tram was introduced to Newcastle and by 1904 an electric railway running in a circular route from the city to the coast was the first to open in the country outside of London.

3.4 Newcastle and the North East in the 19th Century

In the first national Census in 1801 the population of Newcastle upon Tyne was 28,294; Gateshead 8,597; Sunderland 12,412; and South Shields 12,909. The North Tyneside belt extended from Wylam ten miles west of Newcastle to North Shields ten miles east and had a population of 61,079 (over a third of the county's total population). By 1851 this had increased to 141,250 (47% of the county's total) and 368,793 by 1901 (61% of the county's total) (Rowe 1977). This highlights the migration of people from the rural county to the industrial towns, particularly evident towards the end of the century. The rural market towns, such as Hexham, Morpeth and Berwick steadily grew in size but the population of many rural villages actually fell in the second half of the century due to the growing power of industry on one hand and on the other cheap imports of grain from North America made farming less profitable and with Northumberland having one of the most complete railway networks of any rural counties by the end of the 19th century cheaper town made goods were increasingly sold in rural villages leading to the decline of local producers.

Overall the population growth of the county was below the national average in the 18th century but the rate of growth increased to match the national average of around 13% per decade during the period 1811 – 1881. The growth rate in the last two decades of the 19th century continued to increase to 17% in the 1880's and 19% in the 1890's – well above the

national average. This increase was due to the expansion of coal mining and the migration of people mainly from County Durham but also from Scotland, Cumbria and East Anglia. In the early decades of the century as there was no convenient or cheap form of transport for working men, communities developed around the industry. However, house building was insufficiently rapid to prevent severe over-crowding. In 1891 38% of the population of Northumberland was living at a density of more than two persons per room, compared to "just" 20% for London (Rowe 1977).

Whilst the working class were migrating into the densely populated towns for work, the wealthy industrialists were moving out. Lord Armstrong left his house in Jesmond Dene to live permanently at his country estate Cragside. This was the most conspicuous example of industrialists, commercial and professional men moving away from the area in which they made their money to live in more secluded and sylvan surroundings. Almost without exception, the business leaders of the community now lived outside the old town, in premises which reflected their rising prosperity and whose design frequently showed levels of conspicuous consumption born out of the consciousness of that prosperity. They bought into land for reasons of security but above all for social position (Rowe 1977), with estates in excess of 10,000 acres not being uncommon. For example, Ridley's of Blagdon had an estate of 10,152 acres in 1873, and Lord Armstrong over 16,000 acres by his death in 1900. Northumberland was the county with the largest proportion of its total acreage in large estates.

The growth of industry brought jobs and prosperity to the borough and a growing sense of pride. Rowe (1981, p. 17) comments on the "general aura of confidence which the town appeared to exude." There was an extensive rebuilding of central Newcastle together with

suburban growth as houses were demolished to make way for the railway and to create new and widen existing streets[17]. The grand scheme commenced with the rebuilding in the 1830's of Grey and Grainger streets, the Theatre Royal, Eldon Square and the Royal Arcade, and continued with a Royal visit by Queen Victoria on 29 August 1850 to officially open the High Level Bridge and Central Station.

The first five years of the 1830's saw the passing of three Acts of Parliament which were to have major implications for the class system in British society for the rest of the 19th century. The 1832 Reform Act brought political reform with the removal of "rotten boroughs" and widening the eligible electorate to include the ever increasing middle class. Small landowners and shopkeepers could now vote as well as all householders who paid an annual rent of at least £10. The impact was small but it paved the way for future reform. In Newcastle prior to the Reform Act there were 3,000 freemen entitled to vote out of a population of 53,613 and after the Act was passed there was just under 5,000 entitled to vote. The 1834 Poor Law Reform Act updated the old Elizabethan law regarding state aid to the needy and in 1835 the Municipal Corporations Act was passed. "By 1835 many of the old corporations were finding it impossible to keep pace with the social demands of a rapidly growing population, and town government had developed such serious deficiencies that change had become essential." There was widespread corruption within council corporations; their membership was small, usually family with lifetime membership and responsible for appointing town officials, notably the mayor and magistrates. The new Act allowed rate payers to elect Councillors, who would then choose Aldermen and the Mayor from within their own numbers. Magistrates were to be appointed by the Crown, and

[17] Three men in particular initiated and completed the grand scheme which created the central streets of Newcastle that still exist today; Richard Grainger the builder, John Dobson the architect and John Clayton the Town Clerk.

corporations were entitled to charge a rate on householders, as well as continue to derive revenue from dues, tolls and rents from town property. In return for this new source of revenue, the corporations were expected to light the streets and provide a police force in addition to the ongoing normal expenditure on drainage, building and street maintenance, secure water supply, health, education, prisons and sanitation.

Although financial wealth was being created by the various industries within the region, the performance of the council in providing key municipal services was often called into question. Following a five week visit to Newcastle in 1901, Beatrice and Sidney Webb the social researchers and historians in the early twentieth century observed that;

> In contrast with the Birmingham Town Council and in the last decade of the last century the London County Council, the capitalists who dominated the Newcastle Town Council were honestly devoted to the doctrine of “laissez-faire” which yielded conclusive arguments against undertaking improvements in the housing, education and sanitation of the poorer inhabitants of their city as matters of public concern and common well-being. It was this naïve synthesis between their economic creed and their pecuniary self-interest which enabled them to carry out the policy of exploitation of the corporate wealth for private profit without self-condemnation and even without public blame from their fellow citizens (Webb 1948, p. 169)

This damning review is supported by a paper on the “Housing of the Working Classes” delivered by Dr C Newton at the Diocesan Conference in 1893 in which he said that

> It is my deliberate opinion that the intention of the law and the admonitions of the Medical Officers of Health are defeated from the fact that so many members of Health Committees are interested in slum properties – nay that some owners get themselves elected on Sanitary Boards for the purpose of protecting their own interests (Lloyd 1981, p. 196)

Despite large increases in the level of social expenditure in the last two decades of the 19th century (McCord 1973) it is clear that social conditions for the poor were appalling. In Northumberland at the Diocese Conference of 1885 the vicar of St John, Newcastle remarked,

> people were living under such miserable conditions that when you spoke to them of decency you were speaking in a foreign language….overcrowding had been intensified because the men would not, if possible, go far away from their work… In one street 62 houses had 310 families containing 1,500 people. (Lloyd 1981, p. 195)

In particular, sanitary conditions were appalling. The 1848 Public Health Act allowed central authorities to intervene if the death rate rose above 23 per 1000. This death rate was exceeded every year but it was not until the death rate hit 30 per 1000 in 1873 that a Medical Officer of Health, Mr H.E. Armstrong, was appointed. High infant mortality was the largest contributor to the overall death rate with an average of 17% of all babies not living for more than 12 months. Despite this the town guide states that

> It is not necessary to impress the reader with a sense of the importance of our subject; if he is resident, he is already convinced of it, and if he is a visitor, his visit is a guarantee that he has recognised the interest attaching to our 'Metropolois of the North'. Indeed it would be difficult to name a town in Britain with more attractive points in itself… (Snell 1884, p. 1)

3.5 Society and Attitudes Towards the Poor in Newcastle and the North East in the 18th and 19th Centuries

Writing in 1950, Middlebrook describes the attitude towards the poor and needy.

> The main difference between the modern and the 18th century attitude to poverty is not so much a difference in sympathy or conscience as in fundamental conviction. Today we believe that poverty – like squalor, ignorance and want – is a removable evil. In the 18th century it was regarded as a part of the natural order of things, an infliction by an inscrutable Providence, like a disease, yet at the same time a perpetual challenge to the individual Christian conscience. Consequently the moral code of the time held it to be the duty of the wealthier classes to do "acts of charity and mercy among the poor and unfortunate", a belief that was strongly reinforced by the increasing stress laid by the Established Church, from the Restoration onwards, on charity and good works rather than on dogma. Hence the innumerable legacies to the four Anglican churches in the town for the benefit of the labouring poor (Middlebrook 1950, p. 119).

The second half of the 18th century saw the growing demand for social change from the call to abolish the slave trade, the reformation of the criminal code in general and prisons in particular through to the rise of the Methodist faith and the Evangelical missionaries. The first Sunday school was founded in 1782 in Gloucester and there was a rising voice against child labour, particularly the use of boys to sweep chimneys. The people of Newcastle were just as affected by these movements as the rest of the country and there were numerous petitions made to Parliament which demanded the abolition of the slave trade and the use of child labour. The demand to reform the penal code arose from the inequity between crime and punishment and the rise of capital offences created by Parliament in the latter half of the 18th century. Debtors could be sentenced to prison until the debt was repaid and until 1808 the penalty for pick-pocketing was death, yet there are recorded cases of manslaughter resulting only in a fine. Such was the rise of public feeling against these sentences that on occasions public subscriptions raised sufficient money to release debtors from prison. The consequence of the rise in capital offences created by parliament was that according to Slater (1932) there were more executions annually in England in the later 18th century then in all the rest of Europe.

The war with France and Napoleon, which began in 1793 and lasted for over twenty years, had a huge impact on society, not only as a result of the hardship it brought to all but mainly to the fear it instilled in the ruling class of revolution and mass risings. Newcastle Common Council, like many other authorities in the country passed resolutions to support the constitution and suppress dangerous propaganda but this inevitably led to rigorous censorship, the prohibition of trade unions, detention in prison without trial, and the general spread of fear and paranoia as a whole army of government spies were employed. To keep the peace new garrisons were constructed throughout the country and in 1807 a new garrison was built at Fenham, Newcastle.

If conditions during the war with France were difficult, they paled into insignificance compared to the hardships faced in the five to ten years following the end of the war in 1815. With no demand for armaments, uniforms and general war paraphernalia, there was less demand for coal, steel and cotton and mass unemployment resulted made worse by the men discharged as no longer needed by the army and navy. This mass unemployment, coupled with economic depression, rising National Debt and rising inflation created a viscous spiral of discontent in the country. The poor struggled to afford basic food and where they could find work they had to endure long hours, low pay and horrendous working conditions with no right to form trade unions and no vote to compel government change. The governing class on the other hand, fearful of revolution reacted to the growing discontent by further repression, enrolling special constables and yeomanry and even suspending the Habeas Corpus Act[18] in 1817 and further banning the meeting of over fifty persons. Poor harvests in

[18] The Habeas Corpus Act guaranteed that a person detained by the authorities would have to be brought before a court of law so that the legality of the detention may be examined. As well as the suspension here in 1817 it was also suspended in the early years of the war with France in 1793. The suspension in 1817 as repealed the following year.

1818 and 1819 put more pressure on the poor to feed themselves and inevitably there followed civic unrest and riots, none larger then that seen in Manchester in the autumn of 1819 where a reported 50,000 people gathered and a body of hussars had to be employed to scatter the crowd, killing 11 and wounding another 347. Although not to this scale, there were riots and strikes in Newcastle. The rise of public opinion against the governing class was something the further repression could not extinguish. In the 1820's the criminal code was overhauled and the Combination Acts were repealed allowing the formation of trade unions and political reform.

There were numerous charitable institutions, often connected with churches, and benefit societies, particularly for working men. In 1801, there were between thirty and forty benefit societies for working men within the region, with a total membership of 5,000. The charity school was the most popular form of endowment in the early part of the 18th century, with no less than four schools being opened in Newcastle in the first decade of the century. This rise in the number of schools would suggest the clear need for an education and technical proficiency given the rise of industrialisation and also an increase demand from an expanding population. In addition, the Unitarian Church in Newcastle was one of the first to open a Sunday school outside of Gloucester in 1784.

A clear indication of the attitude towards some sections of the poor and needy can be seen from the Guardians of Sunderland naming and shaming the paupers in 1811, both indoors and outdoors, by printing a list of all paupers names

> with the object of awakening a decent and becoming pride, to stimulate industry, to create a disposition to economy as regards the future, in opposition to a lazy and despicable habit – that of existing on the industry of the more provident neighbour. (Robinson 1934, p. 134)

In the early decades of the 19th century poverty was widespread and the new Poor Law Amendment Act of 1834 was rigorously enforced. However, "it is misleading to suppose that official Poor Law machinery and unofficial philanthropy existed in two different spheres in the 19th century, and in practice official and unofficial philanthropy for the care of the poor were controlled by much the same people" (McCord 1976, p. 100). In addition Holohan (1981) quotes evidence for this stating the Rev. Elliot Bates, chairman of the Castle Ward Board of Guardians (Ponteland) for over 35 years, also donated £1,000 to the Newcastle Dispensary in 1871 as a private individual. In addition to alleviate some of the suffering in Newcastle a subscription was raised so that relief could be provided to families in return for work on various civic improvement schemes such as drainage of the Town Moor.

Towards the end of the 19th century poverty was still widespread, as was the strict attitude of society towards some sections. Dodd (1981) quotes from a paper written by Mr J Price for the Newcastle Diocesan Calender in 1884 as part of a debate on the Housing of the Poor in 1884;

> The poor may be divided into two great sections, the deserving and the undeserving. Whilst the former are entitled to our warmest sympathy and support, as being placed in their unfortunate position through no fault of their own; the latter are poor, and probably always will be poor, on accounts of their own viscous habits which seem as difficult to get rid of as for the Ethiopian to change his skin. (Dodd 1981, p. 250)

The end of the 19th century was a "very structured society…the rich were expected to give of their wealth and the poor to receive gratefully what was given" (Lloyd 1981, p. 193) however the rise of the working man in the latter part of the 19th century threatened to overturn the establishment, which included the Church. The Newcastle Diocesan Calendar

(N.D.C) records a debate in 1885 on the Duty of the Church in connection with the Claims and Social Position of the Working Classes (N.D.C. 1885:269). Rev S Beal, Rector of Wark reminded that "The duty of the Church in connection with the condition of the poor is to teach the dignity of work…" but the claims of the working class "…must be equitable." The ship building magnate of Swan and Hunter, Mr G B Hunter, reminded the Church that their duty was to recognise "equality of all classes" and proposed that their seeming reticence stemmed from the clergy coming mainly from the higher and middle classes.

3.6 The Church in Newcastle and Northumberland

In the latter Middle ages there were four churches within the walls of Newcastle, all founded in the Norman times, with St Nicholas' regarded as the parish church. As the population grew it became more difficult for the priests to serve the needs of the population. This situation was not unique to Newcastle and during the thirteenth century various orders of friars came into existence. These friars took the ordinary monastic vows but instead of living in a monastery cut off from the world the friars were to help the parish priests by preaching, teaching and caring for the sick and poor. The following four centuries saw continued skirmishes along the Border and as a result churches only survived from this era if they could be defended, they were either fortified with large buttresses, for example Felton and Longframlington, or incorporated large pele towers, for example at Ancroft, near Berwick, or were built within garrison and walled towns such as Berwick and Newcastle. As a result, Churches in Northumberland in the 18th century shared a mixed history.

Evidence of Saxon heritage from the 7th century existed from the influence of the monastic Celtic communities of Lindisfarne and the Benedictine establishments at Monkwearmouth and Jarrow. Norman work dating from the 11th centuries survived in Tynemouth Priory and

churches such as Bolam and Heddon and many churches were built prior to the Scottish wars under Edwards I in the late thirteenth century. Few churches were built in the early 18th century, although many were adapted and repaired but the change in social and economic conditions of the late 18th century brought about a renewal of church building in the area including St Ann's Newcastle in 1768 and All Saints Newcastle in 1786 (Curry, 1981). Despite the renewal of church building in the 18th century, the state of the churches in the first half of the 19th century was reported to be poor (Henderson, 1900).

The most significant event with regards the Church in the North East in the 19th century was the establishment of the Diocese of Newcastle. The Bishopric Act 1878 paved the way for the Diocese of Durham to be split to create a new Diocese of Newcastle and a reduced Diocese of Durham. The Act stated the new Diocese would consist of the county of Northumberland and the counties of the towns of Newcastle upon Tyne and Berwick upon Tweed with St Nicholas Church Newcastle upon Tyne to be the Cathedral (Jagger, 1981). The formation was not without opponents, notably Joseph Cowen, the Liberal M.P. for Newcastle who said, "The people of Newcastle require many things, including a purer atmosphere and a higher culture – but they did not want a bishopric." His opposition was based on findings from the Religious Census of 1851 which stated that there were 66,000 worshippers in the Church of England in the Diocese of Durham compared to 130,000 Nonconformist and Catholic worshippers in the same area.

The Bishopric Act 1878 which granted the formation of the Diocese of Newcastle provided an endowment fund was raised capable of producing an income of between £3,500 to £4,200 per annum. A capital sum of roughly £63,000 was needed (Jagger 1981) to generate such an endowment. Significant gifts were made from William Pease, a Quaker, who gave property

and land for the new Bishop at Benwell Towers, valued at £12,500, and from the Duke of Northumberland who provided £10,000. The final accounts showed that a total of £75,166.12s.9d was raised (Jagger 1981).

On 25 July 1882, Canon Ernest Roland Wilberforce, grandson of William Wilberforce, was consecrated first bishop of Newcastle at Durham Cathedral. A Commission was established within the first six months of Bishop Wilberforce being consecrated to examine the spiritual needs of the parishes within the new Newcastle Diocese. The Commission recommended the creation of twelve new parishes, fourteen new mission rooms and expenditure on improvements to existing buildings to facilities. In December 1883 the Commission set a target of £100,000 to be raised by a combination of a central fund (the Bishop of Newcastle's Fund) and local funds established in the areas to benefit and a five year target for the completion of the programme was recommended. In the five years to 31 December 1888 a total of only £61,501 was raised due mainly to the prolonged and severe depression of trade. The fund was kept open and in the following five years a further £42,591 was raised, sufficient to complete all the original objectives as well as a further new additional parish. This fund related purely to Tyneside but fund raising and new building was also taking place in the rest of the Diocese. In the first five years of the life of the bishopric of Newcastle £244,189 was raised for ecclesiastical purposes (Bass 1981). The Diocese of Newcastle was certainly the poorer cousin compared to that of Durham as can be seen from the different salaries paid for the same work. In the 1890's the Bishop of Durham received a salary of £7,000 per annum compared to £3,500 for the Bishop of Newcastle. Similarly, Canons residentiary were paid £1,000 per annum in Durham compared to £300 - £500 in Newcastle (Pickering 1981).

When the Diocese came into existence in the 1880's, institutional religion in England could be seen to be more or less at its height (Pickering 1981). The Church was still a force to be reckoned with in the corridors of power as the leaders of the churches, particularly Anglican bishops, had a place of privilege and respect. The country was the most prosperous of all western nations and there was every hope of continued expansion and growth which would bring even more prosperity and wealth to the nation. Between 1872 and 1900, 39 Sees had been created in the Anglican Church around the world, almost entirely confined to the British Empire, which in part gave buoyancy to the ecclesiastical optimism of the day (Pickering 1981). However, during the second half of the 19th century, and especially so in the last two decades, the optimism, like congregation numbers, started to falter despite the population increasing. Pickering notes that;

> The demise of the Church towards the end of the nineteenth century follows the change in the nature of the institution away from a forced allegiance towards a voluntary society. Even as late as the eighteenth century there were both external pressures (legal sanction, persecution, community ostracism etc.) and internal pressures (fear of eternal suffering in hell) forcing people to join and be an active member of the Church. During the nineteenth century the external pressures were removed and internal pressures vastly reduced with growing belief in science and rationalism (Pickering 1981, p. 143).

Gray (1911) identified three key factors which he believed contributed to, and needed to be addressed by the Church, in order to reverse the decline, namely intellectual, ecclesiastical and social issues. Intellectually, science and particularly the evolutionists, namely Huxley, Darwin, Haeckel and others, were beginning to seriously undermine Christian doctrine. Ecclesiastically, the services were dull, boring and failed to meet the values of the day. Finally in terms of social factors, Gray (1911) believed that the working classes were being alienated from the Church due to the perception that the Church was allied more to capitalism than improved social conditions and democratic principles. This perception was reinforced

by the shortage of free pews[19] in the churches of established parishes and the erection of iron and wooden missionary churches[20] in the newly created parishes formed to deal with the working class growth in the late 19th century. Pickering also comments how, "The working classes were prevented from regular church going by not having good enough clothes; they were ashamed to come in their working clothes" (Pickering 1981 p145). Norman (1976) sums up the situation; "The Church never caught up with the demographic and economic transformation of the 19th century world – though it was far from being unaware of the problem."

It was not just the Church itself that felt the need to turn the rising tide of non-church going in the second half of the 19th century. Evangelical landowners also attempted to encourage the rural population to attend Church on a regular basis. A good example of this relates to Louisa, Marchioness of Waterford, who came to live at Ford, a small rural village near the Scottish Borders on the death of her husband Henry, the third Marquis in 1859. Louisa inherited Ford Castle and surrounding lands together with an annual income of £10,000. In typical Victorian manner she threw herself into a radical programme of rebuilding; completely rebuilding the village of Ford, including a new church and school, and locating this new village in the process nearly two miles to the West of its original location. As a

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[19] Just over a third of all Anglican sittings were free – the remainder being either rented, owned or allocated for the sole use of particular families. There were no free seats at all in the fashionable churches of St Paul and St Thomas in Newcastle, whereas 50% were free in Berwick. St Pauls Elswick formerly a middle class parish charged 8/- or 10/- per seat per annum in the 1870's. These rents brought in £150 per annum which contributed towards the vicars stipend. These charges were stopped around the time of WW2. The practice of renting pews was generally well accepted by all denominations in the mid nineteenth century as a means of income as weekly collections were not customary. The population expansion, particularly in towns, put growing pressure on church accommodation as would be attenders could either not find a seat or could not afford the expected charge. A growing number of churches made some seats freely available to the poor and many also constructed galleries: an arrangement which also allowed for what some Victorians would consider an appropriate segregation of classes.

[20] Before a parish was legally established and a church erected mission churches were often built first and they were viewed as second class by the clergy and parishioners alike. In the first ten years of the new Diocese 27 such mission churches were constructed in Newcastle alone.

committed follower of the Temperance movement she excluded public houses from the new village and she personally appointed a new vicar, following an extensive interview and two sermons. She was not simply a patron, she also took on some of the work of the minister in teaching at the Sunday school as well as reading from the Bible at the daily services. She was also a talented artist, and used this as a means to communicate the Gospel to those around her. She painted frescoes for the new school depicting scenes from the Old Testament but using local people as her models; the figure of Christ was the curate and Jesus was a miner's child. Despite her best efforts she could not halt the decline faced by many rural parishes during this period. (Gill 1981, p. 146).

In the early years of the new Diocese more and more churches were built as parishes became subdivided. This resulted in many more clergy being resident, acting as a focal point for the sick and needy and a source of information regarding assistance provided by various charitable bodies, as Lloyd notes:

> In the early years of the Diocese people knowing the clergy were available twenty four hours a day would send for them to visit the sick and the dying much more than now. Also they might need a subscription letter to obtain treatment at the Newcastle Dispensary or one of the hospitals and the vicar would pass parishioners onto various charities for help, or to the Newcastle Citizen Society which advertised itself in the Diocese Gazette. During especially bad times many individual parishes would help by organising soup kitchens (St John's, Newcastle) Lloyd 1981, p. 229-230.

The Church and in particular the local clergy often played a vital role in the social welfare of the parishes they served. During times of economic hardship they would often organise soup kitchens, or meals on wheels or simply provide relief in the form of warm clothing. In addition to providing aid, many churches also acted as a centre for the community to meet

and participate in a wide range of social activities ranging from the Mothers Union to the Church Lads Brigade (Lloyd 1981).

3.7 Medicine and Medical Care in Newcastle

The early years of medical treatment in Newcastle were very closely associated with religious houses, in particular chapels. One of the first recorded was St Mary's Hospital, founded in the 12th century during the reign of Henry II, in the north west of the city. Others include the Hospital of St Mary Magdalen (later called St Thomas Chapel) and The Virgin Mary's Hospital in Jesmond. Roger de Thornton was granted a royal licence on 10 June 1412 to found the Maison De Dieu on the south side of Sandhill, which was dedicated to St Katherine and later called Thornton's Hospital in Newcastle upon Tyne. These buildings were typically small and run by a chaplain along with nuns or friars. Most were simply there to provide any aid they could but some were patient specific. For example, for the Hospital of St Mary Magdalen was "founded to receive persons afflicted with leprosy" (Mackenzie 1825, p. 145). Few of these chapel hospitals survived the Reformation in the reign of Henry VIII, and of those that did some became ordinary dwellings, some Alms-houses and some were simply demolished to make way for new buildings. The Maison De Dieu for example was pulled down in 1823 to make way for the new fish market (MacKenzie 1825, p. 154).

The Infirmary itself is discussed in detail in the next chapter but is was the primary source of healthcare to the deserving poor in Newcastle at the start of the 19th Century. Although the thesis concentrates on the Infirmary, other charitable medical institutions were providing aid and assistance during the 19th century. The Dispensary (1771) and the Lying in Hospital (1760) were both established during the 18th century, and other specialist hospitals were established in the 19th century. These included the Fever Hospital, the Eye Infirmary, The

Royal Victoria Asylum for the Industrious Blind, The Northern Counties Institution for the Deaf and Dumb, The Home for Penitent Women, Hospital for the Diseases of the Chest, and the Hospital for Diseases of the Skin, Throat and Ear (Bruce 1863 and 1889). In addition to these charitable institutions, the Corporation of Newcastle also established medical facilities. Pauper adults and children were treated at the Union Workhouse, built in 1839 on Westgate Hill and this became a separate hospital in 1870 and is today referred to as the General Hospital (Hurrell 1966). To combat sporadic epidemics, a floating hospital was created by the Tyne Ports committee in 1871 following a cholera outbreak, a temporary hospital was erected on the Town Moor in 1882 to combat smallpox and a permanent City Hospital gor Infectious Diseases was opened in 1888 (Guy 1993).

One of the more dangerous and common complaints of the late 18th century was ‘fever’ (Hardy 1993). This term was used to cover a multitude of now known epidemic diseases including whooping cough, measles, scarlet fever, diphtheria, smallpox, typhoid, typhus and tuberculosis. All were thought to be infectious and as a consequence the rules of the majority of voluntary hospitals would not permit admittance. This left many, often the poor, in “isolation and misery” (Butler 2012, p. 147). Levene (2007), Andrew (1991), Outhwaite (1991) and Louden (1981) all refer to the great Dispensary Movement which arose in the latter stages of the 18th century to provide relief for those who suffered. “Dispensaries spread through the country in the final two decades of the century [18th] as Infirmaries had in the middle decades” wrote Pickstone and Butler (1984, p. 231), going on to state that “[Dispensaries] were usually separate institutions, even in towns which already had an Infirmary.”

Although throughout history there were establishments which could be described as a dispensary it was not until the late 18th century that the movement really started with the Aldersgate Dispensary in London (Andrew 1991). By the end of the 18th century there were 38 dispensaries in England (Loudon 1981), including the Newcastle Dispensary which was established in 1777. Mackenzie (1827, p.513) writes;

> In the beginning of April, 1777, Dr Clark, in conjunction with Mr Anderson, a respectable surgeon, proposed the establishment of a Dispensary; but the plan was opposed by the physicians to the Infirmary, until it was explained that the medical department was to be open to the whole of the resident faculty, when all opposition ceased, and the scheme was immediately carried into execution.

From the very beginning the Newcastle Dispensary was run and managed as an organisation that would complement the Infirmary and not compete, even though like the Infirmary the Dispensary had to appeal to subscribers for funding and survival. The 1778 Annual Report of the Dispensary confirms this ethos as is states "these charities [infirmaries]…cannot afford succour to every distemper…From such considerations Dispensaries have been lately established" (Annual account of the Newcastle Dispensary 1778). The 1780 Annual Report of the Newcastle Dispensary also stresses the need for the Dispensary when it states;

> Fevers, with other frequent and fatal diseases, to which the laborious poor are most peculiarly subject, cannot on account of their infectious nature, with propriety, be admitted into an infirmary: and many other distempers are too violent in their attacks, and too violent in their progress to admit of the delay of the weekly mode of admission (Annual Account of the Newcastle Dispensary 1780, p. 4. TWAS, HO/ND/3/2)

The Dispensary was funded like the Infirmary, mainly through voluntary subscriptions. Each subscription of one guinea entitled the subscriber to give letters of recommendation to up to four patients per year. However unlike the Infirmary, these patients could present their letters

to the Dispensary on any day of the week before ten o'clock and receive treatment that day. If they were too ill to go in person they could send their letter to the Dispensary, and provided it arrived before nine o'clock they would be visited that day. Once a patient had been seen they were entitled to visit the dispensary and see the same physician the same day every week until their condition had eased, at which point they were asked to return thanks the next Sunday at their parish church. The Dispensary "not only proposed to give advice and medicine to that numerous class of sufferers whose cases excluded them from the Infirmary, but also to extend the limits of the healing arts" (Mackenzie 1827, p. 513).

Dr Clark pushed for a general inoculation against small pox in 1779 as at that time 139 persons on average died annually in Newcastle from this condition, but the board rejected the proposal due to lack of funds. It was not uncommon for medical staff to offer to extend the services of a charity as this was a means of demonstrating capability and to increase their chances of promotion when honorary posts became vacant. Pickstone and Butler (1984, p. 232) describe how two doctors did exactly this at the Manchester Dispensary where "In 1784 Drs Chorley and Latham offered to provide free inoculation for the poor…the Trustees welcomed the offer, and Chorley and Latham later both became full physicians." It was not until 1786 that the inoculation plan was revived and carried out in Newcastle, albeit with initial mixed success.

There can be no doubt as to the value the Dispensary gave to the citizens of Newcastle, in particular the poor. Not only was the Dispensary the driving force behand the small pox inoculation program but it also relieved the pressure from the Infirmary. Mackenzie (1826, p. 513) states "Since the commencement of this charity, to Michaelmus, 1826, one hundred and thirteen thousand nine hundred and thirty six patients have been admitted, of whom one

hundred and eight thousand six hundred and twenty six have been cured.” This is a long term average of over 2,000 patients treated per year, most with letters of recommendation but a growing number of casuals were seen without as “the house apothecary is empowered to give patients relief without delay, and to admit them without recommendation” (Mackenzie 1827, p. 513). The number of patients treated with letters of recommendation remained reasonable constant at around 2,000 per year but the number of casuals treated soared. Butler (2012, p. 156) writes “over 10,000 casual patients were admitted between 1837 and 1838; 5,331 were given just medicine, 2,002 required wounds to be dressed, 2,892 required some form of dental treatment (for example had ‘teeth drawn’) 358 patients were ‘bleeding’ patients and 207 patients were admitted with burns and scalds.”

3.8 Conclusion

Newcastle has a long history of treating the sick and needy, initially through religious chapels and later through hospitals. Although the focus of this thesis is on the Newcastle Infirmary, which is discussed in greater detail in the next chapter, it is importance to recognise that the Infirmary was not the only source of medical aid to the poor and destitute. There were other specialist hospitals that developed, as well as the Newcastle Dispensary which was also well established by the start of the 19th century. These institutions were occasionally seen as rivals for the Infirmary as they relied upon the generosity of the same donors and subscribers, and they all wanted to recruit the best medical practitioners. However at times they also worked together, so that patients were sent to specialist Lock and children hospitals for example, rather than being seen at the Infirmary.

This chapter, in conjunction with Chapter 2, has demonstrated the social, religious and industrial context within which the Infirmary was located during the 19th century. By the

early 19th century the city had a wide mix of thriving industries, notably coal, engineering, and ship building. These industries brought great wealth to the city, but also attracted great numbers of poor looking for work which created massive overcrowding in the city and hotbeds for epidemic diseases. These factors impacted greatly on the demand for services from the Infirmary as well as created opportunities for raising finance.

Societal attitudes towards the poor changed dramatically throughout the 19th century. In the early decades, the poor were seen as a normal part of Gods plan and people were seen to be the Good Samaritan to provide aid and assistance. However, attitudes hardened, so much so that by the mid-century being poor without a reason, the so called undeserving poor, was seen as a person's individual choice and consequently providing aid to such individuals was seen as a sin. Towards the end of the 19th century societal attitudes towards the poor started to soften again as industry boomed, church attendance declined and the state started to play a greater role in the workings of society. The Infirmary, and in particular its management, had to navigate these ever changing societal attitudes to ensure they continued to keep the Infirmary financially viable whilst at the same time treat the sick and needy.

The establishment of the Diocese of Newcastle in the late 19th century led to an increase in the number of churches, which bucked the national trend of falling church attendance. This was important for the city as an increase in churches meant an increase in the clergy who were willing to devote time to the social welfare of the parishes they served. In addition, as will be discussed in Chapter 6, the Infirmary received a valuable source of income from regular church goers and therefore the increase in number was more than welcome to the management of the institution.

The following chapter examines the annual reports of the Infirmary to see how the management were able to treat the ineligible undeserving poor whilst at the same maintain the vital subscription income. The chapter details the rules of admission and provides an overview of how the Infirmary was managed, the accounting records it kept and the form of financial statements within the annual report. The chapter provides evidence to show how the management were able to hold the subscribers accountable for the treatment of the undeserving poor and as a consequence maintain their finance.

Chapter 4

Accounting as a Means of Moral Persuasion

4.1 Introduction

The previous chapters have provided the context to the social attitudes of the day existing nationally as well as locally within Newcastle. Clearly the attitudes of society towards the poor changed significantly throughout the 19th century, commencing with the view that the poor were just a normal part of God's creation. As a result, the poor themselves were not to blame and therefore there was no stigma attached to those providing help and relief. The chapter begins with a brief history of the formation of the Infirmary during the 18th century when these views were held by society. However, by the mid-point of the 19th century, societal attitudes had changed dramatically to such an extent that being poor was now seen as a sin. Consequentially, there was a great stigma attached to helping the undeserving poor.

This change in attitude clearly had large repercussions for the Infirmary. The majority of its income was derived from donations and subscriptions and therefore it had to show that it had used this money to treat deserving cases. The chapter continues by explaining the letter system of admission and the basic management of the institution by its life governors through the House Committee. Once the rules of admission are explained, the chapter continues by highlighting instances in the annual reports and the House Committee minutes where admittance has been granted to those the rules would deem to be inadmissible. Finally, the annual accounts within the annual report are analysed to highlight the use of ordinary income as a means to show the institution in almost continual financial deficit so as to illicit greater subscriptions.

Throughout the 18th and 19th centuries, sick paupers received medical attention in infirmaries which were part of the workhouse in which they were living while the needs of the sick indigent poor were increasingly provided for by “voluntary” hospitals. Essentially the workhouse infirmaries were state hospitals, although concerted state intervention in the provision of hospitals did not occur until 1867 with the Metropolitan Poor Act (Abel-Smith 1964, p.4). From the early 18th century in larger metropolitan centres such as London a small number of hospitals were established by generous bequests from wealthy businessmen or members of the British aristocracy. Guy’s hospital in London, for example, was established by Thomas Guy, a London businessman (Agha, R. et al. 2011). Most hospitals, however, were known as “voluntary hospitals” where, as the name suggests, all funding until the latter part of the 19th century came from the interested public who committed themselves to regular subscriptions. Until 1887 the Newcastle Infirmary was entirely dependent on voluntary contributions.

The first voluntary hospital, St. Bartholomew’s, was established in London in 1123, although “it was during the 18th century that the idea of founding charities for the care of the sick really took hold” (Abel-Smith 1964 p. 4). Whilst St Bartholomew’s and others including St. Thomas’ (founded 1207) were financed predominantly from income derived from endowments, the voluntary hospitals founded in the 18th century were predominantly financed on annual subscriptions (Abel-Smith 1964, p. 5). Between 1735 and 1775, 20 voluntary hospitals were established, including those at Liverpool in 1745, Manchester in 1752, Birmingham in 1766 and Leeds in 1767. The greatest expansion occurred between 1861 and 1891 when the numbers of such institutions rose from 130 to 385 (Abel-Smith

1964, p.4; Woodward 1974, pp.47-8; Berridge 1990, p.204; Berry 1997; Gorsky 1999, p.465; Jones and Mellett 2007). The Newcastle Infirmary, which a hundred years later had grown to be the largest hospital in the north of England, opened on the 23 May 1751 as a Christian charity with a Christian mission supported by the Church of England and other Christian denominations (Account of the Rise 1751, NU HA 42; Annual Report 1854, p. 8, HO/RVI/72). From the outset, one of its main features was that it became a specialist centre for surgery owing to the high concentration of industry in the region, and the concomitant number of accidents. A report in 1874 described Newcastle in the following terms:

> It should not be overlooked that Newcastle is surrounded by numerous coal-pits, rolling mills, ship building yards, factories, and a network of railways, each contributing its particular casualties; the Infirmary therefore becomes the receptacle of a class of accidents, which for complication and frightfulness can hardly be paralleled in the three kingdoms (Report of the Committee of Governors on the Resignation of Mr Jeffreson, assistant Surgeon).

Abel-Smith (1964, p. 34) remarks that there "was no one system of hospital administration; each body of governors was a law unto itself". Thus it was common for each voluntary hospital to be independent from other hospitals and for each to be entirely responsible for the management of its affairs, with its own detailed rules and regulations which covered all aspects of the operations, including accounting practices. However, there was a remarkably consistent approach to management practices and principles between voluntary hospitals throughout England and Wales (see Berry 1997, p.2), which were only too willing to learn from each other. Anning (1963, p.56), for example, observes that the Leeds Infirmary borrowed its manual of regulations from the Manchester Infirmary. The drive for consistency was no more clearly seen than in the moral imperative which determined that only the deserving sick should be admitted for medical treatment.

4.2 The Infirmary – Its Formation and Early Years

The foundation of the Newcastle Infirmary in 1751 was prompted by a letter reproduced in figure 4.1 below appearing in the *Newcastle Courant*, on Saturday 29 December 1750 (Account of the Rise, 1751, p.iv). There is doubt as to the actual author of the letter as it was signed simply B.K. but Haliburton-Hume (1906) believes it to originate from a social club within Newcastle and in particular to a prominent Newcastle surgeon of the time, Richard Lambert. Regardless of the author, the effect was immediate. A public meeting was subsequently convened after which subscriptions were collected with the first meeting of subscribers held on 22 February 1751. At a meeting on 21 March 1751 it was decided to rent a house in Gallowgate until such time as a new building could be erected. On 23 May 1751, with the support of the Mayor, Matthew Ridley, and his "Brethren of the magistracy in their formalities" (Haliburton-Hume 1906 p 6), formally opened the Infirmary in Gallowgate following a church service at St Nicholas' and a sermon by Dr Sharp, Archdeacon of Northumberland. The house could initially accommodate 23 patients and on the day of opening immediately admitted seven patients. The medical staff consisted of four physicians, Drs. Askew, Cooper, Johnson and Lambert, and two surgeons, Samual Hallowell and Richard Lambert. All were unpaid, as was the first treasurer, Mr Joseph Airey. It was not long before space became a limiting factor, a problem repeated manifold over the next 150 years, and during the summer of 1751 additional rooms were rented in adjoining buildings so that up to 40 patients could be accommodated. (Haliburton-Hume 1906, p. 6).

Figure 4.1 – Article taken from Newcastle Courant, p. 4, 29 December 1750

S I R, *Newcastle, Dec. 28, 1750.*

By giving the inclosed a Place in your next Paper, you'll very much oblige

Your most humble Servant,

B—— K——.

Non nobis solum nati sumus; Impellimur
Natura, ut prodesse velimus quam plurimis. Cic.

AT a Time when so noble a Spirit of Charity is stirring among us, and, to the Honour of this Age and Nation, such great Encouragement is given to all charitable Foundations; when we see particularly Hospitals for the Relief of the sick Poor, which, of all the various Kinds of publick Charity, deservedly claim the first Rank, erected in almost all the large Towns in this Kingdom: That no such Thing should ever be set on Foot in this Town, is, I think, not a little strange and extraordinary. Certainly, if in any Place, London excepted, an Establishment of this Kind is necessary, it must be so here. For where are there so great Numbers of Poor employ'd, or there Employments more dangerous, than in and about this Neighbourhood? Are there not in our Coal-works and other Manufactures, melancholy Accidents almost constantly happening? The youngest of us must remember too many sad Instances, must have known of many of his poor Fellow Creatures, who have languish'd and died, only for want of, perhaps, a very little well applied Assistance, to have relieved their Wants, and again have rendered them useful Members of Society. 'Tis true, the worthy Magistrates of this Town have always allow'd 80 l. per Ann. to four Surgeons to visit the Poor; something of this Kind is also done by the Coal Owners, and I believe by some other People: But these, though excellent Charities, can never be of that general Use, never do that Good an Hospital would; for besides the Impossibility often of a regular Attendance in this Way, every Body knows, that the Diet, Lodging, and proper nursing the Patient, are, in most Cases, more material than the Medicines prescribed. I may add to this, with what Difficulty is a Place got to put them in, when an Accident happens to a Person at a Distance from home?

This was the Case of that poor Woman, who had the Misfortune but the other Day to be run over by the Leeds Waggon, and who I am told lay five or six Hours in an open Shop, in the utmost Misery and Anguish, before a Lodging could be found for her, or any Assistance given her.

Why then do not we follow the laudable Examples set us lately by Northampton, Worcester, Norwich, and other Places? What, have we less Sensibility of Heart than other People, less feeling for the Misfortunes of our Fellow Creatures? Let the very generous Collection made here on a late melancholy Occasion speak for us. Are we less able to bear the Expence of founding an Hospital? For Shame, let us never plead that Pretence. We can raise 200 l. or 250 l. per Year for Horse-racing, for a few Days senseless Diversion, and cannot we raise double that Sum for what will be of such Service to the Publick, do such Honour to *Newcastle*.

By what I can learn, and I have taken some Pains to be informed, 500 l. per Year, after the first Expence of Building, (if that be found necessary) and fitting up a House, will at least maintain 40 Patients, and certainly this is a Sum that may be rais'd without Difficulty, by Subscription, in Newcastle and the two adjacent Counties. But if we cannot bring this about at first, let us propose to receive only 20 Patients: I am solicitous, I must own, to have it begun at any Rate, as I am very confident that was it once begun, it would be carried on with as much Vigour as any Undertaking of this Kind ever was. The Corporation of Newcastle never used to be backward on such Occasions, and to imagine they would not in this do their Parts with their usual Generosity, would be an idle and a groundless Suspicion.

On a Subject like this, not to say too much is the most difficult Task, I flatter myself I have said enough to induce some or other to take this Matter into Consideration. A true benevolent Mind needs not Argument to excite him to Things of this Sort, and on him who finds nothing in his own Breast prompting him to them, neither Arguments nor Reasons will have any Weight; Hardness of Heart being always accompany'd with equal Stupidity of Head.

Here then I should have concluded, but that when any Scheme is propos'd, however for the publick Advantage, the World is too apt to ascribe it to some selfish End in the Proposer, I think it necessary to declare, that the Writer of this cannot possibly have any Motive of this Kind, cannot reap any other Advantage by it, than the Pleasure it may perhaps give him, if it should take Effect, to have contributed in some Degree to the Welfare of that Society, of which Providence hath seen fit to make him a Member.

(Source: British Newspaper Archives)

In July 1751 the first Quarterly Court of Governors was held at which a House Committee of 36 members was nominated, twelve from each of the three counties, Durham, Newcastle upon Tyne and Northumberland. Plans for the new building kept on a pace and within a few months over £1,200 had been raised via subscriptions for the new Infirmary, with eight individuals subscribing over £100 each. In addition to financial aid, gifts of services and goods were also made, with the notable example of the Company of Bricklayers donating 47,000 bricks. The actual location was formalised when the Corporation of Newcastle gave a site on Forth Banks for its construction; a plot of land to the west of the city, just outside the Forth Gate of its medieval wall. At the time Forth Banks was an eleven acre enclosed area laid out with walks and very few buildings although there was a foundry and several nail factories on the western border of the plot so the area was not free from smoke.

On 5 September 1751 the foundation stone was laid by the Bishop of Durham, Dr Butler and according to Haliburton-Hume (1906, p. 10), "No charitable undertaking has ever been begun in Newcastle with greater enthusiasm …and once begun it proceeded without interruption and with reasonable rapidity." A year later, once the foundations were complete, a Furnishing Committee of 7 governors was appointed and on 8 October 1753 the Infirmary was opened. In contrast to the opening of the Gallowgate house, there was no pomp or ceremony with the opening at Forth Banks. The existing patients and goods were transferred from Gallowgate to Forth Banks and the new Infirmary was open for new patients as can be seen in a simple advert in figure 4.2 below that was placed in the *Newcastle Courant* on Saturday October 6 1753.

Figure 4.2 – Advert taken from Newcastle Courant 6 October 1753

INFIRMARY at NEWCASTLE,
'TIS with the greateſt Pleaſure that the COMMITTEE can now acquaint the Publick, that the NEW BUILDING on the Forth-banks is ready, and will be opened for the Reception of PATIENTS on Monday next, the eighth of October, at Ten o'Clock in the Forenoon.

At the ſame Time will be held there, a General Quarterly Court of the GOVERNORS of this Charity, to take the Reports of the ſeveral Committees, inſpect the Accompts, appoint a new Houſe Committee for the enſuing Quarter, and tranſact ſuch other Buſineſs as ſhall be laid before them.

By Order of the Committee, R. BURDUS, Secretary.

(Source: British Newspaper Archives)

The new Infirmary, brick built and stone lined, accommodated 90 beds, comprising two wings at right angles to each other forming an "L" shape, one facing South, the other facing East. Haliburton-Hume (1906, p. 14) describes the layout of the building.

> In the first storey of the main building, or south front, were the chapel and hall (or board room) …the physicians room, the surgery and the matrons parlour. The first storey of the east wing was occupied by two wards – a ward of sixteen beds for men, called the B.K., and a north ward of six beds for men, called the Job. Above these were three wards for women, the Butler, the Magdalen, and the Lazarette. In the secondary storey of the main building were three wards for men the Durham, Newcastle and Northumberland. In addition to these were two backwards in the attic storey called the Cheseldon and Harvey, and a back room in the middle storey called the Sydenham. The theatre was in the attic storey, as it remained until 1872.

Figure 4.3 below clearly shows the basement and three floors of the South wing, together with the two floors of the East wing. The elegant yet simple entrance on the south side can also be clearly seen and this theme of simple, yet elegant and practical continued with the internal decoration as well. There was no "needless ornamentation" (Haliburton-Hume 1906,

p. 13) in the building, with wooden shutters rather than curtains and in general the most "absolute plainness was observed throughout".

Figure 4.3 - The Infirmary, Forth Banks (viewed from the South)

(Source: Haliburton-Hume 1906, p37)

The internal layout of the infirmary in many ways mirrored society and the medical profession at the time. The male wards were on the first floor, the female wards were up out of the way in the attic and there were no wards for children as they were not usually to be admitted as a rule. The physicians had a grand office on the ground floor with an adjacent room for their surgery whereas the actual operating theatre where the work of a surgeon would be performed was up in the attic. It is little wonder that survival rates post-surgery were poor as the patients requiring immediate medical intervention had first to survive being carried up three floors to the attic before any operating could begin.

The need for the Infirmary was vindicated from the very beginning. In the first year whilst occupying the rented accommodation in Gallowgate 167 in patients and 178 out patients were treated (Hume 1906 p. 46). The move to Forth Banks more than doubled the capacity

of beds available but the number of patients treated more than kept pace. In the first fifteen years of operation 500- 600 patients were regularly admitted each year, with the average number of in patients at any one time being close to the number of available beds, 90. Two more surgeons were appointed in 1760, so that there were four surgeons and four physicians. In addition there was a resident apothecary, along with a matron and several nurses. However the wards were constantly overcrowded and appeals were made to try to reduce the number of people looking for assistance. Towards the end of the 18th century, following the outbreak of war and the subsequent scarcity and high prices of food, the Governors actually ordered the admission of patients be kept at 80 maximum.

4.3 Eligibility for admissions

4.3.1 The moral tightrope of admission

Jones and Mellett (2007) describe the voluntary hospitals as "bastions of communitarianism within a society dominated by laissez-faire market forces". Hospitals, more than any other charitable institution, trod a very narrow moral line, for in attending to the physical well-being of the poor they must not achieve this at the expense of encouraging "idleness and improvidence" through making them dependent on "the bounty of others" (Introduction to Loon Faucher's *Manchester* in 1844, quoted in McCord 1974, p.93). There was therefore a tension for a Christian foundation such as the Newcastle Infirmary between following Christ's example of extending compassion towards the sick and outcasts of society and the strong desire to concentrate resources only on those who were deserving of help, that is those who had been incapacitated through no fault of their own and who through hospital intervention could be helped back towards fulfilling a useful economic role in society (Rivett 1986, p.28; Jones and Mellett 2007; Account of the Rise 1751, p.iii NUL Hospital Archives 41).

This tension was obvious from the accounts. Hence, the hospital's 1856 Annual Report extolled the "voluntary offerings of benevolent individuals, who claim no privileges in return, feeling sufficiently repaid by the consciousness of having aided in alleviating the sufferings of their fellow creatures", and the one for 1885 posed the question: "Have we in good times of commercial prosperity acted the part of the Good Samaritan"? However, these comments were tempered by a published report of the Special Committee commissioned in 1887 to investigate the past management and financial position of the Infirmary which opined that:

> Indiscriminate medical charity is not only injurious to the poor themselves, by weakening their sense of independence, and encouraging improvidence and unthrift, but tends, probably to create and develop the physical ailments which it is meant to heal by affecting the state of mind (TWAS, HO/RVI/70, p. 23).

Throughout the 19th century a large part of voluntary hospital revenues came from annual subscriptions provided by socially prominent members of the local community. In some areas, including Newcastle, subscriptions were also obtained from trades unions and town councils (McCord 1974, p. 97; Woodward 1974, p. 38). The tradition of Newcastle employers in the area providing welfare arrangements for their employees can be traced back to the 18th century when the records of the major coal-owners reveal that they paid pensions to the widows of pitmen killed in accidents, and established a fund "towards relieving such pitmen and their families as shall happen misfortunes" (Levine and Wrightson, 1991, p. 365). In the first year of the Newcastle Infirmary's operations three of the largest coal-owners in the region, Bowes, Blackett and Ravensworth, contributed £50 each in addition to providing free coal towards the heating costs of the institution (Report of the State of the Infirmary 1753). One hundred years later when the local economy had been transformed with a huge expansion in the numbers and range of employers and size of the working population, large

employers like William Armstrong still showed themselves willing to make good the Infirmary's funding deficits on a regular basis. The main employer subscribers in 1878, for example, were the major industrial enterprises of Armstrong and Co, the Consett Iron Company, the North Eastern Railway Company, and Stephenson and Co (1878 Annual Report).

Other sources of income at Newcastle included legacies, interest on investments, annual dinners, sermons, benefit plays, concerts and the poor box placed in local churches (Annual Report 1854, p. 5). An indication of the relative importance of each source of income can be seen in the Table 4.1, which was originally printed in the 1854 Annual Report of the Newcastle Infirmary. The table does not include special donations for capital projects. Especially lucrative were sermons delivered in churches encouraging the faithful to donate to the hospital (Woodward 1974, p.18; Anning 1963, p.8). However, by far and away the most important source of income were the annual subscriptions. Engaging with the subscribers in order to ensure their continued support was the main focus of the hospital's published accounts.

Table 4.1 Analysis of income

	1752-1761	***1802-1811***	***1842-1851***
	£	**£**	**£**
Annual Subscriptions	1,394	1,608	2,158
Interest	79	450	565
Donations less than £20	40	58	75
Sermons	46	130	49
Annual Dinners	48	7	6
Benefit Plays	60	35	12
Poor Box	12	5	8
Benefactors greater than £20	287	164	290
Legacies	116	60	169

(see also Figure 5.3 in Chapter 5 for copy of the original. Source 1854 Annual Report NUL Hospital Archives 72)

4.3.2 Rules of admission

Until late into the 19th century each subscription of one guinea to the Newcastle Infirmary entitled the subscriber to recommend one outpatient per year and two guineas provided for two outpatients or one inpatient per year.[21] For any amount subscribed over two guineas the proportion of outpatient to inpatient was the same as for two guineas (Annual Report 1850, p. 27; Statutes and Rules 1855; Annual Report 1867, p. 3). Hospitals would publish lists of subscribers along with the amount that they had donated. If a subscriber fell behind in their financial commitments this was usually indicated next to their name, a form of social shaming (Rivett 1986, p. 31). At the Infirmary, a resolution was passed at a quarterly court in 1799 to also note any arrears of subscribers next to their name.

> At quarterly court held 4 July 1799, it was ordered that in the annual report in future the number of years each person is in arrears should be set opposite his name (1806 Annual Report, TWAS, HO/RVI/72/132)

In a way this was a form of name and shame, which was also practiced at the Edinburgh Royal Infirmary (Jackson 2012). Appendix A contains a photograph of the actual 1805 annual report and in the list of subscribers, the number of years of arrears can be clearly seen in parenthesis next to their name. In 1805 there were over 400 subscribers listed in the annual report, including individuals, trustees, parishes, associations and corporations, and of this number 45 were listed as in arrears. The majority of subscribers that were highlighted as in arrears owed no more than 2 years of subscriptions, but there were individuals who were 8 (George Errington, esq.) and 11 (Christopher Soulsby, esq.) years in arrears. Although the motion was passed to list the arrears next to a subscriber's name, the practice was seldom used when considering the 19th century as a whole. The Annual Reports frequently made

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[21] The General Rules of 1883 allowed subscribers of one guinea to nominate six outpatients and two guineas to nominate twelve outpatients or one inpatient and higher amounts in these proportions.

appeals for subscriptions to be paid as soon as possible and reminded the subscribers and Governors of the rules concerning admittance as on one occasion in the 1811 Annual Report, subscribers were reminded that

> As the economical management of the Infirmary is intimately connected with the regularity of its payments, its subscribers will readily perceive how desirable it is, in order to effect a prompt and uninterrupted continuance of the discharge of its bills that their contributions should be paid about the beginning, rather than at a later period of the Infirmary year. The statutes and general rules constituted for its governance, contain the following provisions on this subject.
>
> Extract from Statute XVI No Governors vote shall be allowed upon any occasion, either at a court or a committee, whose subscription is not paid up to the time of voting.
>
> General Rule 1. - All subscribers shall pay their annual subscriptions, IN ADVANCE, to the treasurer for the time being; and all subscriptions in each year shall be deemed to commence at the time of holding the quarterly court in April
>
> General Rule 2 – All annual subscriptions shall be considered as continuing their subscriptions till they shall signify to the contrary, by a letter addressed to the Treasurer
>
> General Rule 3 – A monetary letter shall be sent by the Secretary to all those subscriber whose subscriptions shall be in arrears two months, requesting payment of the same
>
> Extract from General Rule 14 – Patients shall make application at the Infirmary by a letter of recommendation, signed by a subscriber whose subscription is paid.
>
> *Sudden accidents* or diseases which require the *immediate* help of the surgeon, are received at any hour of the day or night, without recommendation: But patients of all other descriptions cannot be admitted unless they bring a recommendatory letter, signed by a subscriber, which may be thus expressed:
>
> *To the house committee of Governors of the Infirmary, Newcastle upon Tyne:*

Being well satisfied that the bearer of the parish of in the county of is a proper object of the Charity, as to CIRCUMSTANCES, if upon examination be judged to be so with regard to Case, I desire you will admit to be a patient of the Infirmary.

This letter must be presented on Thursdays, between ten and twelve o'clock in the morning at the Infirmary; the laudable design of which humane institution will be most effectually promoted if, in general, such persons be recommended who are considered at least able themselves to pay for their own cures. At this part of the report it may be necessary to observe, that no woman big with child, no children under seven years of age, except those upon whom surgical operations are to be performed, no person judged to be incurable, or in a dying condition, or labouring under insanity, the small pox, or any other infectious distemper, or afflicted with cancer not admitting of operation, or with consumption, scrofula, or dropsy in the last stage, can be admitted an in-patient in any account. Governors are requested, not with more respect than earnestness, to comply, concerning those persons to whom they may, hereafter give recommendatory letters, with the spirit of these observations. ((TWAS, HO/RVI/72/132 – 1811 Annual Report, emphasis in the original)

Patients to be admitted to the hospital would present a letter of introduction from their sponsor, as shown above, in order to gain admission. The letter of introduction not only verified that the patient had a financial backer but, possibly just as important, that the subscriber sponsoring them believed the patient to be eligible and worthy of being admitted to the hospital; that is, they were part of the *labouring* poor and, therefore, "a proper object of charity". This was to be confirmed upon admittance at Newcastle when each supplicant was required to "appear to the Committee and *receiving* Physician and Surgeon to be *curable,* and *real* Objects of the Charity …" (Statutes, Rules and Orders 1751, p. 1, emphasis in the original; Statutes and Rules 1801, pp. 13-14, 28).

The effectiveness of voluntary hospitals was to be measured by increasing the number of patients who were restored to health and useful employment, which explains the exclusion of those who were incurable as well as paupers (Abel-Smith 1964, p.39; Robson 2003,

p.102). Financial pressures meant that the chronically ill, or those approaching death, were not to be admitted; hospitals were not to be places of refuge for the incurably ill. Hence, under no circumstances was anyone supposed to be admitted to the Newcastle Infirmary who was suffering from, cancer, consumption, "in a dying state" or from the effects of old age. In 1876 the Annual Report stated that

> to send patients in an advance stage of mortal disease is an act of cruelty to the sufferer, great unkindness to patients in the House and injustice to the Hospital whose death rate is thus causelessly aggravated.

People suffering contagious diseases were also kept out because of the risk they posed to other patients (*Account of Origin* 1801, p.24 HO/RVI/74/2; Statutes and Rules 1801, Section 6 HO/RVI/74/2; Annual Report 1867, pp. 18-21). Pregnant women too were excluded as were the insane and children under seven years of age. Both the high mortality rate amongst children and the costs that would be associated with the need to accommodate members of their family to stay with them while receiving treatment in hospital precluded young children from being admitted, while pregnancy was regarded as a natural event and not an illness. Domestic servants could be admitted only if they had broken a limb or needed major surgery as their medical needs were expected to be the responsibility of their employer (Statutes, Rules and Orders 1751, Rules Concerning the Admission of Patients, pp. 9-10 HO/RVI/74/1 ; Statutes and Rules 1801, p. 15 HO/RVI/74/2).[22]

Those whose illness was a result of immoral behaviour were usually also excluded from voluntary hospitals (Abel-Smith 1964, p. 37). Thus, anyone suffering from sexually

[22] If an employee was admitted under such circumstances, the rules require the Secretary to send a letter to the employer requesting the submission of a letter of admission. If the employer had already used his letters, or was not a subscriber, then the Secretary would inform the employer of the annual subscription fee (Statute of Rules of the Infirmary 1855, rule 21 HO/RVI/74/3).

transmitted diseases in most instances would not be eligible for admission, although provision was sometimes made for "fallen" women or prostitutes in specialist Lock Hospitals. In this respect the Newcastle Infirmary appears untypical, in that its new Statutes and Rules in 1801 (HO/RVI/74/2) *officially* allowed married women of good character to be admitted who, through no fault of their own, suffered from "a certain distemper, which originates in vicious indulgence", that is syphilis. This merely formalised what had been happening for some time for "such patients, from the imperious dictates of humanity, have always gained admission …" despite the undiminished social and moral stigma of the disease. It was recognised in Statutes that, "false names had been frequently affixed to this distemper, to prevent enquiry into the violation of the rule…" (Statutes and Rules 1801, Section 6 HO/RVI/74/2).

In later years the Statutes contained the following proviso, presumably to assuage the feelings of those subscribers against the admission of such cases:

> Females labouring under syphilitic complaints shall be admissible…by permission of the House Committee without letters of recommendation. But, if in the opinion of the House Committee, the funds of the hospital shall at any time be inadequate to provide for such patients in addition to the other patients of the Institution, the House Committee shall be at liberty to order the exclusion of female syphilitic patients applying without letters of recommendation, or restrict the number of admissions, to such an extent as they may deem necessary or expedient (Statutes and Rules 1883, General Rules XXVIII part 2 NUL Hospital Archives 47).

In the case of male sufferers, a male Lock ward for treating venereal disease was maintained in contravention of the rules until 1885, when moral disapprobation finally demanded its closure (Report of the 1887 Special Committee, p. 19 HO/RVI/70).

4.3.3 Admitting the inadmissible – breaking the rules for compassion

It is evident from the above that what occurred in practice at the Newcastle Infirmary was a lot laxer than permitted by the rules. The hospital was also tolerant in its attitude to inebriation. Thus, the 1874 Annual Report (p. 5) referred to the large number of patients admitted to the hospital following injuries resulting from "intoxication", 367 of whom were still in a drunken state at the time of admission. Cholera patients should in theory not have received treatment, yet during the calamitous cholera epidemic in Newcastle and Gateshead in 1853 the Infirmary remained open at all times to help those who presented themselves (Annual Report 1854, p. 5 NUL Hospital Archives 72). The "dictates of humanity" demanded that such patients receive treatment. Upon discharge each patient was to be encouraged to return to their church and give thanks to God and to their benefactors for their recovery (Statutes, Rules and Orders 1751, Admission Rules, p. 11 HO/RVI/74/1).

One of the main difficulties with the letter system was its abuse by the governors and medical staff in order to administer treatment to individuals who needed the help but did not qualify. By 1887 it had become unworkable and was abandoned. While it may have been usual in most voluntary hospitals to admit only patients who came with a recommendation letter there were some, such as the Metropolitan Free Hospital founded in London in 1837, which would receive any sick poor regardless (Rivett 1986, p. 27). Increasingly throughout the 19th century this approach to those who were ill characterised the work of the Newcastle Infirmary. Thus, despite the seemingly unyielding nature of hospital's rules, in practice the governors very often were unable to deny the sick the help that they would beseech from the hospital, irrespective of their entitlement to it.

The first report of the Newcastle Infirmary in 1751 established the, albeit bounded, compassionate intent of its founders by allowing anyone who had suffered a serious accident or was in immediate, urgent need of assistance to be admitted at any time and without the usual letter of recommendation required from a subscriber (Report of the State of the Infirmary 1753, p. 2 HO/RVI/72/4). Officially, these concessions remained unchanged throughout the 18th and 19th centuries. At all other times "only such Persons who are recommended by a Subscriber …" were meant to be admitted. However, the Newcastle Infirmary's Annual Report in 1850 (p. 5 NUL Hospital Archives 72) confirmed that in a great many cases this rule was relaxed for "casual patients" whose treatment was justified on the grounds that these were "indigent persons" unable to obtain the necessary letter of recommendation at the time of their urgent need. Not all of these patients were "indigent", however. Providing additional allowance to take account of downturns in the local economy that would have thrown people out of work was a repeated theme in the annual reports (e.g. 1878, 1879, and 1887 reports). The report for 1886 (p. 7) likewise referred to the "considerable numbers" of children of the "destitute" prone to "a variety of diseases" through poverty who had always received treatment. According to the report, these were "a class of patients peculiarly deserving in sympathy" irrespective of what the hospital rules may have said. This made it clear that when a decision had to be made between cost and compassion the supplicant, invariably, would be treated. Such compassion for the unemployed and destitute would not in theory have been permissible under the 1834 Poor Law Amendment Act.

To some extent the treatment of non-qualifying individuals was institutionalised by the creation of an outpatients department for treating "casuals", the numbers so dealt with disclosed in the accounts. The Annual Report of the Newcastle Infirmary for 1880 justified

their treatment as “a good thing” on the grounds that it prevented smaller problems becoming serious and preventing the poor from working. Similarly, the 1856 Annual Report described treating casuals as a “necessary augmentation” to the letter system. However, inpatients were also admitted inappropriately. Indeed, the number of times that this practice was referred to in the annual reports suggests it became a regular occurrence, prompting regular reminders by the hospital governors of the correct procedure. The Annual Report for 1781, for instance, noted a resolution of the general court that the committee of governors “be desired to stick closely” to the hospital’s admission rules. Ninety years later, the 1870 Annual Report was again upbraiding the governors for wrongly issuing letters of admission. At the same time, the 1870 report (p. 5) acknowledged the moral dilemma in denying admission to non-qualifying patients where there was a desperate need. Although the report urged the governors “not to give letters to such persons”, it suggested that in some cases there was in reality no alternative, as “to turn back such patients is to consign them to death upon the streets”. At the anniversary meeting in April 1870, the problem was highlighted with the giving of letters to people with consumption who had often travelled many miles to get to the Infirmary, often arriving in a dying state. If these people were not admitted, there would be an outcry of cruelty. The rule to exclude, therefore, was very hard to carry out in practice.

The following section will establish that the distressing needs of those in need were the overriding determinant of access to the healing of the Infirmary, not its financial capacity at a point in time to meet these needs, and that management of the Infirmary was directed by these priorities. Nowhere was this more obvious than in the form of the annual reports published by the Infirmary and the purposes they served in facilitating its moral mission.

4.4 Management and Financial Reporting

4.4.1 Managing the Infirmary

Achievement of the spiritual and temporal aims of voluntary hospitals with the, usually, meagre resources available, required that subscribers were heavily involved in their governance and management. Thus, final authority in all matters pertaining to hospital management resided with a Board of Governors selected from the subscribers, overwhelmingly men of high social standing. Indeed, it was a mark of social status to be a hospital governor. Subscribers of two guineas or more a year at Newcastle were entitled to be governors while benefactors of more than £20 were made governors for life. The Annual Reports describe how "The management of this Charity is in the hands of Governors" (1807 Annual Report) and that the "Governors…have the direction of the affairs of this Infirmary" (1809 Annual Report). The extract below, taken from the 1819 Annual report, describes the role of the Governors at the Infirmary:

> Governors who are either annual subscribers of two guineas or upwards, or benefactors of twenty pounds, or more, at one time, have the direction of the affairs of this Infirmary. Four quarterly courts of Governors are held in each year, viz. on the first Thursday of April, July, October and January, for the dispatch of extraordinary business; and a committee of Governors attends weekly, to admit and discharge patients, to examine the accounts, and to superintend the conduct and expenses of the house. The duties attaching to this committee, which is in its constitution an OPEN COMMITTEE, are in their nature important and various; THE PRESENCE, THEREFORE, OF ANY GOVERNOR NOT APPOINTED ON THE COMMITTEE, WHO CAN MAKE IT COVENIENT TO COME, ON THURSDAYS, TO THE INFIRMARY, IS PARTICULARLY SOLICITED. (Emphasis in the original)(TWAS, HO/RVI/72/132 – 1819 Annual Report)

General Courts of Governors, when all governors were expected to attend, were to be held four times a year, on the first Thursday in January, April, July and October, to "receive the reports of the House Committee, to inspect the accounts, and to transact such other business

as shall be brought before the Court" (Annual Report 1867, p. 4; Statutes, Rules and Orders 1751, p. 3; for an account of a coincident regime of control at the Leeds Infirmary see Anning 1963, p. 57). At the Anniversary Court in April the treasurer was further required to give "a full account of the capital stock … and of his money transactions" and conduct an annual inventory of household goods and furniture (TWAS/Annual Report 1867, pp. 31, 32, 37).

All underlying principles of governance, management and day-to-day operation of the Newcastle Infirmary were set out in the Statutes and Rules of the Infirmary. First set down in 1751, these were not changed until 1801 and thereafter updated more regularly. The 1801 Statutes and Rules (Section 3, page 15) emphasised that:

> There must be a regular system of management. And this must depend upon the personal attention of the governors to the general interests of the charity. This will be found necessary, not only to check every irregularity in the patients, and to animate the exertion of every department; but also to prevent the funds from being improvidently wasted. Individuals, nay all the stated officers of the house, may perform their respective duties, yet as a whole the charity will not produce its full effects without a respectable attendance at the quarterly courts, a proper attention of the weekly visitors, and the constant exertions of a vigilant and active committee. (NUL, Hospital Archives, 43)

The Board of Governors provided this "regular system of management" and they delegated to the House Committee and from there to the staff, most notably the House Surgeon, Matron, Secretary and Treasurer. The Governors were key to the success or failure of voluntary hospitals. They were the prominent financiers of the Infirmary throughout the 18th and most of the 19th centuries, and were invited and encouraged to attend the quarterly courts to "receive the reports of the House Committee, to inspect the accounts, and to transact such other business as shall be brought before the Court" (NUL, Hospital Archives, 72, Annual

Report 1867, p. 4; Statutes, Rules and Orders 1751, p. 3), as well as to become members of specific committees.

Governors were also expected to take their turn as a weekly visitor, walking the wards and reporting any concerns to the weekly meeting of the House Committee. The 1801 Statutes and Rules (NUL, Hospital Archives 42) state that "The House Visitor should go through the whole house and be attentive to its cleanliness, regularity and economy. He should examine the provisions and taste the bread and beer that he may judge of their goodness". The rules also suggest that the House Visitor should speak to the patients individually without the nurses and matron to see if they have any complaints, as well as talk to the nurses and matron to see if they have "any complaint to make against any patients or servants of the house for immorality or disorderly behaviour." All findings should be recorded in the Visitors Book which was read by the House Committee. The following entry in the House Committee minutes dated 4 January 1798 provides a good illustration of how the House Visitor system operated;

> Examined the House Visitors book and found a complaint against Mr Watson for leaving the House without leave and not returning. Ordered that he be discharged as Irregular and his recommender Mr Major acquainted herewith. (TWAS, HO/RVI/2/10)

Day-to-day management of each hospital was usually delegated by the Board of Governors to House Committees consisting of subscribers, medical staff and hospital employees (Abel-Smith 1964, pp.32, 33; Berry 1997, p.2). In this regard the governance and management arrangements at the Newcastle Infirmary were typical of most hospitals. At Newcastle the Statutes of Government in 1751 required a House Committee of Governors consisting of 36 governors, 12 each from the governors representing the three counties of Durham,

Northumberland and Newcastle (Statutes, Rules and Orders 1751, p. viii HO/RVI/74/1). Throughout the 19th century the number and composition of the House Committee varied, which is discussed in relation to financing the Infirmary in chapter 6, and in later years it was agreed that the House Committee should elect a sub-committee of 12 governors charged with looking after the routine business of the Institution. Table 4.2 gives an indication of the constitution and occupation of the House Sub-Committee for two years in the period under review:

Table 4.2 Composition of the House Sub-Committee

Committee named in 1851 Annual Report		**Committee named in 1860 Annual Report**	
Name	**Occupation**	**Name**	**Occupation**
The Reverend Vicar of Newcastle	Clergy	P.G.Ellison	Solicitor
P.G.Ellison	Solicitor	W. Beaumont	Gentleman
A.L.Potter	Coal-fitter	J. Taylor	Unknown
G.Clementson	Gentleman	G. Bargate	Tanner
Sir J.L.Lorraine	Post-Master	M.Wheatley	Iron-merchant
J.D.Weatherley	Captain	J.Pollard	Corn-merchant
E.Jackson	Gentleman	W.Kell	Unknown
G.T.Dunn	Gentleman	R. Swan	Unknown
S.Stokoe	Wine and Spirit Merchant	G.Philipson	Physician
J.B.Falconer	Unknown	J. Blackwell	Unknown
J.Fenwick	Unknown	J.Falconer	Unknown
T.Burnet	Gentleman	R Walters	Land-agent

(Source: Ward trade directory of Northumberland and Durham 1850, Whellan directory of Northumberland 1855 and Ward directory of Newcastle 1865).

As can be seen, the committee comprised a mixture of professional people (clergy, solicitors, physicians), trades people (corn-merchants, fitters, tanners etc.), as well as landowners, designated by the term "gentleman." In all cases, they were respected members of the local community.

The House Committee had the following instructions to follow as stipulated by the 1801 Statutes and Rules (NUL, Hospital Archives 42)

> Chairman to order the names of governors present to be registered and the previous minutes to be read by the secretary. The following matters are then to be considered;
>
> 1. To call for an account of patients admitted during the week and number vacant beds in the house
>
> 2. A list of patients the physicians and surgeons judge proper to be discharged, and a list of those who should be treated as out patients
>
> 3. To admit those patients judged proper
>
> 4. On the first Thursday of every month to review the book containing patients staying more than two months – To ask if they can discharged if not likely to be cured or receive essential benefit
>
> 5. To examine tradesmen bills on last Thursday of the month and pay if found proper
>
> 6. To appoint two House Visitors on the last Thursday of the month
>
> 7. To read entries in House Visitors books and rectify abuses if present

Essentially then the House Committee met every week to manage the operational issues regarding admittance and discharge of patients; hiring and discipline of staff; receiving and acting upon the verbal reports of the weekly Visitors; recording income and chasing late payment. As noted in point 5 above the House Committee was responsible for overseeing the recording and approval of expenses and the following section outlines the accounting function within the Infirmary.

4.4.2 Accounting Records

As charities, voluntary hospitals were expected to keep accurate and detailed accounts to allow their stewardship to be vouchsafed. The books of account, demanded the Newcastle Infirmary's 1751 Annual Report, were to "lie constantly open for inspection" (TWAS, HO/RVI/72/1). Responsibility for maintaining accounts at the Newcastle Infirmary and providing these for inspection rested solely with the Secretary until 1883 when it devolved to the accountant (Statutes and Rules 1883, General Rules, Section XXIII, NUL Hospital Archives 42). According to the Statutes and Rules pertaining in 1801 (TWAS, HO/RVI/74/2, see also Statutes, Rules and Orders 1751, Rules to be Observed by the Steward TWAS, HO/RVI/74/1), the Secretary was required to maintain accounts for all hospital expenditures, "to keep the books and accounts in a methodical manner", and to accept responsibility for the accounts kept by the House Surgeon and the Matron who was required to keep a daily account of all provisions and necessaries used and to provide this account to the House Committee at its regular Thursday meetings (See for example Rules to be Observed by the Matron, Statutes, Rules and Orders 1751 TWAS, HO/RVI/74/2). These duties varied little over the course of nearly 150 years.

Throughout the 19th century the Infirmary employed at least one full time administrator, initially called the Secretary, who was assisted by a Treasurer. The latter was to be a Governor performing his duty in an unpaid capacity. At each quarterly court the Treasurer was to give a report on the level of subscriptions, legacies, benefactions and any other sums received in the quarter (TWAS, HO/RVI/74/2 - Statutes and Rules 1801, Rules for the Treasurer). The Secretary was responsible for maintaining accounts until 1883, when it devolved to an appointed accountant (NUL, Hospital Archives, 47 - Statutes and Rules 1883,

General Rules, Section XXIII).[23]The treasurer and auditors, both of whom performed their duties in an honorary capacity, were selected from the governors [24] (see for example Statutes of the Newcastle Infirmary 1910, NUL Hospital Archives 50).

The local trade directories suggest that the treasurers came from a financial background. William Boyd, treasurer from 1817-1844, was a supervisor in the Excise Office of Newcastle (Richardson Directory of Newcastle and Gateshead 1838); and Matthew R. Bigge, treasurer in the 1850's, was a director of the District Bank (Whellan Northumberland Directory 1855). The honorary auditors, for their part, needed to be men of impeccable social standing. Thus, two "gentlemen", Robert Henderson and Robert Robson, occupied this role in 1883 (Ward Directory of North and South Shields, Jarrow, Sunderland, Newcastle and Gateshead 1883-84). In some hospitals, and in most towards the latter decades of the 19th century, a salaried lay secretary or house governor progressively assumed the duties previously exercised by the honorary treasurer and governors. The role of House Governor was created at Newcastle in 1878. According to the 1887 Statutes and Rules this official had "Supreme authority in the House". The first incumbent was R.R.Redmayne. Although his background is uncertain, the 1879 Annual Report (pp. 7-8) makes it clear that he was a high status individual whom the hospital were prepared to pay the high salary of £300pa in expectation of future offsetting cost savings.

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[23] The Infirmary first employed an accountant in 1859, but given his salary was only £10 compared to £42 for the Secretary (1860 Annual Report) it would seem that the accountant at first worked in a part-time manner for the Infirmary. See Chapter 7 for more details on the increasing professionalization of the staff employed by the Infirmary

[24] The first Statutes of Government for the Newcastle Infirmary in 1751 specified that the treasurer, as at most infirmaries (see Anning 1963, p.57), was required to enter into a bond with two people "for the due accounting for and paying the Money, which shall be paid into his hands ..." This served the purpose of protecting the contributions of donors but also it provided an effective means of excluding social inferiors from senior and socially prestigious offices.

The first accountant to be employed by the Infirmary was Arthur Tranah in 1859. Little is known regarding his background. The trade directories listed his occupation as an agent, which may imply that the Infirmary was not his sole employer. His salary in 1860 was £10 which compares unfavourably with £130 for the House Surgeon, £25 for the assistant house surgeon, £42 for the Secretary, £60 for the dispenser, and just over £49 for the Matron (1860 Annual Report). Either he was not highly regarded, or perhaps more likely, he had other employment. Interestingly in the Statutes and Rules of 1883 there are rules concerning the qualifications of honorary staff and paid officers, but there is no mention of any qualification necessary for the accountant. Tranah stayed in the post for the next 35 years and retired in 1894, when his replacement was W. F. Allden A.C.A. The employment of a professional accountant shows the progression of the Infirmary towards a business orientated entity, as well as reflecting the growth of the profession towards the end of the century. This is further developed in Chapter 6.

4.4.3 The Form and Structure of the Annual Reports

Berry (1997, p. 4) states that traditionally the Annual Report had four main sections: the annual accounts and report on performance; an appeal for funding; a list of subscribers not in arrears with the amounts paid; and the types and numbers of patients treated and their outcomes. The structure of the Annual Report for the Infirmary followed a similar structure and content and changed very little from the foundation of the Infirmary in 1751 to the late 19th century, although they did gain in sophistication in their presentation and in the range of information presented.

The first report which ran for the first two years of operations up to 13 April 1753 was an A3 size page, two-sided document. By the mid-19th century the year end had been

regularised at 31 March, and the annual report was in booklet form. The 1753 report contained: an introductory paragraph summarising the rules; a receipts and payments account; an abstract of cases treated by the Infirmary, inpatients and outpatients, listed by disorder, and showing the outcome of treatment; a list of officers; and a list of subscribers (Report of the State of the Infirmary 1753 TWAS, HO/RVI/72/4). By the mid-19th century these items had been consolidated into: a list of officers; an Infirmary Report compiled by the House Committee reviewing the operations of the hospital during the year and assessing its future prospects; a Report of the Medical Board providing details of the types of illnesses treated and the outcome of their treatment; an Abstract of the Infirmary Accounts for the year on a receipts and payments basis; a General Alphabetical List of Subscribers by name with the amounts paid; a similar General Alphabetical List of Benefactors; Extracts from the Rules; and a Chaplain's Report.

The Infirmary and Medical Board reports contained the most information, both in narrative and statistical form. For example, in 1878 these reports included extensive schedules analysing the numbers of inpatients and outpatients treated, the number of patients treated who had suffered serious injury from accidents, the number cured or 'relieved', the average cost of the inpatients, the average daily number of patients, the average length of stay in hospital of the inpatients, the number of deaths and the death rate, all with prior year comparatives and compared to a 12 year average. The prime purpose of this information was to demonstrate efficiency to the subscribers.

As far as the Abstract of Accounts was concerned, Statute XXI, introduced in 1801, required a committee of three governors, appointed at the quarterly court in April, to draw up the annual report of the Infirmary which was to include an "abstract of the accounts". No further

details are given as to what this abstract should contain, although the early 19th century ones consist of a rudimentary income and expense account. The requirement of the House Surgeon and Matron to report the expenditure on drugs, provisions and other necessaries and for the Treasurer to report income provided the information needed to prepare these basic financial statements, as discussed earlier. By the mid-19th century there was more analysis of larger items of expenditure but essentially little had changed. Not until the end of the 19th century did the accounts include a balance sheet as well as a version of Sir Henry Burdett's 'Uniform System of Accounts – 1893'[25], which is discussed in more detail in chapter 6.

With regards to the financial accounts within the Annual Report for much of the 19th century this consisted of a simple list of receipts and expenses. Figures 4.4 and 4.5 below are photographs of the abbreviated accounts within the 1803 and 1816 Annual Reports respectively. The format remained similar throughout the period, except that the number of expense headings increased, as can be seen in figure 4.6 below of the 1850 Annual Report. This increase continued and in 1878 expenditure was analysed over 52 categories compared to 36 in 1850. Finally, a signed audit report was added in 1877. From 1871 to 1876 it was the accountant who had signed the accounts, and prior to that they were unattested by anyone (Annual Reports 1800-1878 TWAS, HO/RVI/72).

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[25] The Uniform System of Accounts was devised by Sir Henry Burdett and adopted by many voluntary hospitals from 1893 onwards. It formalised the presentation of accounting information to allow easy comparison to be made between institutions. Some of the larger charities, such as the Sunday Fund, King's Fund and Saturday Fund, insisted that hospitals adopt the system as a precondition for grant applications – see Chapter 6 for more details.

Figure 4.4. Abstract of the Financial Accounts taken from the 1803 Annual Report (TWAS, HO/RVI/72/16)

Abſtract of the Accounts of the NEWCASTLE INFIRMARY, from April 1802, *to April* 1803.

RECEIPTS.	£.	s.	d.
BALANCE in the matron's hands on the 31ſt of March, 1802,	2	5	0
Amount of annual ſubſcriptions from the 1ſt of April, 1802, to the 1ſt of April, 1803, £1479 19 0			
Amount of the above ſubſcriptions received,	1239	0	0
Arrears of ſubſcriptions due for this year, £240 19 0			
Arrears of ſubſcriptions received this year,	373	14	0
One and a half year's intereſt on 100l. on the Sunderland road given by Mrs Burdon, due 12th of May, 1802,	7	10	0
One year's dividend on 5500l. conſols, due 5th January, 1803,	165	0	0
One year's ditto on 1000l. India annuities, due Michaelmas, 1802,	30	0	0
Half year's intereſt on 1000l. ſecured on Ponteland road at 4 per cent. due 7th of June, 1802, and half year's ditto on ditto, ditto at 5 per cent. due 7th of December, 1802,	45	0	0
Half year's intereſt on 4500l. at 4½ per cent. due 17th of September, 1802, and half year's intereſt on ditto at 5 per cent. due 17th of March, 1803, lent to the corporation of Newcaſtle	213	15	0
One year's intereſt on 100l. left by Dr Tew, due 9th of January, 1803,	4	0	0
One year's perpetual rent charge given by Mrs E. Baker, due 25th of November, 1802,	4	10	0
BENEFACTIONS THIS YEAR, viz.			
Mrs Simpſon, Lincoln's Inn Fields, £20 0 0			
Mr George Shadforth,			
A legacy from Mrs Ann Grey, of Newcaſtle, £5 5 0	25	5	0
Subſcriptions received from the Soup Kitchen Charity,	10	0	0
Annual collection in 1802,	12	17	3
Balance of the Infirmary dinner in ditto,	41	6	5
Balance due to the matron, March 31, 1803,	13	13	6
Balance due to the apothecary, March 31, 1803,	3	19	1
Balance due to the treaſurer, March 31, 1803,	9	2	0½
Charles Brandling, Eſq. the moſt noble the Marquiſſes of Bute and Hertford, Walker office, Meſſrs Liddell and Co. Mr Row, and Meſſrs Bell, Brown, and Co. each a BENEFACTION of 1 keel of coals,	293	0	4
	2493	17	7½

PAYMENTS.	£.	s.	d.
Balance due to the treaſurer, March 31, 1802,	237	19	7
Balance due to the apothecary, March 31, 1802,	1	3	4½
For victuals,	* 972	17	5½
For liquors,	† 186	1	6
For building, furniture, and repairs,	158	15	1
For incidents,	‡ 132	15	8
For ſalaries, wages, and gratuities,	‖ 193	8	1½
Apothecary's expences,	428	18	11
Printing, paper, ſtamps, and advertiſing,	129	9	5
One year's ground rent to Mr Anderſon, due 1ſt of May, 1802,	4	0	0
One year's water rent to ditto, due ditto,	1	1	0
To the Newcaſtle Fire Office for 1 year's inſurance on £3000	3	12	6
To the Newcaſtle Water Works Company, for 2¼ years of the new water, commencing Auguſt 1, 1800, and ending November 11, 1802, at £15 per ann.	33	15	0
To ditto for a quarter year's ditto, due Candlemas, 1803, at £30 per ann.	7	10	0
One year's window ceſs, due Lady Day, 1803, for that part of the hoſpital occupied by the ſervants,	2	10	0
	2493	17	7½

* VICTUALS.	£.	s.	d.
Bread, flour, and rice,	326	11	3
Butcher meat,	380	19	5
Cheeſe and butter,	29	8	10
Eggs and milk	116	7	0
Fiſh and poultry,	10	8	0
Garden ſtuff,	21	13	9½
Groceries,	39	7	3
Oatmeal,	22	14	10
Pot barley,	13	9	6
Salt,	10	17	7
	972	17	5½

† LIQUORS.	£.	s.	d.
Malt, hops, & brewing,	156	0	6
Wine,	30	1	0
	186	1	6

‡ INCIDENTS.	£.	s.	d.
Candles and oil,	22	5	2½
Coals,	52	3	6
Cloth, thread, &c.	2	6	10
Old linen,	12	9	6
Shaving patients,	8	14	7½
Waſhing,	25	4	0
Sundries,	9	12	0
	132	15	8

‖ SALARIES, WAGES, AND GRATUITIES.	£.	s.	d.
Matron's, houſemaid's, nurſes', porter's, and chapel clerk's wages,	103	8	1½
Chaplain's ſalary,	20	0	0
Secretary's ditto,	20	0	0
Apothecary's ditto,	50	0	0
	193	8	1½

Figure 4.5 – Abstract of the Financial Accounts taken from the 1816 Annual Report (TWAS, HO/RVI/72/29)

ABSTRACT of the ACCOUNTS of the INFIRMARY, at NEWCASTLE UPON TYNE, from April 1, 1815, to March 31, 1816, inclusive.

RECEIPTS.

		£.	s.	d.
Amount of annual subscriptions received		1825	8	6
Subscriptions due for this year	£347 3 0			
Arrears received this year		242	11	0
Dividends, Interest, and Rent Charge.	Dividends for the half-years, ending July 5, 1815, and Jan. 5, 1816, on £6500, 3 per cent. consols, £195			
	Interest for one year on £2500, from the Corporation of Newcastle, due February 17, 1816, £125			
	Do. for one year on £500, from the Corporation of Newcastle, due May 12, 1815, on a legacy bequeathed by the late Sir Matthew White Ridley, Bart. £25			
	Do. on £100, from the Trustees of the Sunderland Road, given by Mrs Burdon, due May 12, 1815, £5			
	Do. on £100, left by Dr Tew, due Jan. 9, 1816, £4			
	Rent charge, one year's perpetual, given by the late Mrs E. Baker, due Nov. 5, 1815, £4 10s.			
	Interest on £1000, from the Trustees of the Ponteland Road, due December 7, 1815, £50	408	10	0
Benefactions, Collections, Donations and Legacy¶		342	12	10
Balance of the Infirmary Dinner, in 1815		41	15	2
Contents of the Poor Box		1	1	9
Balance due from the Treasurer, March 31, 1815		33	11	10
Apprentice Fee		126	0	0
Balance due from the House-Surgeon, March 31, 1815		24	13	8
Balance due from the Matron, March 31, 1815		22	4	9
		£3068	9	6

PAYMENTS.

	£.	s.	d.
Victuals *	1336	17	[illegible]
Liquors †	169	2	[illegible]
Furniture, and Repairs	96	5	[illegible]
Incidents ‡	168	11	[illegible]
Salaries, wages, and gratuities §	259	[illegible]	9
Coals, leading, and keel dues	23	17	[illegible]
Printing, paper, stamps, postage, and advertisements	49	1	[illegible]
Apothecary's expences	467	15	[illegible]
One year's new water rent	30	0	[illegible]
One year's ground and water rent to George Anderson, Esq.	5	1	[illegible]
One year's ground rent to the Corporation of Newcastle	0	2	[illegible]
One year's insurance at the Newcastle Fire-Office on £7000	7	0	0
Window tax, and servants tax	8	16	9
Apprentice Fee	84	0	0
Property tax	52	9	[illegible]
Balance due from the House-Surgeon, March 31, 1816	14	16	1
Do. due from the Matron, March 31, 1816	4	17	[illegible]
Do. due from the Treasurer, March 31, 1816	290	2	0
	£3068	9	6

Figure 4.6 - Analysis of payments in the 1850 Annual report (NUL, Hospital Archives 72)

PAYMENTS.

	£.	s.	d.	£.	s.	d.
VICTUALS.						
By Bread and flour	297	12	1			
" Butcher meat	503	3	7			
" Cheese and butter	31	7	0			
" Eggs and milk	321	8	3			
" Fish and poultry	10	17	6			
" Garden stuff, including potatoes	61	18	0			
" Groceries	161	1	3			
" Oatmeal	57	6	0			
" Pot barley	8	8	0			
" Salt	3	5	0			
				1,456	6	8
LIQUORS.						
By Porter, malt, hops and brewing	116	2	3			
" Wine	61	6	4			
" Spirits	44	2	0			
				221	10	7
FURNITURE AND REPAIRS.				240	13	0
INCIDENTS.						
By Candles and gas	50	1	11			
" Garden	13	4	0			
" Porter's clothes	9	4	0			
" Shaving, and sending patients home	19	4	1			
" Funerals and burial fees	4	6	6			
" Washing	56	3	1			
" Matron's sundries, viz., hardware, earthenware, woodware, brushes, sand, mats, cords, cloth, thread, &c.	139	7	2			
				291	10	9
SALARIES AND WAGES.						
By House Surgeon	100	0	0			
" Secretary	42	0	0			
" Dispenser	40	0	0			
" Matron (1¼ year's salary)	52	10	0			
" Nurses and Servants	179	7	0			
				413	17	0
" Coals leading, keel dues, and wood				35	3	0
" Printing, stationery, stamps, postages, and advertisements				84	12	6
" One year's new water rent				25	0	0
" One year's insurance at Newcastle Fire Office on £7,000				5	5	0
" Apothecary's drugs	301	3	4			
" Surgical instruments and trusses	101	11	6			
" Surgery	44	17	1			
				447	11	11
" Taxes				4	1	11
" Corporation of Newcastle one year's ground rent				0	5	0
" Collecting subscriptions				15	0	0
" Books for patients' library				10	10	0
Balance in the hands of the Treasurer, 31st March, 1850				171	13	9
				£3423	6	1

Whilst each voluntary hospital in the 19th century had their own form of accounts, there were many similar characteristics. The most obvious similarity between hospital accounts nationwide was the almost exclusive reliance upon cash accounting, as can be seen from the

inclusion of one-and-a-half years' salary for the matron in Figure 4.6, the simplicity of which made the accounts understandable by all subscribers, thereby recognising the significance of their role as accountability mechanisms.[26] Consistent with the nature of unsophisticated cash accounts, rarely would hospital accounts separate current and capital items; certainly it would have been unusual to revalue or depreciate hospital assets (Berry 1997, p.6). Thus, large expenditure on furniture and surgical equipment was effectively written-off alongside the expenses at the Newcastle Infirmary, and it was not until 1905 that the first balance sheet was produced in the annual report.

4.5 Publicising the Need for Funds

4.5.1 The Annual Report as an Instrument of Persuasion

The Newcastle Infirmary's annual reports, reflecting its voluntary status and dependence on the beneficence of subscribers, were preoccupied with the need to raise subscriptions and to be accountable to subscribers. Essentially, the annual reports were instruments of persuasion. By exposing shortfalls in funding, the accounts provided a means of persuading the public in the region to increase their financial support of the hospital, particularly in the form of subscriptions. At the same time, and befitting an age when abstemious economy was a moral imperative and a sign of virtue (see Funnell 2004), using accounts to demonstrate to the subscribers the ability of management to achieve value for money was also important.

[26] Cash accounting also dominated in hospitals throughout British colonies. At the Royal North Shore Hospital and St. Vincent's Hospital in NSW, cash accounting operated undiminished from the founding of the hospitals in 1837 to 1935.

Taking the 1864 Annual Report as an example, the installation of a Turkish bath was referred to in the following terms:

> The (Turkish) bath is in use three days per week and the economy tending its working will favour its adoption in similar institutions where the chief aim is to realise the greatest amount of good by the simplest and least costly means (TWAS/ 1864 Annual Report).

Such comments, together with the inclusion of schedules analysing the numbers of inpatients and outpatients treated as well as the cost, were intended to demonstrate efficient use of resources. The accounts were also written with the knowledge that they would be reviewed by other charitable hospitals in the country. Death rates were often published as were the major causes of illness and injury during the year.

Jackson (2004) saw the annual reports of voluntary hospitals, with their published lists of subscribers, as a mechanism for holding the subscribers accountable for the moral responsibility they owed to their local community in supporting these institutions. Such charity was not entirely selfless, as the publication of the names and the amounts subscribed also enabled the individuals concerned to demonstrate moral superiority in their local communities. Other tactics employed in the Newcastle annual reports to convince prominent members of the community to either become a subscriber or to maintain their subscriptions included publishing tables showing the relative number of patients treated from the various localities in the hospital's catchment area. The 1850 Annual Report, for example, used this information to demonstrate that the level of contribution by the employers of County Durham was disproportionately small compared to the amount of benefit they were deriving from the hospital. The relevant extract from the Annual Report is included in Table 4.3.

Table 4.3 Table showing the relative number of patients received from certain localities (1850 Annual Report)

Localities	Patients received by letter	Accidents	Lock patients
Parish of All Saints	304	333	41
St Andrew	96	69	16
St Nicholas	123	144	9
St John	216	428	23
Borough of Tynemouth	82	14	36
From within 15 miles round Newcastle	158	18	11
From more distant parts	82	11	5
Borough of Gateshead	156	99	5
Borough of South Shields	106	5	22
From within 15 miles round Gateshead	176	33	24
From more distant parts	69	4	10
From other counties of UK	59	24	35
Foreigners	34	13	-
Total	**1661**	**1195**	**237**

(Source: 1850 Annual Report, NUL Hospital Archives 72)

The Annual Report then made the following comments upon the table:

> From this table it will be seen that numerous patients have been admitted from the surrounding towns and more distant localities; and it has been thought a worthy subject of investigation to ascertain whether the charity is supported by the nobility and gentry of each locality in a relative proportion to the number of patients sent by such district. The result of the enquiry proves that the counties of Newcastle and the county districts of Northumberland bear a much greater proportion of the expense of the charity in proportion to the number of patients received from them, than the surrounding towns or the county of Durham; and to this important fact we would wish to call the attention of clergymen and other influential personages of such districts that due support may be received from them for the desired enlargement of the Institution and a proportionate increase of yearly collections and subscriptions for the carrying out of the benevolent objects of the extended charity.
>
> We would also remark that the number of accidents received from adjacent manufacturers and the extensive railway undertakings exceed in proportion the amount of their subscriptions and we hope that such gentlemen connected with such works will not fail to remember the claims of the charity which so largely contributes to the relief and safety of their workmen. (1850 Annual Report, NUL Hospital Archives 72)

The table is noteworthy because it shows the Infirmary keeping detailed records tracking its admissions which it could then relate to subscriptions. At this time, transport of patients unable to walk would generally be by horse drawn conveyance, although railways could have played a part. Most of the patients seem to have come from within about a 20 mile radius of the hospital, although the admission of patients from "more distant localities" suggests trains may have been used.

4.5.2 The Importance of Ordinary Income

It was the explicit intention of the Newcastle Infirmary to attempt to cover its total expenditure with "ordinary income", made up of subscriptions and income from rents, interest, and dividends. Hence the infirmary's published accounts distinguished ordinary income, which was balanced against expenditure, from legacies and donations. The consequence of this accounting practice which kept ordinary income separate from other income was that the infirmary appeared to be continually in deficit, a fact that was invariably highlighted in the narrative to the annual report (1879 Annual Report, p. 4; 1881 Annual Report, p. 4). The beneficial impact of this practice in inducing support from subscribers was evident by the ability of the hospital to survive and thrive through even the most difficult times. Indeed, it was not unusual for governors of voluntary hospitals to conspire to report a deficit to emphasise the dire need of the hospital in order to loosen the purse strings of subscribers (for example see Abel-Smith 1964, p. 39 and Berry 1997, p. 9). In terms reminiscent of accepted, indeed expected, practice the annual reports for 1877 and 1878, for example, referred to the "serious financial condition of the Infirmary", and noted that a finance committee had been set up to ascertain how best to "render equal the income and outlay" (Annual Report 1877, see also 1879 Annual Report, pp. 3-4).

The reality of the situation was somewhat different, however, in that in none of the years under examination was the infirmary unable to cover its expenditure, notwithstanding the need to periodically draw on its reserves through the utilisation of bequests or the sale of investments (1879 Annual Report, p. 4; 1881 Annual Report, p. 4). For instance, in 1853 almost half the income received from benefactions was used to meet the costs of the Infirmary and the remainder invested (Annual Report 1853, p. 6). Furthermore, the infirmary showed little appetite for cutting services in order to reduce costs, as the 1863 annual report explained:

> The Committee, as they have frequently stated, would much wish to be placed in such a position that they could fund [invest] all sums received for legacies and life governorships, but so long as the demands for medical aid continue to be as numerous and urgent as they are at present, they do not feel justified in curtailing their expenditure by the rejection of applicants for the mere purpose of saving money (1863 Annual Report, p. 6).

Indeed, the opposite was true. Throughout the period in question, the House Committee at Newcastle showed little hesitation in regularly committing itself to additional heavy expenditure on capital improvements (e.g. Annual Reports 1855, 1859, 1863, 1867, 1876, 1878, 1880, and 1885 – see NUL Hospital Archives 72 and TWAS/HO/RVI/72), which is discussed in Chapter 5. The confidence of the hospital in its benefactors is illustrated by the comments of the House Committee in the 1854 Annual Report. Whilst the Committee as usual expressed anxiousness about the future state of funds given the proposed enlargement of the hospital, it stated that:

> Records of the past evince that where extraordinary appeals have been made in a good cause they have always been met with a ready response … [and] the committee indulge a confident hope that present age will not be found less inclined to acts of charity (NUL Hospital Archives 72)

Hence, the balancing of total expenditure against ordinary income had a propaganda value in creating a picture of financial distress for the subscribers that was unwarranted by events. This interpretation is confirmed by events in 1838. At a meeting of the House Committee on 29 November a motion was passed to write to the clergy of Newcastle, Durham and Northumberland, and ministers of dissenting congregations, to request an annual sermon be delivered to raise funds for the Infirmary. The following letter was sent:

> I am directed by the House Committee of the Governors of the Infirmary of Newcastle upon Tyne, Durham and Northumberland to transmit a copy to you of the resolution passed this day, your kind compliance with which may prove the greatest benefit to an excellent charity. I am also ordered to add that there appears to be a deficiency of near £600 per annum, a circumstance the House Committee cannot view without the greatest concern, as an evil which, unless a speedy remedy can be applied, must inevitably occasion the destruction of an institution which in the space of 87 years has cured upwards of 19,500 of the sick and lame poor of these counties – a large proportion of whom without such aid would in all humane probability have miserably perished and have been an equal loss to their families and their counties (TWAS/HO/RVI/2/18)

The appeal was so successful that donations from churches increased from £156 in the 1838 accounts to £1,357 in 1839, resulting in a net surplus at the end of the year of £528 5s 9½d (Annual Reports 1838, 1839 TWAS/HO/RVI/72/59,60). However, the Infirmary sought to downplay the situation with the following statement in the Annual Report, just below the surplus income figure:

> The balance … has arisen as a result of the urgent appeal made to the public on behalf of the charity. It will therefore be obvious that such a sum cannot be permanently calculated upon … the regular expenditure of the Institution exceeds the regular income by the sum of £623 10s 11d (HO/RVI/72/60).

In short, the annual reports of the Newcastle Infirmary were utilised as a publicity vehicle for engaging with the hospital's supporters in order to convince them of the hospital's need

and their moral obligation as part of a social elite to support it. Providing the hospital could demonstrate good value for money to its supporters the management felt no compunction in asking for extra support. Therefore, it is hard to see how the hospital could have demonstrated good value for money given the publication in the annual accounts of its treatment of non-qualifying individuals. The explanation of this paradox lies in the complex nature of the accountability subsisting between the subscribers and hospital management.

4.6 Establishing Accountability Between the Subscribers and Hospital Management

Good stewardship involved more than acting honestly and diligently. It also entailed achieving value for money by providing evidence of patients restored to society in productive good health. This was almost certainly true of the sector as a whole, something observed by Jones and Mellett (2007; see also Rivett 1986, p. 17 and Berry 1997, p. 16). By reinforcing the pervading social beliefs about the deserving poor, discussed in Chapter 2, expeditious restoration to health and gainful employment was regarded as a key measure of the financial responsibility and proficiency of the hospital's governors, medical staff and management; an indication that the very limited financial resources which had been placed in their trust as a result of the generosity and goodness of the hospital's benefactors had been used wisely and without being needlessly dissipated on hopeless cases (Harris 2004, p. 96; Berry 1997, p. 3).

The Newcastle governors were keenly aware that to admit such patients would be regarded as poor stewardship of a hospital's scarce resources and denial of the hospital's moral mission. Thus, the scarce funds available were expected to achieve the maximum benefit for society (Cherry 1980, p. 71; Woodward 1974, p. 40; Account of Origin, 1801, pp.23, 24, NUL, Hospital Archives, 43). It follows that no matter what the reality of the situation was

with regard to treating the "undeserving" poor, the hospital management could not afford to accept responsibility for any waste of resources in the annual reports. In an *Account of Origin* of the Newcastle Infirmary, written in 1801 (TWAS, HO/RVI/74/2), the governors sought to confirm the financial responsibility and propriety required of them to ensure that they were not betraying the trust placed in them by God and man for the welfare of their fellow citizens by making it clear that

> the express design of an Infirmary … (including that at Newcastle) is to afford relief to the indigent sick, who cannot be treated with success at their own houses. If … improper objects be received, the funds of the charity will be injudiciously wasted, and those patients excluded, for want of room, whose diseases can only be treated with advantage in the house (Account of Origin, 1801, p. 23 TWAS, HO/RVI/74/2)

These sentiments were still dominant much later when in the 1882 Annual Report concern was expressed that

> the beds in the Infirmary are sometimes occupied by persons of the pauper class, to the exclusion of those who only require restoration to health to enable them to resume their work. Those who, when medicine has done all for them that it can, have no recourse to the Work House, had better be at once referred to the Work House Hospital (TWAS/ L4488).

If Jackson (2004) is correct that a key reason for the names of the subscribers to be included in the annual reports was to enable them to demonstrate their moral superiority in the community, it would have been important for the hospital to have been seen to be acting in a moral way itself. Thus, the annual accounts provided the necessary rhetoric about the "deserving" and "undeserving" poor. In so doing the accounts were contributing to the stigmatisation of paupers much in keeping with the tenor of the New Poor Law. However, the 1882 Annual Report also highlights the tension, which had endured from the foundation

of the Newcastle Infirmary, between the need to ensure that funds were used according to expectations of society and benefactors and also the hospital's inescapable spiritual obligation to help those who sought relief from their suffering. Thus, if the moral imperative of the infirmary, as explicitly stated in the governing rules, was to heal those who were capable of regaining their health and useful employment, this was very often shown in the reports of the Infirmary to have been inconsistent with actual practice overseen by the governors for whom, ultimately, extending the hand of compassion to those not considered deserving was an expression of the Infirmary's spiritual mission. Accordingly, the annual reports which contained lists of the number of patients treated with and without letters provided both a measure of how seriously the governors took their moral responsibilities by admitting those considered by society as deserving help but was also a measure of the compassion extended to the supposedly undeserving.

Reconciling the inconsistency between the moral imperative of the Infirmary to heal only the useful members of society and the hospital's rules and who in practice received treatment lies in the two-way accountability highlighted by Jackson (2004), by which the annual reports of a voluntary hospital served to render the subscribers, as well as the management, accountable for their relationship with the hospital. How the hospital's resources were utilised was largely the subscribers' responsibility. It was they who issued the letters of introduction which allowed the patients to be admitted and it was they who made up the House Committee, which met every Thursday to admit and discharge patients. It was up to the House Committee and receiving medical staff to ensure that only the proper objects of charity appearing before them were admitted. Yet, the way the House Committee habitually phrased its section of the annual report was to abrogate all personal responsibility for

admitting non-qualifying patients, preferring instead to blame the anonymous and, therefore, personally unaccountable body of subscribers for sending ineligible needy individuals.

Hence, the publication in the annual reports of statistical and other financial information exposing breaches in the hospital's admission rules and exhortations to the subscribers to desist from such activity. However, the annual reports also tended to excuse the unnamed subscribers for these lapses on the basis that they were "playing the part of the Good Samaritan" (1885 Annual Report, p. 12). Thus, it could be argued that the annual reports provided a mechanism by which the hospital was enabled to treat the "undeserving" poor, by diverting responsibility onto the general body of members, whilst at the same time providing them with justification on the grounds that had acted humanely in keeping with Christian principles. In this way the accounts helped the hospital authorities to ameliorate the harsher dictates of the "self-help" doctrine and principles of moral economy in the treatment of the sick without the need to overtly reject them.

4.7 Conclusion

This chapter provides a corollary to previous accounting studies that have emphasised the ways in which accounting has been enlisted by social elites as an implement of social and moral control over the lower orders of society. Throughout the 18th and 19th centuries the vast majority of patients who were treated at the Newcastle Infirmary came from the lower orders of society and were therefore unable to pay for their treatment. Yet, it has been observed how accounting was used to persuade the wealthier citizens to contribute funds and to enable the hospital to exercise compassion in treating the "undeserving" poor. Such a policy conflicted with the dominant utilitarian view of society, which emphasised the twin pillars of economic expediency and self-help.

The apparent beneficence towards the poor shown by the Newcastle Infirmary conflicts with the findings of previous studies relating to poor relief in Victorian Britain. Thus, Walker (2004) was able to show how reform of the accounting arrangements in the parishes under the Old Poor Law was seen as key to making the system more efficient. For example, publishing the identities of claimants in the localities was intended to act as a stigma and discourage claims. In this way accounting became a manifestation and implement of prevailing social morality and, thus, the means of reinforcing extant power structures in local communities. Similarly, under the workhouse regime established by the New Poor Law in 1834 accounting processes were actively deployed to stigmatise the inmates and reconstruct their identities as "spoiled" individuals (Walker, 2006). Such psychological pressure reinforced the perception amongst the poor that claiming help from the authorities was truly a matter of last resort.

The 19th century coincided with the Newcastle region's main period of economic expansion during which large fortunes were made. Economic progress depended on the availability of an able-bodied labour force. Accordingly, it could be argued that it was in the interests of employers to maintain the health of the working population, including those people temporarily thrown out of work as a result of economic downturns, notwithstanding that technically they were deemed "undeserving" by the New Poor Law. However, economic self-interest cannot explain fully the treatment proffered to those permanently disabled through industrial accidents or those suffering incurable ailments who would never work again. A significant factor was the industrial-relations culture of the region.

Tyneside effectively had two industrial revolutions, as discussed in Chapter 3, the first in the early to mid-18th century when it became the first region in Britain to industrialise on a significant scale, the seeds of this were sown in the 17th century (Oldroyd, 2007, pp. 2-3), and the second during the Victorian period when the region achieved massive growth. According to Levine and Wrightson (1991, p. 366), industrial relations in the earlier period were grounded in estate practice and were essentially paternalistic. This was the time when the Newcastle Infirmary was founded (1751). Landowners such as the Bowes and Londonderry families were still major players in Tyneside industry during the 19th century, and it is possible that the tradition of paternalism endured.

Religion was another important influence. The Newcastle Infirmary was founded as a Christian institution and the connections with the Church remained strong, not just in terms of the rhetoric in the accounts, but also the financial support it received from church congregations. The annual reports were prone to refer to the example of Jesus by way of justification for bending the hospital's eligibility rules. Denying treatment to the "undeserving" poor was not just a theoretical question of moral economy. The admissions officials were forced to deal in person with the sick and dying importuning them for help. They therefore faced a disturbing moral difficulty in turning away ineligible cases when confronted face to face with extreme suffering.

At the Newcastle Infirmary altruism was not the main motivating force for the employers on Tyneside who were the hospital's main supporters. Primarily they were capitalists who sought to increase their profits, utilising management accounting information to assist them in controlling costs and capital investment decisions (Fleischman and Parker, 1997, pp.117-139; Fleischman and Macve, 2002). These supporters would play a role in the management

of the Infirmary, either directly by being actively involved in the House Committee, or indirectly by attending and voting on decisions taken to the quarterly Court of Governors. Throughout the 19th century large capital investment decisions had to be made such as extensions to build new wards, or relocating to build a hospital and in addition operational decisions had to be made to ensure the expenditure was controlled and the Infirmary could continue to perform its charitable function.

The next chapter examines the extent to which management accounting information was used by the management of the Infirmary to control costs and also to aid in the decision making process of such large investment decisions. The main expenditure heads have been analysed for the 19th century to determine any trends and the records examined to identify any evidence of cost control practices. Following this four large capital projects are examined to determine the extent to which accounting information was used *ex ante* to help inform the decision or *ex post* to justify the decision undertaken. Chapter 6 then examines the income streams to investigate the impact the changing in funding had on the management, governance and healthcare provided by the Infirmary during the 19th century.

Chapter 5

Accounting for Compassion

5.1 Introduction

In the management of the Infirmary, accounting information has been shown to have either reflected or challenged pervading social beliefs relating to the poor. The annual reports were used as a tool to echo and reinforce the pervading moral attitudes of the day. Most especially, the annual reports emphasised “self-help”, or the need to restore to health those who were capable of working, as the qualification for assistance in order to raise the necessary money from subscribers and benefactors. At the same time, the reports were unexpectedly found to have challenged these self-same social and moral beliefs to enable the hospital to fulfil its religious and humanitarian mission of providing assistance to the poor as a whole, the so-called “deserving” and “undeserving” alike. This chapter will identify the extent to which the accounting practices of the Infirmary were used to plan and control operations and aid decisions.

This chapter augments our knowledge of the contribution of accounting to enhancing managerial effectiveness in the 18th and 19th centuries, and in particular as an aid to management decision-making, by broadening the focus of interest from the industrial firms that have preoccupied accounting historians to the not-for-profit sector. During this period, commercial organisations, particularly those in capital intensive industries such as iron and steel or engineering, were developing costing systems to better understand the determinants of profit, the allocation of overheads and the key factors in decision-making. As with commercial organisations at the time, the Infirmary also used cost accounting practices.

There was a constant growing demand for its services and with reliance solely on voluntary subscriptions and philanthropic donations, the management of the Infirmary had to ensure they managed costs and that decisions were taken that would not overstretch the available finances. Hence, the potentially critical importance of cost accounting in controlling expenditure and in obtaining value-for-money. However, rather than cost information driving the decision-making activities of the Newcastle Infirmary this study establishes that its primary use was to monitor and provide justification for decisions already taken. In the case of operating expenses, it was not the practice of the hospital management to take reactive decisions over future expenditure on the basis of historical cost analyses. The situation was different for capital projects. Thus, when considering new extensions such as the Dobson Wing, or new medical treatments such as the introduction of antiseptics, accounting was primarily visible after the decision had been reached to report the financial impact and benefits achieved, rather than before to inform the decision under consideration.

Costing information at the Newcastle Infirmary was produced first and foremost to demonstrate that the management, who were unpaid governors subscribing at least two guineas a year, had fulfilled their social obligations to the subscribers and other benefactors in providing effective treatment for the "deserving" poor of the region rather than to inform investment decisions. As a charitable institution, accounting for costs was used to reinforce this message of moral rectitude. For the governors there was also a selfish motive in that although unpaid, the role of governor accorded them significant social status. Hence, anyone occupying these roles could not afford to be seen wasting the resources at their disposal. The effect on business reputation was another consideration in view of the closely integrated

nature of the local business community at that time (see Lendrum 2001), as well as a desire to return workers to their businesses as soon as possible.

The operational costing used in the day-to-day management of the Infirmary is investigated by examining the accounting records kept, the controls in place and the key performance indicators being published. The large capital projects undertaken during the period are subsequently scrutinised to determine the degree to which financial considerations influenced these decisions and, thus, the nature of the accounting information used. In this respect, the extent to which costing information was produced and used *ex ante* as opposed to *ex post* is particularly relevant. By definition, *ex ante* information would have been available to inform the investment decision under review as it would have been prepared before the event, in contrast to information relating to the project produced *ex post* that would not have been accessible until afterwards.

5.2 Managing the Newcastle Infirmary

5.2.1 The Imperative of Managing Costs

The 19th century saw considerable improvements in medical treatment available with not least the introduction of anaesthetics, better understanding of infection and antiseptics, and Florence Nightingale's revolutionary advances in nursing care. The problem this created however was an ever increasing demand for the services of the Infirmary which in turn created pressures on the cost base and general management practices. As new medicines and new surgical techniques were discovered, the cost of surgical instruments and chemicals, such as ether, chloroform and carbolic acid had to be paid for and the increasing staffing levels to cope with the extra demand had to be managed. Innovative patient care placed additional strains on the Infirmary's ability to treat those in need. In 1859 Florence

Nightingale published her *Notes on Nursing: What Nursing is and What Nursing is Not*, which sold over 15,000 copies in the first two months (Lane 2009). Its teachings on ventilation, light, patient diet, overcrowding and the use of professionally trained nurses, as opposed to patients nursing other patients, all had financial implications if they were to be introduced by the Infirmary. In addition, as discussed in Chapter 3 the City of Newcastle was a thriving port and industrial hub, attracting migrant and immigrant workers with the prospect of work in the booming industries of shipbuilding, coal, iron and steel, railways, engineering, armaments and chemicals. This influx of workers created a large increase in the population of the city with the result that sanitary conditions failed to keep pace with the growing populace resulting in outbreaks of cholera, most notably in 1848 and 1853. These developments were to have major implications for the services demanded from the Newcastle Infirmary and how it was to be managed.

5.2.2 The Role of the Governors in the Management and Control of the Infirmary

The previous chapter discussed the underlying principles of governance, management and day-to-day operation of the Newcastle Infirmary, as set out in the Statutes and Rules. The Board of Governors provided a "regular system of management" (NUL, Hospital Archives, 43) and they delegated to the House Committee and from there to the staff, most notably the House Surgeon, Matron, Secretary and Treasurer. Chapter 4 established how vital and essential the Governors were to the success of the Infirmary, as they provided the majority of the finance for much of the 19th century as well as the management and leadership.

Berry (1997) recognised the willingness of voluntary hospitals to share their experiences and knowledge in the 18th and 19th centuries and as a consequence while each infirmary had its own rules and regulations, management practices and principles were remarkably similar.

Anning (1963, p. 56), for example, has shown how the Leeds Infirmary borrowed its manual of regulations from the Manchester Infirmary. In terms of the Newcastle Infirmary there are numerous examples of delegations been sent to visit other hospitals to gain new ideas, especially prior to capital projects. In 1801 John Clarke M.D. visited hospitals in Glasgow, Northampton and Woolwich to prepare designs of the reconstruction of the Infirmary to incorporate the latest best practice (TWAS, HO/RVI/150/2). Similarly, fifty years later, a deputation of the Building Committee from the Newcastle Infirmary was sent in 1852 to visit other hospitals to ascertain good practice ahead of drawing up plans for the construction of a new building, the Dobson Wing. The tour of inspection covered Manchester, Liverpool, Birmingham, and London. In addition the architect "inspected and made a plan of the new hospital in Brussels" (TWAS, HO/RVI/66/3, Deputation Report, 1852).

Thus, the Governors, through the actions of the House Committee and the quarterly Court of Governors had overall responsibility for the control of the Infirmary, and would often look to other similar institutions to be guided upon areas of best practice. However it was the medical staff, including the resident and honorary doctors and surgeons, the matron and nurses who had to manage the Infirmary on a daily basis. The following section outlines the responsibilities and control the medical staff had, and in particular the interplay between them and the administrators, who had the delegated power of the governors.

5.2.3 The Role of the Medical Staff in the Management and Control of the Infirmary

For much of the 19th century it was unusual for doctors and physicians in voluntary hospitals to have any significant role in financial decision-making. The 1801 Statutes and Rules (NUL, Hospital Archives 42) state:

> Although the physicians and surgeons shall pay attention to economy, in general in their prescriptions, yet they shall not suffer themselves to be restrained by parsimonious considerations, from prescribing drugs of a high price, and wine, &c. when required, in diseases of danger or malignity. In many cases, if drugs of inferior efficacy were employed it will be necessary to continue them for a longer period of time, which will more than counterbalance any saving in the price. If the case, however, were otherwise, no economy of fatal tendency ought to be admitted into this institution founded on principles of the purest beneficence.

It is clear from this that the medical staff, although paying attention to costs, were not to be driven by them in their decision making. However, medical staff were concerned with how the Infirmary functioned and were willing to make suggestions for its improvement. At the start of the 19th century, John Clark M.D. wrote a report on the "Result of an Inquiry into the State of various Infirmaries, with a view to the Improvement of the Infirmary at Newcastle" (TWAS/HO/RVI/150/1) which was laid before the Special Court of Governors on 6 November 1800. Clark made suggestions for the improvement of the building, which are discussed in more detail in 5.5.1 below, and in addition Clark also laid before the same Court a proposal of six key changes to the existing rules and statutes which he believed would aid the management and efficacy of the Infirmary. The first was to overhaul the weekly committee "being the efficient managers of the Infirmary" as Clark stated that the regular weekly meetings had long fallen into disuse. He suggested that twelve ordinary members were chosen from the governors, six being replaced by election each year, as well as thirty six extraordinary members as directed by the old statutes. With regards the appointment of new medical staff, Clark suggested that governors should not promise support for one before

full testimonials are heard from all candidates, and that the physicians and surgeons should be the sole judge of who to receive as either an inpatient or outpatient to prevent "the Infirmary being converted into an Alms-house, which had often happened from a defect in the old regulations."

Clark was clearly concerned to reduce the threat of spreading infectious disease as he proposed outpatients should be split equally so that half came on Monday and half on Wednesday as there were no waiting rooms and "medical and surgical patients should be arranged according to the similarity of their diseases; and that effectual measures should be adopted for securing the most essential requisite of an hospital, viz. cleanliness and ventilation." The Special Court resolved that a special committee be established to look into these proposals. The committee included all physicians and surgeons, framed a New Code and presented it to the General Court held April 2 1801 and at the Special Court on 25 June 1801 the New Code was unanimously approved.

In 1873 *The Lancet* warned that by concentrating financial control and hospital administration in the same non-medical hands, and excluding doctors from management, "expenditure was screwed down in the wrong place at the wrong time" (quoted in Rivett 1986, p. 14). However, as doctors attending patients in voluntary hospitals began to charge for services and as teaching became increasingly important to the prestige and success of hospitals, doctors began to be allowed a greater say in the financial and clinical management of hospitals (Harris 2004, p. 96; Berridge 1990, pp. 206, 208).

Whilst it was a rule of the Infirmary that "no person should take any fee, reward or gratuity directly or indirectly for any service done" (Statutes and Rules 1801, TWAS, HO/RVI/74/2),

the resident staff, that is House Surgeon, nurses and general servants, were excluded from this rule. As the scale of the management task increased with the expansion of the Infirmary's capacity, the number of paid senior officers also increased, some of whom were employed on a full-time basis. The most notable case in the period of study is Mr R. R. Redmayne who was appointed at an annual salary of £300 as "House Governor" in 1883. He had supreme authority in the Infirmary. All paid officers reported to him and he was responsible for all aspects of the Infirmary, reporting to the quarterly Board of Governors.

As the 19th century progressed and the Infirmary expanded, both in terms of physical size as well as the number of employed paid medical officers, a key role was played by the House Surgeon. From the start of the century the Infirmary always had a paid apothecary and the role of the House Surgeon really developed from this, entering the wards every morning to enquire as to the state of health of the patients, providing and preparing drugs and chemical preparations as directed by the physicians and noting any effect they had on the patients. It was the administrative role the apothecary, and later the House Surgeon played, which was vital to the effective running of the Infirmary, providing a link between the patients, the unpaid honorary medical staff and the Governors via the House Committee. This can be evidenced from the minutes of the House Committee on 10 July 1802

> Resolved that the physicians be requested to make out lists of their respective patients for the years ending April 1800, 1801 and 1802 specifying their days of admission when admitted inpatient and noticing their days of discharge noticing also the number of days each patient has been in the infirmary also to make our lists of their respective outpatients and the number of days each has been an outpatient of the infirmary. Ordered that the apothecary furnish the physicians with tables proper for the above purpose. Ordered also that he apothecary make out distinct accounts of the expense of the medicines for the above three years 1800, 1801, 1802. (TWAS, HO/RVI/2/12)

In effect the House Surgeon in the early years of the 19th century was an administrative apothecary. He was a paid resident in contrast to the unpaid honorary physicians. The efficacy of treatment was reported back to the physicians while an account of the expense of the drugs and chemical preparations was delivered to the House Committee. In addition, the House Surgeon was required to report to the House Committee on the first Thursday of every month the names of all patients who had been in the house for more than two months. Any stay longer than two months was regarded as *prima facie* indication that the patient had been wrongly admitted and, in addition, was probably unlikely to be restored to health.

The Matron was another significant member of staff in the management and control of voluntary hospitals during the 19th century. The Matron was responsible for the care of all household goods and furniture, the quality and quantity of provisions, the cleanliness of the wards and the conduct of the nurses and servants. She was required to keep a daily account of all provisions and necessaries used and to provide this account to the House Committee at its regular Thursday meetings (see for example *Rules to be Observed by the Matron*, Statutes, Rules and Orders 1751, TWAS, HO/RVI/74/1). In particular, Rule 64 of the 1801 Statutes and Rules stated that:

> She shall carefully superintend the management of the infirmary in every particular in her department and see that it be conducted with the greatest regularity and economy. (TWAS, HO/RVI/74/2)

The Newcastle Infirmary became very prestigious in the latter half of the 19th century both as a teaching hospital and as a place of surgical excellence, having pioneered the use of chloroform and other anaesthetics in operations. After some delay, in the early 1860s a Medical Committee at Newcastle evolved under the chair of the House Surgeon and reported to the House Committee. Although there had always been a Medical Board composed mostly

of doctors who worked in an honorary capacity, it was not until the latter half of the 19th century that the demand for medical services required a committee to manage a significant number of full time medical staff. The formation of a Medical Committee had also been prompted, in part, by the Medical Act of 1858 which had introduced more formalised requirements for medical training and supervision. Also at this time dramatic improvements in anaesthetics and understanding of antiseptics which allowed greater success in a wider range of medical interventions had contributed to a marked rise in the demand for medical services and staff which were now appointed as paid employees of the Infirmary.

Throughout the 19th century the medical staff at the Infirmary played a critical role in the clinical management of patients. They were directly involved with the admission, treatment and discharge of patients; the recommendation of new treatments and surgical techniques; the proposal of new rules and statutes; and the design and ventilation of wards and complete new buildings. Thus with such clinical management responsibilities, there were inevitable clashes with administrators charged with the financial management of the Infirmary. The following section provides an analysis of the expenditure of the Infirmary during the 19th century before moving on to examine how the administrators attempted to control the costs and how disputes with the medical staff were resolved.

5.3 Analysis of Expenditure During the 19th Century

The 1854 Annual Report contained a summary of the income and expenditure, per decade, for the Infirmary's first one hundred years of treating the sick. Photographs of these tables can be seen in Figures 5.3 and 5.4 below and an analysis of income is discussed in Chapter 6. Throughout the 19th century there were five main headings for expenditure; Victuals, liquor, furniture & repairs, wages & gratuities and drugs and surgical instruments. The

number of sub categories of expenditure increased during the century with over 50 sub categories of expenditure included in the 1880s, reflecting the expansion in the scope of the hospital's activities, but the five main headings remained. Table 5.1 below shows how these costs varied throughout the century. The annual reports have been analysed (see Appendix B for detailed analysis) for the second half of the 19th century to determine an average annual spend per decade for each of the main headings of expenditure, plus an additional heading incorporating all sundry expenses.

Table 5.1 – Analysis of average annual expenditure at the Newcastle Infirmary during the 19th century

	1800s		1810s		1820s		1830s		1840s	
	£	%	£	%	£	%	£	%	£	%
Victuals	1130	43	1462	47	1068	40	1190	40	1296	38
Liquor	301	11	228	7	134	5	137	5	223	6
Repairs	168	6	149	5	239	9	262	9	255	7
Wages	258	10	326	11	370	14	369	13	406	12
Drugs	490	19	575	19	581	21	636	22	836	25
Sundry	297	11	343	11	307	11	345	11	412	12
Total	2644	100	3083	100	2699	100	2939	100	3428	100

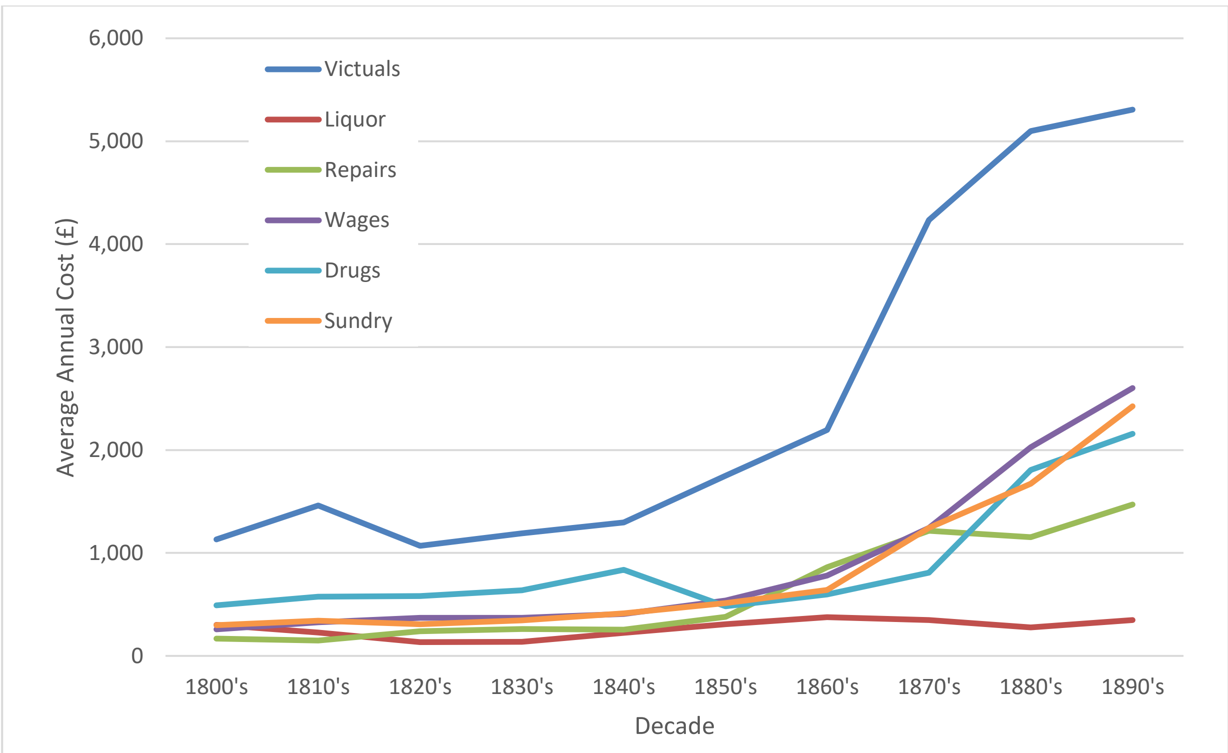
(Source; Figures taken from the 1854 Annual Report – NUL Hospital Archives 72)

	1850s		1860s		1870s		1880s		1890s	
	£	%	£	%	£	%	£	%	£	%
Victuals	1750	44	2194	40	4233	47	5100	42	5307	37
Liquor	308	8	375	7	348	4	276	2	347	3
Repairs	380	9	862	16	1214	13	1153	10	1471	10
Wages	537	14	781	14	1243	14	2026	17	2602	18
Drugs	481	12	597	11	809	9	1806	15	2157	15
Sundry	513	13	641	12	1244	13	1671	14	2426	17
Total	3969	100	5449	100	9091	100	12031	100	14311	100

(Source; Figures arrived at from analysis of Annual Reports – see appendix B)

To assist with the analysis, two charts have been prepared. Figure 5.1 shows the absolute change in average annual expenditure for each of the expenditure heads for each decade of the 19th century and Figure 5.2 shows the change as a percentage relative to the total spend for each decade.

Figure 5.1 – Change in average annual expenditure for the main expenditure heads for each decade of the 19th century



The analysis of the expenditure, as shown in Figure 5.1 shows some interesting trends. At the start of the century, the medical care was somewhat primitive and basically consisted of frequent meals and the provision of a bed in a clean and well ventilated environment. It is not surprising therefore, that the largest expenditure head at this time relates to victuals, that is food. This is then followed by drugs (which includes all medicines and surgical equipment) and then the other expenditure heads are very similar. Not surprisingly as the

century progressed and the Infirmary treated more patients the average cost for most expenditure heads increased, with the one exception of liquor, which remained remarkably consistent throughout the century. This is probably due to the combination of safer drinking water and better drugs for pain control as the century progressed reducing the need for liquor to be given to patients.

Figure 5.2 – Change in main expenditure heads as a percentage of total expenditure for each decade of the 19th century

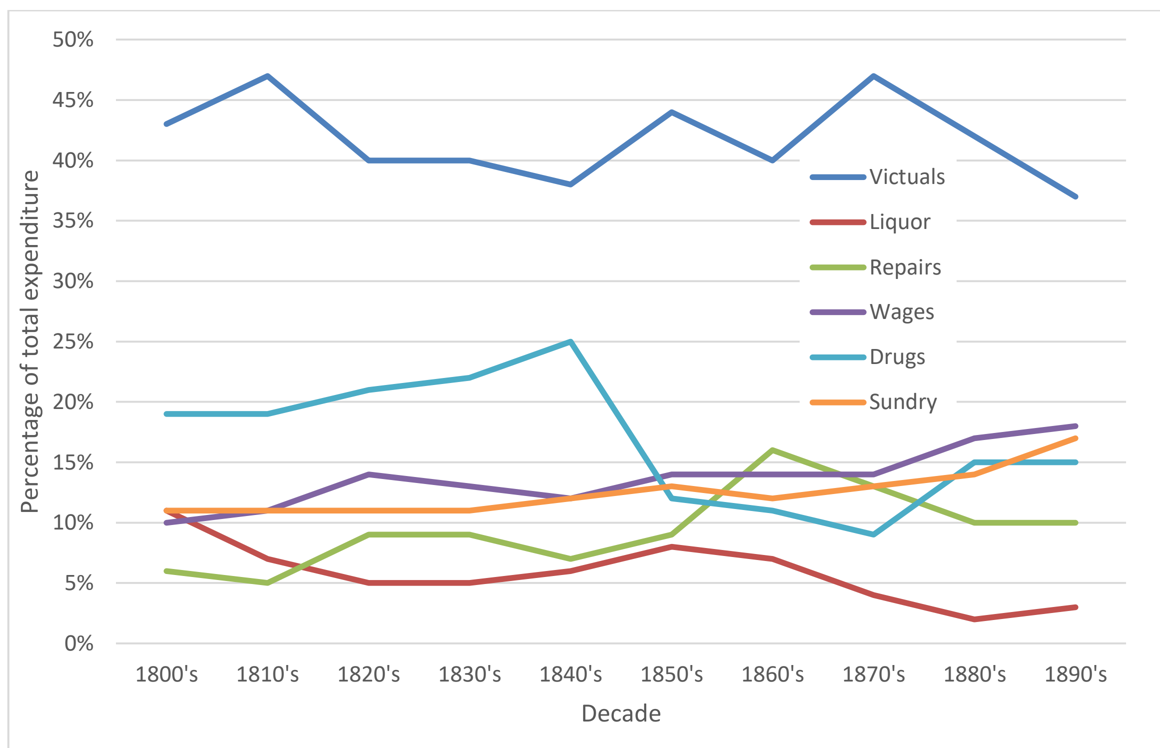


Figure 5.2 shows the percentage change of expenditure heads over the century. As with the absolute levels shown in Figure 5.1, victuals and drugs are the largest element of the cost at the start of the century but their movements over the century are somewhat surprising. With the medical progress witnessed during the 19th century it would not have been unsurprising to see the relative cost of victuals falling and that of drugs rising, as the hospital relied more

heavily on pharmaceutical and surgical cures and less so on the provision of three square meals a day. The data suggests though that the victual expenditure remains remarkably consistent throughout the century, only falling marginally from 43% of total expenditure to 37% at the close of the century. The expenditure on drugs and surgical equipment on the other hand clearly falls in the 1850s reducing from 25% of total spend to 12% of total spend. The reasons for this fall are unclear. The Infirmary always had tight control of costs but did so across the board. The most likely explanation is that an item of expenditure previously categorised as drugs is now classified under another heading but this is unclear from the archival data. There is a gradual fall in the average annual expenditure on liquor which was inferred from the analysis of Figure 5.1. Wages, however, show a gradual increase in the relative cost throughout the century, almost doubling from 10% of total expenditure at the start of the century to 18% at the end.

5.4 Operational Cost Control and Managerial Effectiveness

5.4.1 Cost Consciousness Within the Infirmary

By the very nature of the services provided by hospitals, the range of conditions, their susceptibility to treatment and the treatments on offer, it is easier to pronounce upon economy than to assess the effectiveness of hospital management. At the Newcastle Infirmary managerial effectiveness was assessed in two ways. The first criterion was the number of patients restored to health and useful employment, consistent with the hospital's express mission since its inception of affording relief to the indigent sick and restoring them to society as productive citizens. Measures in the annual reports such as the number of patients treated, the number of operations, and the death-rate served this purpose. The second criteria and an essential role the management played was to ensure the financial survival of the institution. Unlike today where a hospital or health authority can potentially be bailed

out by additional finance from central government, no such facility existed for the voluntary hospitals. The managers of the Newcastle Infirmary were acutely aware that the finance of the hospital was provided by the local population to service the wishes of the local population and, accordingly, they had to be seen not to be squandering the limited resources at their disposal. As detailed below, operational cost controls were in place at the Infirmary during the period under review to achieve this purpose.

Figure 5.3. Table showing the average annual receipts from the 1854 Annual Report

Showing the average Annual Receipts for each Decennial Period from 1752 to 1851.

	1752 to 1761	1762 to 1771	1772 to 1781	1782 to 1791	1792 to 1801	1802 to 1811	1812 to 1821	1822 to 1831	1832 to 1841	1842 to 1851
	Aver. of 7 Years.	Aver. of 6 years.	Aver. of 8 Years.	Aver. of 8 Years.	Aver. of 10 Years.	Aver. of 10 Years.	Aver. of 10 Years.	Aver. of 10 Years.	Aver. of 10 Years.	Aver. of 10 Years.
	£.	£.	£.	£.	£.	£.	£.	£.	£.	£.
Annual Subscriptions	1394	1130	1074	1169	1100	1608	2142	1918	2031	2158
Interest of Capital	79	236	300	358	446	450	413	479	480	565
Donations under £20, conferring no Privileges	40	4	11	4	8	58	68	102	169	75
Annual and other Sermons	46	25	20	33	23	130	63	27	64	49
Annual Dinners	48	......	......	......	3	7	31	33	23	6
Benefit Plays, Concerts, Lectures, &c.	60	33	7	1	......	35	51	23	20	12
Poor Box, Sale of Grains, &c.	12	7	6	17	15	5	10	17	8	8
Apprentice Fees	......	......	......	......	4	12	50	75	65	59
Discounts for prompt Payments	......	......	......	......	......	......	......	27	29	32
Ordinary Receipts	1679	1435	1418	1582	1599	2305	2828	2701	2889	2964
Benefactions of £20 and upwards, entitling Parties to the privilege of Life Governors	287	94	60	35	57	164	83	103	154	290
Legacies	116	22	250	98	138	60	152	128	134	169
Total Receipts	2082	1551	1728	1715	1794	2529	3063	2932	3177	3423

(Source: 1854 Annual Report - NUL Hospital Archives 72)

From the earliest days, but more especially from the early 19th century, there was a good understanding at the Newcastle Infirmary about the calculation of the cost of delivering particular services. The high cost consciousness of the organisation is evident in the

inclusion in the 1854 Annual Report of comparative cost analyses stretching back over the first 100 years of operation, which was updated in subsequent reports. Two of the reports in the series, the one analysing cost per patient and the other annual receipts are included in Figures 5.3 and 5.4. The fact that the Infirmary was able to construct these reports indicates that costing records were kept from the very beginning.

Figure 5.4. Table showing the average cost per patient from the 1854 Annual Report

TABLE III.

Showing the average Cost of each Patient during the Decennial Periods of 1752 to 1851.

	1752 to 1761	1762 to 1771	1772 to 1781	1782 to 1791	1792 to 1801	1802 to 1811	1812 to 1821	1822 to 1831	1832 to 1841	1842 to 1851	Aver. of the whole 89 Yrs.
	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.
Victuals and Liquors	24 6½	27 8¾	26 4	28 11¾	......	......	......	......	......	......	
Victuals	......	......	......	......	31 6¾	33 11¾	35 7¼	22 6½	18 5¼	19 4½	28 9½
Liquors	......	......	......	......	6 7½	9 0½	5 6½	2 9¾	2 1½	3 4	
Furniture and Repairs	3 3¾	5 2¼	5 11½	4 4¼	4 6¾	5 0¾	3 7½	5 0½	4 0¾	3 9¾	4 4¾
Salaries and Wages	7 1	5 10¾	6 10	6 6¾	8 1¾	7 9¼	7 11½	7 9¾	5 8¾	6 1	6 10½
Drugs and Surgical Instruments	3 3½	4 10¼	5 6¾	5 10	7 8	8 8	8 4½	7 3¼	6 0¼	5 11¾	6 7
Sundries (including all other Charges	4 4½	4 8¾	3 5¼	3 8½	5 7¾	8 11	8 4¼	6 5¾	5 4	6 2	6 1
Total Average Cost of each In-Patient	42 7¼	48 4¾	48 1½	49 5¼	64 2½	73 5¼	69 5½	51 11½	41 8¾	44 9	52 8¾
Do. of each Out-Patient	3 3½	4 10¼	5 6¾	5 10	7 8	8 8	8 4½	7 3¼	6 0¼	5 11¾	6 7

(Source 1854 Annual Report NUL, Hospital Archives 72)

The level of understanding at the Newcastle Infirmary about its costs is reflected in the detailed nature of the *ex post* rationalisation of costs that was included each year in the narrative sections of the annual reports. These consistently reveal the hospital actively seeking ways to reduce costs, but without impeding its ability to treat patients. In 1878, for example, it was reported that the hospital had achieved reductions in the cost of victuals through establishing central control over the distribution of meals to the patients (NUL, Hospital Archives, 72 – 1878 Annual Report). Comparisons were also regularly made between the increase in expenditure and the increase in the number of patients to determine

whether the costs per patient were rising disproportionately. The annual publication of the cost per inpatient (see Figure 5.4 above) highlighted the on-going financial plight of the Infirmary and allowed the Board of Governors to demonstrate that the cost of inpatients had always been higher than the annual subscriptions. However, there is no evidence to suggest that management were trying to keep this figure within a tolerable range. It is true that the relaxation of the admission rules would have had the effect of lowering the cost per inpatient ratio if the Infirmary had also cut costs. Instead, costs were rarely cut at the expense of patient-care, and indeed regular expansion and the introduction of new medical techniques generally increased the on-going costs of the institution. As a result, the production of the cost per inpatient was unlikely to have been for the purposes of reducing or controlling costs, but to highlight the funding deficit and the need for greater donations.

To arrive at the cost per patient, the Infirmary had to deal with the problem of overhead allocation. In this, as in other areas, the House Committee took note of what other hospitals were doing. This is acknowledged in the 1853 Annual Report, where the Treasurer, betraying a sophisticated understanding of costing, explained how the calculation of average cost per patient had been arrived at:

> It assumed that the whole cost is chargeable to the in-patients, except the drugs and surgical instruments, which are divided equally amongst all patients, both in and out. The average cost of the out-patients for drugs, is probably not in fact quite so much as that of the inpatients; but as to set against this may be considered that a part of the House Surgeon and Dispenser's Salary should be apportioned to them, the calculation is probably as near an approximation to the fact as the case admits. *In confirmation of this view, the Committee (of Governors) observe that the same rule of apportionment has been adopted at other Hospitals* [emphasis added] (NUL, Hospital Archives, 72).

The costing system employed by the hospital was capable of calculating the maximum capacity of inpatients that could be housed given the available finances. This was demonstrated at the weekly House Committee meeting on 26th April 1860 when the following notice was ordered to be placed in the local newspaper:

> The House Committee of the Infirmary feel it their duty to call the attention of the Governors to the present pressure upon the Institution. The average number of patients the funds are capable of supporting at one time is not more than 165 whereas in the past week the number has been as high as 213. Governors are therefore requested to be particularly careful at the present time in not giving letters [of admittance] except in cases of extreme urgency as the Committee cannot consistently with ordinary prudence continue to admit a number so much in excess of the means of the charity (TWAS, HO/RVI/2/22).

It is noteworthy that it is the funds that are identified as the limiting factor rather than the physical capacity of the Infirmary. It was common practice at the hospital to utilise all available space to house patients needing treatment, including the sharing of beds. Few in need of treatment were denied treatment due to capacity constraints.

The scope and sophistication of the hospital's record-keeping and costing are apparent from the 1878 Annual Report which contained extensive schedules analysing: the numbers of inpatients and outpatients treated; the number of patients treated who had suffered serious injury from accidents; the number cured or "relieved"; the average cost of the inpatients; the average daily number of patients; the average length of stay of the inpatients; the number of deaths and the death-rate. Prior year comparatives and 12-year average were given for all these figures (NUL, Hospital Archives, 72).

The importance of the death-rates and average length of stay as key performance indicators is again illustrated by the 1878 Annual Report. This revealed that the introduction of

antiseptics at considerable cost three years previously had not produced the anticipated fall in the number of deaths to justify the costs:

> The improved dieting, the increase of the nursing staff, the introduction of the antiseptic system, all of which have greatly increased the cost of the Institution, have not greatly tended to save life or quicken the process of care (1878 Annual Report, NUL, Hospital Archives, 72).

The report went on to compare the current year with 1863 in terms of cost per patient, death rate and average stay in hospital. Only the average stay was comparable. The other measures had deteriorated. It was with relief that the governors were able to report the following year that the antiseptics were at last having their desired effect and that the death-rate was now the lowest since 1860. The revolutionary antiseptic system where carbolic acid was applied to wounds, following the work of Joseph Lister,[32] was quickly introduced in all surgical hospitals, thereby greatly reducing the death-rate after operations. Innovations such as this recognised that cost was not the main driving factor in their implementation. There is, for instance, no evidence that the cost of carbolic acid was compared to the cost of linseed, the previous treatment at the Infirmary. What is particularly interesting in this case, apart from the fact that the new antiseptics were initially a disappointment, is that the management were clearly unconcerned about giving information on a decision that at the time had increased costs without any resulting benefit.

The excerpt from the 1878 Annual Report provides a compelling example of the *ex post* use of cost information by the hospital management because it illustrates that cost reduction was not their chief priority, but a reduction in the death-rate of patients. Other comments in the

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[32] Joseph Lister was a Fellow of the Royal College of Surgeons of Edinburgh and later a surgeon at the Royal Glasgow Infirmary, and pioneered the use of carbolic acid in the 1860's to clean wounds during and following surgery. For this reason Lister is often known as the "father of modern surgery"

annual reports support that view. For example, the 1879 report pronounced that "in times of mercantile depression, retrenchment is necessary in most quarters, but many sacrifices ought to be endured rather than allow the Infirmary to suffer". The point here was that spending should continue despite the economic downturn. The 1880 report cited the case of a patient with a compound fracture of the arm who had been kept in hospital for 27 weeks in order to save the limb, and had therefore exceeded the hospital's permissible length of stay under its own rules by four months. The report went on to state that had the arm been amputated, the most cost-effective option, she might have been discharged in four or five weeks. Considering that the annual reports were the main medium by which the management were held accountable by the hospital's financial supporters, the publication of these extracts placing patient-care above cost suggests they shared this view.

5.4.2 The role of the medical staff and administrators in cost control

Then, as is now common in hospitals, there was tension between the medical staff on the Medical Committee and the administrators, the House Committee. On one occasion the Medical Committee minutes of 30 December 1865 refer to a request by the House Committee to reduce milk in the diet of patients following a price rise resulting from a cattle plague that had reduced supply (TWAS, HO/RVI/22/1). The Medical Committee refused this request, insisting on strict adherence to the milk diet. Similarly, in 1876 the House Committee noted the increasing cost of wine, spirits and fermented liquors given to patients. The House Committee asked for the prescription of such liquors to be kept within moderate bounds for "moral and financial reasons". The Medical Committee again refused the request, prompting the House Committee to require a report on the types and quantities of liquors consumed and the class of patients treated. Prior to this, the expenditure on liquor was £120 8s 2d in the first quarter of 1876, and in the second quarter £123 9s 3d. It subsequently fell

to £56 3s 9d in the third quarter and £38 3s in the fourth quarter (NUL, Hospital Archives, 72, 1876 Annual Report). Although the Medical Committee had at first refused the House Committee's request, they clearly reacted to it once they realised that the expenditure would be subject to greater scrutiny by the governors in future.

It was not always the House Committee making requests to the Medical Committee. For example, on 25 March 1868 the Medical Committee resolved to lay before the House Committee an appeal for an increase in the number of nurses, if the funds of the hospital would allow, following a complaint by the surgical staff that the surgical wards were understaffed. The request was refused on this occasion, despite there being fewer than 15 nurses in the Infirmary to look after an average daily number of patients in excess of 175. Although the House Committee was responsible for the recruitment and selection of resident staff, it delegated its authority to the House Surgeon and Matron at times of crisis where speed of action was vital. This can be seen from the following extract from the House Committee minutes of 15 September 1853:

> In consequence of additional labour caused by great number of persons frequenting the Infirmary for relief of diarrhoea and cholera, the House Surgeon be empowered to procure such additional assistants as he thinks necessary from time to time: and matron also be empowered to provide whatever may be necessary for the comfort of any person affected with the disorders (TWAS, HO/RVI/2/20).

Despite the obvious and potentially significant financial implications of this decision, the Infirmary archives contain no evidence to suggest that the cost implications were considered when making the decision. The overriding impression from the hospital minutes is that whilst cost was taken extremely seriously, and kept to a minimum where possible, it was not ultimately allowed to outweigh patient needs. It could also be argued that this was an

example where the wishes of the cost conscious non-medical management were overridden by the needs of the patients.

5.4.3 The use of ex post cost information for operational cost control

It is nonetheless clear from the House Committee minutes that from its foundation the Infirmary kept a close eye on costs. Contained within the minutes of each quarterly court was the statement: "The following notes being examined by the auditors and found right were passed by the committee and ordered to be paid." There then followed a list of classes of expenditure and amounts. In later years, but especially from the 1820's onwards, these types of expenditure were split between headings such as victuals, liquors, drugs, repairs, malt and stationery, which were in turn used to produce a quarterly analysed cash book to report to the House Committee and quarterly courts of governors. In addition, the minutes of the House Committee from the 1820's onwards show that every quarter suppliers were asked to tender for items such as meat, flour, malt and hops. Invariably the cheapest quote was chosen although the minutes indicate that the quality of the products was also an issue. Thus, tendering constituted alternative means of cost control, this time not involving the production of accounts.

In 1887 a Special Committee produced a major report on the past management and financial position of the Infirmary (TWAS, HO/RVI/70). The report examined the types of patients as well as the major areas of expenditure and then made recommendations. Not surprisingly, a prominent inclusion in the report was the number of patients admitted in breach of hospital rules. The key recommendation was the abolition of the letter system to make the Infirmary a hospital free to all. Other recommendations included the abandoning of the House and Medical Committees in favour of one combined Committee and opening wards for patients

who contributed towards their own maintenance. What was being advocated was effectively a form of early private care in hospitals. Although this particular recommendation was not implemented, the fact that the Committee now considered that wealthy individuals would choose to be treated at the Infirmary, rather than at home, shows how far the hospital had progressed in the facilities and services on offer. From a costing perspective, the Special Committee also recommended adopting the method of keeping accounts used by the Edinburgh Infirmary, which recorded expenditure on patients according to member of staff. This last recommendation shows an advanced application of costing, as each doctor would effectively become a cost centre and, as such, their actions and the financial consequences thereof be more visible.

There are two related reasons why the hospital management were anxious to track and analyse operating costs. First, there was the need to control expenditure in order to safeguard the activities given that the Infirmary's regular income from subscriptions was limited. The internal disputes over expenditure on milk and liquor referred to above are examples of the House Committee monitoring the level of spending on provisions and taking reactive decisions to reduce it wherever possible. Concern over the hospital's ability to meet its expenses stemmed from its charitable status which made it dependent on voluntary contributions for its survival. Secondly, detailed recording and analysing of costs played an additional and crucial role in securing the continued financial support of the local community by highlighting the high cost of the services provided and by demonstrating that the hospital management were providing good value for the moneys donated. It is in this light that the *ex post* rationalisation of the operating costs in the narrative sections of the annual reports should be interpreted, as well as the various published key-performance indicators, such as death-rate and cost per patient. These were the criteria by which the management were held

accountable. Their success in garnering affirmation from their peers is evident from the level of financial support received. In none of the years in question did the Infirmary fall into an overall deficit (Holden et al., 2009), although some years total expenditure did exceed total overall income, notwithstanding the expansion in the number of patients and range of treatments on offer.

By the end of the 19th century controlling costs was ever more vital to the Infirmary owing to the expansion of its activities and the financial pressure that this created. Despite the uncertainty expressed initially over the benefits of the new antiseptic system, its arrival eventually played a dramatic role in improving death-rates, whilst at the same time greatly increasing absolute costs, albeit not necessarily cost per patient. The success of the antiseptic system coupled with the use of anaesthetics gave the surgeons the confidence to perform operations previously they would not have considered possible. As more people survived the aftermath of surgery, more operations were performed. Whereas in 1876 the total inpatients for the year was 1,630 and there were 297 operations performed, only eight years later in 1884 the figures had reached 2,578 inpatients and 908 operations. This large increase in numbers of both inpatients and operations together with the resulting increases in annual expenditure rendered the existing funding arrangements untenable. As noted above, and discussed in more detail in Chapter 7, the funding system changed completely in 1888.

Major investment in capital was also needed to cope with the increasing demands, including new wards and new facilities, culminating in the building of a new hospital in 1906, the Royal Victoria Infirmary. The following section examines some of these large capital outlays to investigate the extent to which accounting information was used in the decision making process.

5.5 Capital Projects Decision Criteria

5.5.1 The Importance of Investment

Throughout the life of the Infirmary, the House Committee showed little hesitation in regularly committing itself to heavy expenditure on improvements and new facilities. During the 19th century these improvements included: new wards and annexed fever house (1801); the new Dobson Wing (1855); a Turkish air bath (1860); the purchase of land adjacent to the hospital for the exercise of convalescent patients, and to prevent others building on it (1863); new flooring and fire escapes (1867); a hydraulic lift (1876); new operating theatre and associated ward (1878); refitting the kitchens and dispensary, new drains, floors and cooking range, improving lighting and ventilation (1880); the temporary Ravensworth Wards (1885); and the construction of the Royal Victoria Infirmary (completed 1906). Despite the often significant sums involved in these building improvements and additions, there is no evidence that accounting provided more than a minor contribution to investment decisions when judged from an economic as opposed to a social perspective. What mattered most was enhancing the Infirmary's ability to meet the medical needs of the local community. Need was the overriding determinant of investment decisions, not funds currently available. Indeed, decisions were taken by the hospital governors to invest heavily in capital improvements before funding had been secured. These were essentially leaps of faith in that they relied upon the continued generosity of the benefactors, who on numerous occasions since the foundation of the Infirmary in 1751 had provided the necessary funds. This is clearly illustrated by the following extracts taken from the House Committee minutes in 1802 and from the 1853 Annual Report:

> The committee are readily induced to beliefe that their appeal will be favourably received because they can accompany it with an assurance to the meritorious patrons of the undertaking that the subscribers funds have been expended with economy, that the work has been carried on with dispatch, that whatever expense may be incurred above the original estimate will be found justified by necessity, or by the attainment of important advantages and that the hospital when completed will work in the opinion of the medical men as to the construction and regulation amongst the most improved charities of the kind in Europe. The committee therefore most earnestly entreat the aid of the wealthy and charitable in support of this beneficial object, and particularly request that those who intend becoming subscribers will as soon as possible add their names to the list. (House Committee Minutes 25 July 1802, TWAS, HO/RVI/2/12)

> When, a hundred years ago, the Infirmary was founded, the subscriptions were on so liberal a scale as to leave the Institution at the end of the first ten years in possession of a capital of £7,000, and that, too, after defraying the cost of the original building. Again, fifty years ago, when the first new wing was built, we find that the annual subscriptions and other contributions received an immediate increase of nearly one half. The Committee, therefore, indulge a confident hope that the present age will not be found less inclined to acts of charity then those referred to (1853 Annual Report, NUL Hospital Archives, 72).

It is interesting to note that the extract taken from the 1853 Annual Report clearly refers to, and uses as evidence to support the capital expenditure plans, the decision taken in 1801 to expand the Infirmary. However from the House Committee minutes of 1802 it is clear that this decision was taken as an act of faith. Fortunately for Newcastle and its environs, the confidence in the generosity of the hospital's benefactors was time-and-again borne out in practice. For example, the pre-eminent northern industrialist, armaments manufacturer and philanthropist William Armstrong covered the entire cost of major improvements in 1870 (TWAS, HO/RVI/2/24, House Committee Minutes 1st April 1869). Two governors were similarly generous in 1880 (NUL, Hospital Archives, 72, 1880 Annual Report, p. 6). The consistent support of the hospital's benefactors over many years gave the House Committee the confidence to invest in projects that were expected to provide the best results in terms of improving patient recovery, even if they were not the cheapest options available. One can

see this in the efforts of the Infirmary to eradicate infections contracted in hospital, specifically *pyaemia* (septicaemia, blood-poisoning) and *erysipelas* (a bacterial skin infection). These were the hospital's major killers for most of the period examined. Florence Nightingale believed the problem lay in noxious matter becoming embedded in the wards. Therefore, non-absorbent floors, walls and ceilings would be an effective preventative (NUL, Hospital Archives, 72, 1861 Annual Report, pp. 10-11). Floors, for instance, should be constructed of highly varnished and polished hardwood. At the same time, antiseptics were being put forward as an alternative solution following the discoveries of Lister and Pasteur. The result was that both systems were adopted at Newcastle in order to maximise the chances of success, together with other general improvements in sanitation, hygiene and ventilation. The primacy of effectiveness over cost is evident in the comment in the 1866 Annual Report that if only "the importance of keeping a dry floor" had been "recognised as it is at present, nothing but [the more expensive] oak or teak would have been used" in the first place (NUL, Hospital Archives, 72, 1866 Annual Report, p.6).

Four capital additions in the century, the new wing and annexed fever ward (1801), the Dobson Wing (1855), the Ravensworth Wards[33] (1885), and the New Royal Victoria Infirmary (1902) are examined to highlight the relative contribution of accounting to investment decisions, and in particular the *ex ante* information produced. All of these capital outlays increased the potential capacity of the Infirmary and as a result had significant initial as well as on-going funding implications.

[33] The Ravensworth wards were housed within a temporary wooden building erected as a stop-gap measure to house more patients before a more permanent solution to the overcrowding could be found.

5.5.2 New Ward and Annexed Fever House

The close of the 18th century marked the first fifty years of operation of the Infirmary and saw the building and its management in need of an overhaul. John Clark M.D. wrote a report on the "Result of an Inquiry into the State of various Infirmaries, with a view to the Improvement of the Infirmary at Newcastle" (TWAS, HO/RVI/150/1) which was laid before the Special Court of Governors on 6 November 1800. The report highlighted the current inadequacies of the Infirmary, as can be seen by the following excerpts;

> Great inattention has been shown, in the original construction of the building, to the convenience of the Medical and Surgical Gentlemen. The surgeons must either examine their patients amidst a crowd of other patients, whatever be their complaints…and when the whole of the Physicians belonging to the Establishment happen to meet on the day of prescribing for the outpatients, the inconvenience and confusion attending the separate examination of four different patients in the same room have been often felt and regretted...The water closets being improperly placed, prevent a circulation of pure air…Two of the wards are too large, and all of them overcrowded…The crowding together of patients, and inattention to cleanliness and ventilation, are the chief causes which affect the salubrity of air in the Hospital. (TWAS, HO/RVI/150/1)

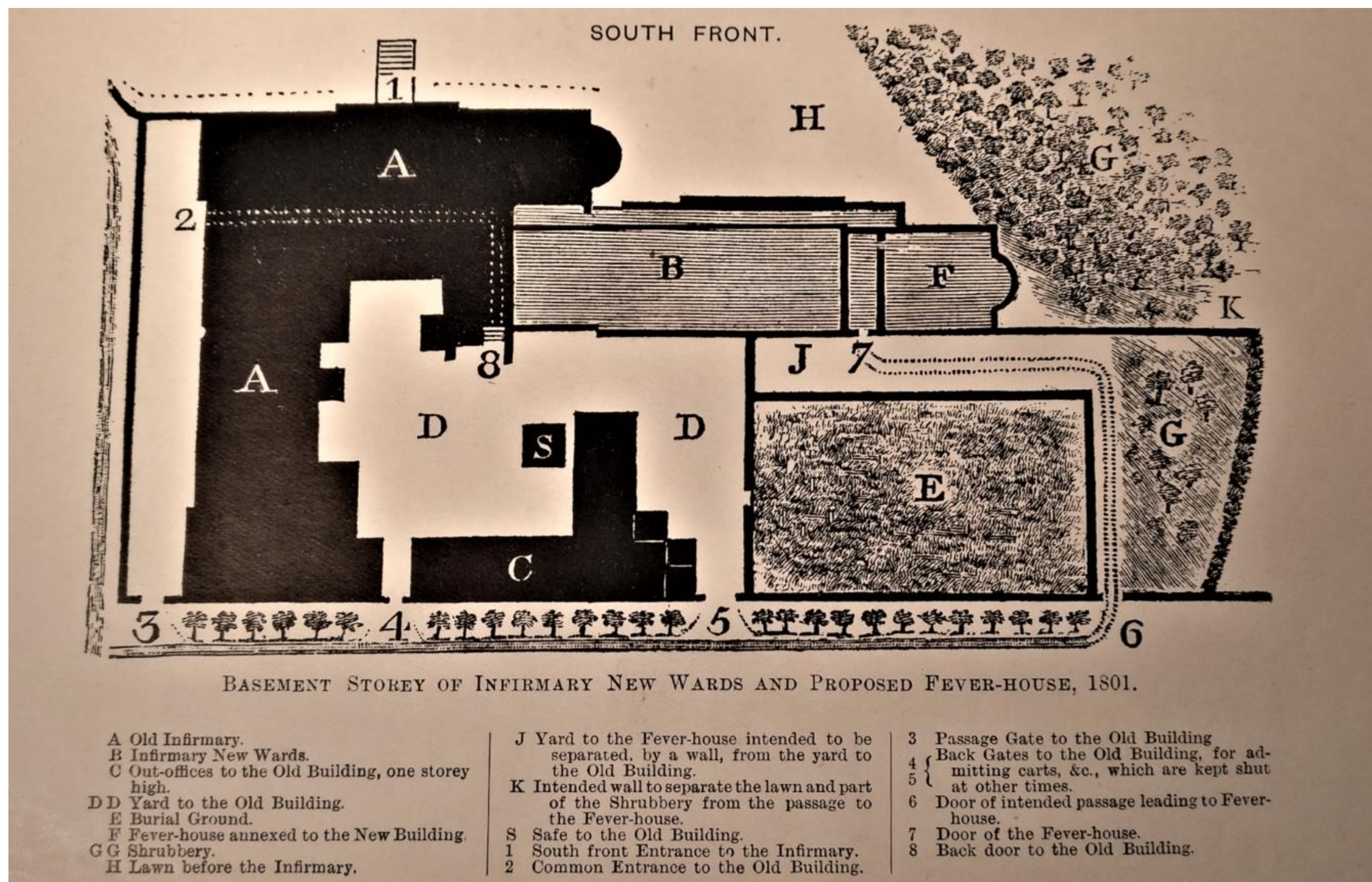
As well as highlighting the defects, Clark also made proposals for the improvement of the building. He proposed breaking up the long wards which at the time housed 23 beds into two smaller wards containing 9 beds each, and for the existing smaller wards to house fewer beds. "By limiting the number to 63 instead of 89, and from different sized wards affording a completer separation of diseases, the purity of the air would be proportionately increased, and, by more speedy recoveries, the succession of patients unquestionably greater" (John Clark quoted in Haliburton-Hume 1906, p. 130). The long wards in the ground floor of the East wing were to become consulting rooms for the physician and surgeons, as well as a waiting hall for patients, a dispensary, medical library and museum. To improve the ventilation Clark suggested more apertures should be made in the wards and windows be

allowed to swivel, with stoves placed in the galleries or "heated air conveyed into them by means of earthen tubes from below, and hence into the wards by the apertures in the walls, as in the Royal Hospital at Woolwich" (John Clark quoted in Haliburton-Hume 1906, p. 130) to maintain the temperature. All of these recommendations were to the existing building but Clark also suggested the construction of an additional wing with 8 small wards to maintain the current capacity of the Infirmary, together with an annexed fever house, for infectious fevers of accidental occurrence.

The ending of the 18th century and the commencement of the 19th century was dominated by high commodity prices, the introduction of income tax and the ongoing war with France and Napoleon. As such, a call for the reconstruction and extension of the Infirmary may be thought by some to be ill timed. However, Newcastle like many other manufacturing cities at the time, had benefitted greatly from the war. There were foundries and iron works where cannon and shot were cast, coal production in the area had soared to feed the growing national demand, ship building was booming following the naval success and industries such as lead works, glass works and potteries all brought significant wealth to the region. This wealth was now being called upon to ease the overcrowding.

The Special Court in November 1800 heard Clark's proposals for the reconstruction and extension of the Infirmary and six months later at the Special Court 25 June 1801 it was resolved that a committee of governors be appointed to "consider the expediency of the proposed internal improvement of the Infirmary, - procuring plans of the proposed extension of the building, and estimates of the expense attending the same." Haliburton-Hume (1906 p. 31) summarises the intentions of the Governors when he wrote;

Figure 5.5 Diagram showing the proposed reconstruction and annexed Fever House



(Source: Haliburton-Hume 1906, p. 35)

> it is evident from their plans that what the Governors had primarily in view was not so much an enlargement, which would enable them to admit a larger number of patients, as an extension and reconstruction, which would obviate the past overcrowding, and correct the sanitary defects of the old Building.

A report was written and circulated on 21 July 1801, which was agreed to at a Special Court held 6 August 1801. The Special Court resolved

> 1st that this court being of the opinion that the infirmary in its present state is but ill calculated to answer the benevolent purposes of such an institution do affirm of the report of the committee dated 21 July
>
> 2nd that a subscription be entered into for the purpose of carrying into execution the proposal (TWAS, HO/RVI/2/12)

In addition the minutes of the Special Court report a letter had been received from the Duke of Northumberland and presented to the Court expressing "his high opinion of the utility of the infirmary and wish that the proposed improvements should be carried into effect" (HO/RVI/2/12). The Duke also made an immediate £500 donation towards the purpose.

Clark then started to contact other hospitals, including Glasgow, Northampton and the Royal Hospital at Woolwich and along with the architect Mr John Stokoe, designed the new wards and an annexed fever house. These discussions also required changes to the original plans to ensure primarily adequate ventilation but these "were effected without much additional expense, except for the flooring the garret of the new building which made room for the accommodation of 20 fever patients instead of 12." Clark stresses that all alterations were presented before and approved by the committee before the architect was ordered to carry them out. In January 1802 there was a meeting at the Dispensary and it was agreed that patients with contagious fevers would be admitted into the new fever house, annexed to the

Infirmary. A Board of Health was to be established to educate the poor and provide a fund to pay the Infirmary the average cost of each person admitted on their recommendation.

Figure 5.6 - The Infirmary in 1803, showing the new wing

(Source: Haliburton-Hume 1906, p. 55)

Interestingly a decision was made not to increase the overall number of beds available, but to reconstruct and reorganise wards so that additional space would be created for consulting rooms and a dispensary and wards would be reduced to no accommodate no more than seven beds each. This reduced the capacity of the Infirmary to 50 beds and a new building would provide up to 40 additional beds so that the original capacity of 90 beds would be maintained. On 23 September 1801 the foundation stone of the new building was laid by Sir Matthew White Ridley, a representative of the Duke of Northumberland (Haliburton-Hume 1906 p. 33) and was finally completed and ready for occupation by the end of 1803. In total £5,329

was raised and spent on the re organisation and construction of the new building, but it was not until 1810 that all the liabilities of the building committee had been discharged.

The decision not to increase the overall capacity of the Infirmary came into sharp focus when less than a year after the completion of the reconstruction there were once again calls for more beds given the overcrowding. In the 1804 Quarterly Court it was stated that "More beds were crowded into some of the apartments than they were intended to contain, and several instances have occurred when two patients have been put into one bed" (TWAS, HO/RVI/2/12). The first quarter of the 19th century saw dramatic rises in the volume of patients treated. On 1 April 1801, there were 85 patients in the Infirmary and 643 inpatients had been treated in the year. On 1 April 1810 this had risen to 105 patients on the year end date with 925 inpatients treated during the year and by 1830 there were 128 patients in the Infirmary and 1,096 inpatients had been treated in the year. In 1830 a third story was added to the East wing of the Infirmary, adding a further 22 beds but these were immediately occupied and overcrowding became the norm, fitting beds in wherever possible and, on occasion, having two patients to a bed. By 1834, the Infirmary had a capacity of a maximum 150 beds.

5.5.3 Dobson Wing

The original decision to address the growing problem of overcrowding with the addition of the Dobson Wing was taken at the Anniversary Meeting held on 3rd April 1851 (TWAS, HO/RVI/2/20). No estimates were given at this point in time of the construction costs or the additional annual costs that would arise as a result of the increased number of inpatients. It was agreed that the burden of construction should not be allowed to fall on the existing finances and that additional funds would need to be raised.

A Building Committee was established and charged with the responsibility of visiting other regional hospitals to ascertain good practice and to work with the architect, Mr John Dobson, in drawing up plans. The House Committee agreed the plans at a meeting on the 12th February 1852 with estimated costs in the region of £5,730. The works went out to tender and the quotes were laid before the House Committee on the 6th May 1852 (TWAS, HO/RVI/2/20). Three quotes were obtained for the complete works ranging from just under £5,812 to £6,617. To put these costs into perspective, the total annual subscriptions received as reported in the 1851 Annual Report were just over £1,905. It was decided to opt for the lowest quote, and Messrs Gibson and Stewart were awarded the contract. The building work commenced in 1852 and during the period of construction various additions and alterations were made to the original plan giving a net overall increase to the total cost. In the end, the actual anticipated building costs were expected to be nearly £7,000 which was £1,200 or approximately 20% over the winning tender price. The actual final cost was £10,554, almost double the original estimate. The House Committee requested a further report from the Building Committee in 1855 to examine the overspend, which opined:

> In carrying out this undertaking the building committee *have not allowed the mere consideration of expense to prevent the execution of any work of undoubted utility*, although they have exercised utmost vigilance in seeing that works were constructed with economy [emphasis added] (TWAS, HO/RVI/66/5-6).

As was the case with food and other provisions, the initial control of costs took place through the well-established tendering process. The decision to invest had already been taken before the House Committee received the estimate of £5,730 from the Building Committee. This functioned as a benchmark for evaluating the three tenders received. The dual objectives of the whole exercise were to obtain the best value for money and to determine how much

finance the hospital would need to raise, not to decide whether the project should go ahead. In a similar vein, it must have been clear from the outset that the additional capacity would increase the on-going operating costs of the infirmary, but this is mentioned only in subsequent annual reports, suggesting it was not considered critical to the decision of whether to go ahead. The following reference from the 1853 Annual Report, nearly two years after the decision had been taken to build the new wing, is an example:

> 70 additional beds capable of containing an annual increase of about 700 patients, the cost of whose maintenance cannot well be estimated at less than £1,200 or £1,400 a year (NUL, Hospital Archives 72).

Similarly, the 1854 Annual Report referred to the current level of annual subscriptions not being "equal to what they should be if the Institution is to make use of 50 beds in the new wing" (NUL, Hospital Archives, 72).

The decision to build the new wing recognises that the hospital management took the decision to build the new wing irrespective of the scale of capital required or running costs. So confident were they that the hospital's benefactors would find the extra money needed, the only relevant considerations were how to maintain and improve the hospital's services; and how to ensure good value for money. This is reflected in the lack of *ex ante* cost projections. However, once the decision had been taken to build the wing, efforts were made to keep costs to a minimum, notwithstanding the significant overrun. A host of information was produced including detailed tenders, architect's plans, reports of visits to other institutions, and comparisons in the annual reports between the resultant increase in operating costs and the current state of annual subscriptions. Apart from the need to control costs, this information was intended to encourage additional subscriptions and donations;

and it is noteworthy that the reports of the hospital's various building and special committees were published and therefore freely available alongside the annual reports.

5.5.4 Ravensworth Wards

The building of the Ravensworth Wards 30 years later followed a similar pattern. Subsequent to the opening of the Dobson Wing in 1855 and the increased capacity that it provided, the growth in population, advances in medical practices and surgical techniques in the 1860's and 1870's resulted in the Infirmary once again facing the problem of overcrowding. Thus, the decision was taken in 1885 to build a new and enlarged hospital. This was another example where financial considerations were subordinated to patient needs. A Special Committee, comprising the House Committee and medical staff, was established in 1884 to consider how to alleviate the hospital's acute shortage of space. Throughout the deliberations of the Special Committee serious consideration of the costs involved was absent from the discussion, and in the end the Committee decided on the most expensive course possible. This was to commit to building a new hospital in "a more salubrious locality", but in the meantime to construct a new temporary wing in the hospital garden that became known as the Ravensworth Wards. It is significant that the 1884 Annual Report was only able to cost the new temporary building "at about" £2,000, whereas no figure could be placed on the new hospital, merely that it would be "an expense of many thousands of pounds" (NUL Hospital Archives 72). In other words, so confident were the Special Committee in the generosity and loyalty of the hospital's benefactors to commit significant resources, that the decision to build these new facilities was taken without an accurate idea about the costs involved. For example, no information was produced that would indicate the on-going costs created by the construction of a new hospital, and importantly whether the management would be able to bring in the increased income necessary for it to survive.

The Ravensworth Wards increased the capacity of the Infirmary to 270 beds following their opening in October 1885. The 1885 Annual Report states that the total cost, including architect's fees, amounted to £2,260.11s 8d. It was noted that all but £50 had already been raised by special subscriptions, which demonstrated the generosity of the subscribers in raising the money so quickly for what was a temporary structure. Like the Dobson Wing before, there was a clear overspend of more than 10% compared to the initial estimate. Yet, there is no mention in the House Committee minutes of the reasons for this or investigation into its causes, just as there is no record as to how the original estimate of £2,000 had been arrived at. Once again, amidst the very considerable, detailed, and comprehensive documents that the Infirmary took great pains to preserve, there were no published or minuted estimates of the increased on-going costs that would result as a consequence of the decision to build the new wing. Apart from the initial rough estimate of £2,000, all cost information was produced *ex post.*

The lack of detailed estimates and projections was mitigated in part by the dialogue subsisting between the voluntary hospitals that could effectively turn *ex post* information from one institution into *ex ante* information for another. There is sufficient evidence to suggest that good practice was shared between voluntary hospitals at this time, as was the case when the Building Committee was sent to look at best practice in similar institutions ahead of the construction of the Dobson Wing. This sharing of information had costing implications. For example, in the 1864 Annual Report the House Surgeon comments on the Turkish Bath recently installed:

> The bath is in operation three days per week and the economy attending its working will favour its adoption in similar institutions, where the chief aim is to realise the greatest amount of good by the simplest and least costly of means (NUL, Hospital Archives, 72).

An excellent example of how the Infirmary used *ex post* information from another institution to inform a decision *ex ante*, this time relating to the hospital's funding arrangements, can be found at the very end of the period under review. In 1887 the report of the Special Committee to investigate the past management and financial position of the Infirmary recommended that the letter system be abandoned and the Infirmary become a free institution, as had been the case at the Sunderland Infirmary since 1877. The report noted that Sunderland Infirmary had "not been in debt since the free system had been introduced because the workman's payments far more counterbalanced any loss in subscriptions". The report noted that ordinary workman could not afford to become a subscriber, but could and would be willing to pay smaller regular sums. In over 200 works the workman of Sunderland had adopted "a penny per week plan", which in total far exceeded the annual subscriptions from the companies themselves. Hence, the Committee recommended the Sunderland system be adopted at Newcastle. This was agreed at the quarterly court in March 1887, and a year later the 1888 Annual Report stated:

> In making the hospital free it was thought that it would command, to a greater extent than before, the support of the working class. This expectation has been realised, the sums sent in from the factories of the district exceeding by nearly a thousand pounds the amount subscribed by them in the previous year (NUL, Hospital Archives, 72).

5.5.5 The Royal Victoria Infirmary

The construction of the Ravensworth Wards was always a temporary measure, albeit a very expensive one. As the 19th century drew to a close the Governors recognised the ever present

problem of overcrowding had again become untenable and a new hospital was required to tackle this perennial problem and provide an institution fit for the 20th century. Newcastle was not alone in the country in the desire to modernise its medical provision, as the Lancet comments in 1893;

> Times and thoughts and manners have…undergone complete and almost revolutionary changes in their adaptation to the progress and wants of the present. In the high pressure life of the Victorian era, in most social and almost all national and international relations, old landmarks have been removed, and the accepted facts of yesterday have become the rejected fictions of today. The rapid advances of science in its applications to the purposes of life in association, have added much to the comfort and happiness of mankind, and in no branch of sociology has this been more manifest than in the progress of medicine in the relief of the sickness and the prolongation of life. To it we owe the priceless blessing of extinction of pain in disease and the robbing of many sources of destructive diseases of their powers of evil…Why then should not our hospitals be brought into harmony with this progress, and accept instead of reject changes which have become imperative? (clxi, 18 February 1893, p. 379)

Although the desire for a new hospital had been discussed at the time of the Ravensworth Wards in 1885 it was not until the Mayor, Mr Riley Lord, suggests in October 1896 the building of a new hospital to celebrate Queen Victoria's Diamond Jubilee that the project achieved critical momentum. A local ship owner, John Hall bequeathed £100,000 towards the cost of the new building (McCord, 1979, p. 175) provided a similar amount could be raised by public subscription. The Queens Commemoration New Infirmary Fund was established, and Charles John Gibb MD[34] made a proposal for the layout of the new infirmary in December 1896 (TWAS, HO/RVI/85). The Freemen and Corporation of Newcastle gave land on the Leazes, Town Moor in 1898 (TWAS, HO/RVI/86) and architects were asked to

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[34] Charles John Gibb MD worked at the Newcastle Infirmary before setting up his own very successful practice in Sandyford, Newcastle. He was immortalised in the famous Newcastle anthem Blaydon Races - Sum went to the Dispensary an' uthers to Doctor Gibbs, An' sum sought out the Infirmary to mend their broken ribs (Pickard, 2013)

compete to produce the final design in 1899 (TWAS, HO/RVI/88). Messrs WL Newcomb and Percy Adams architects were selected and a contract entered into for a sum of £203,527 to build the new hospital (TWAS, HO/RVI/5). "The foundation stone of the Royal Victoria Infirmary, on the Leazes, was laid by H.R.H. the Prince of Wales, K.G., the Patron (representing Her Majesty the Queen), on the 20th of June [1900] who was accompanied by H.R.H. the Princess of Wales and the Princess Victoria" (1900 Annual Report, p. 12, NUL Hospital Archives 72. See also "Laying of foundation stone by the Prince and Princess of Wales, souvenir brochure 20 June 1990, TWAS, HO/RVI/89).

Once the decision had been made to build a new hospital, a similar pattern to previous capital projects then followed. Firstly, the Annual Reports were used to demonstrate that the committee was spending the money wisely and were diligently managing the construction of the new building. The 1902 Annual Report describes how in addition to the £100,000 bequeathed by John Hall, £100,000 had also been donated by the second Lord Armstrong and £108,884 0s. 1d had been raised by the Queens Commemoration New Infirmary Fund, but described how progress on the construction of the building had not been satisfactory (TWAS, HO/RVI/72/134). "Urgent representations" were made to the architect and contractor, pointing out that during the first half of the year on average only 130 men per day had been employed on the project. The contractor had reported that they had to cart 35,000 loads of clay from the site for the foundations but now complete more men could be employed. In the second half of the year on average 239 men were at work, with 357 men in December. In the year to 31 December 1903 the average increased to 416 and great progress was made (TWAS, HO/RVI/72/134). Secondly, the Building Committee continued to ensure the maximum utility of the building, constantly seeking best practice from other hospitals

which at times meant plans were redrawn after initial decisions had been made and during the construction phase which increased costs and delayed the overall construction.

> In order to ensure that the New Infirmary buildings will be complete and efficient in every detail, a deputation of the building committee have during the year visited the Birmingham General Hospital, Belfast Royal Victoria Hospital, Edinburgh Royal Infirmary, Colinton Mains Hospital, Edinburgh, Ruchill Hospital Glasgow, Paisley Alexandra Infirmary, Glasgow Western, Liverpool Royal, Derby Royal, Bedford County, London Camberwell, and London Belgrave Hospital for children: and have during their inspection of these institutions, obtained much information which will be valuable to them during that part of the work which yet remains to be done. (NUL, Hospital Archives 72 – Annual Report 1902, p. 12)

One consequence of the visits was the “necessary revision of the laundry plans” (NUL, Hospital Archives 72 – Annual report 1903, p. 12) which delayed the boiler installation and caused the building committee to report disappointing progress in the year. Almost a decade earlier, in the 1894 Annual Report, the House Committee commented that they had to refuse the plea to construct new nursing accommodation as this would incur “an expense which would not be justified in the face of the hope and expectation that, ere long, a new Hospital may be provided in a more spacious site, and in accordance with modern requirements” (TWAS, HO/RVI/72/87). Once the decision had been taken to construct the new hospital, the accommodation for nurses was revisited and the 1900 Annual Reports refer to a conference taking place between the House Committee and the Building Committee on January 17th 1901 when it was resolved

> That, having fully considered the unsatisfactory and deficient accommodation for Nurses in and in connection with, the Royal Infirmary, do now sanction the proposal to proceed with as little delay as possible with building of the Nurses Home in connection with the New Infirmary on the Leases site. That it be remitted to the building committee to consult with the honorary solicitor and architect and to take the necessary measures for carrying this proposal onto effect. (1900 Annual Report, p. 12, NUL, Hospital Archives 72).

The Royal Victoria Infirmary was officially opened by King Edward VII and on 11th July 1906, more than six years after he, as the then Prince of Wales, had laid the foundation stone. The patients started being transferred from the old Infirmary in September 1906 on a ward by ward basis until by 31 December 1906 293 beds were in occupation. The Annual Report for 1906 describes the official opening;

> On 11 July, 1906, His Majesty, King Edward VII., and Her Majesty, Queen Alexandra, visited Newcastle upon Tyne, when his majesty opened the royal Victoria Infirmary and unveiled a statue of Her late Majesty, Queen Victoria, erected in the grounds of the Infirmary, the gift of Sir Riley Lord, J.P.
>
> Their Majesties were received by Lord Armstrong (Chairman of the House Committee) Sir Riley Lord (Chairman of the Building Committee) and Sir George Hare Philipson (Vice Chairman of the House Committee and Vice Chairman of the Building Committee), and were conducted to the royal pavilion where the opening ceremony took place. Prayer was offered by the Lord Bishop of Durham the Right. Rev. Handley C. G. Moule (the Grand Visitor) , and an address was presented by Lord Armstrong, to which his majesty made a gracious reply and consented to the proposal that two of the wards should be called the "King Edward VII." Ward and the "Queen Alexandra" Ward respectively. Their Majesties then inspected the buildings, proceeding by way of the main corridor to the Chapel, and to No. 2 ward, where their Majesties inscribed their names in the Visitors Book. (1906 Annual Report, p. 13, NUL/72).

It could be argued that the greatest example of the management of the infirmary prioritising patient needs over financial considerations took place at the very end of the century. From an initial estimate of just over £200,000 the final cost of the Royal Victoria Infirmary was over £300,000. A staggering overspend yet the finance was raised and the management were proud extol the virtues of the new institution and the benefits it would bring to the community. Great details of costs were published *ex post* to justify the spending and the lack of *ex ante* cost projections was once again startling by their omission.

5.6 Conclusion

Costing arrangements at the Newcastle Infirmary were more about creating the right appearance, demonstrating able stewardship, and less about forward-planning and decision-making. The hospital relied on voluntary contributions for its maintenance and expansion, and management needed to be able to demonstrate that they had utilised those moneys effectively in order for that support to continue. Partly this was achieved through tracking costs and taking reactive decisions to reduce expenditure wherever possible. Putting contracts out to tender provided an alternative non-accounting means of cost control.

The purpose of the annual reports was not just about the reality of the situation but also the appearance. Thus, various key-performance ratios in the annual reports, such as cost per patient or average length of stay, were reported alongside the copious *ex post* rationalisation of costs appearing in the narrative sections of the reports. In order to persuade the public to fund the development of the hospital it was necessary to demonstrate that costs were being managed efficiently. In particular it was necessary to show that the governors and those whom they appointed to manage the hospital were worthy of people's trust (see for example the 100th Annual Report in 1851, NUL, Hospital Archives, 72). Accordingly, a well-developed system of costing played a critical role in attracting financial support from the subscribers and other benefactors.

The relatively minor role of costing in decision-making within the organisation is highlighted by its capital investment decisions where detailed *ex ante* projections are conspicuous by their absence. The review of the capital projects undertaken during the 19th century revealed once again the use of accounting information *ex post* as a means of fully detailing the expenditure that had been incurred and to explain why the expenditure was

necessary. Costing played little role in the actual decisions, although this was mitigated to a degree by the willingness of voluntary hospitals to share information about the costs of similar projects they themselves had undertaken. Wherever possible the governors of the Newcastle Infirmary were keen to fund capital expenditure out of separate fund-raising initiatives. In this regard they were successful and all the major capital additions in the period were funded in this way, notably raising over £200,000 to fund the construction of the Royal Victoria Infirmary. One aspect the governors did not examine, publicly at least, was the consequence of a particular addition for the on-going costs of the Infirmary until after the decision to invest had been taken. Little *ex ante* information was found to this effect, even towards the end of the 19th century, although the costing systems in place and the annual figures produced would have made this easy to construct. Given that the governors mostly had business backgrounds, this absence seems particularly surprising at first. In reality however, it is evident that these decisions were not taken lightly and in most cases they had to be undertaken. As a consequence *ex ante* information may well have been discussed but if expansion had to occur then justifying the cost beforehand was of little value. Instead, the Governors knew they had to keep a tight control of the costs and ensure all subscribers and donors were kept informed via the Annual Report that there charitable gifts were being well used.

These findings stand in marked contrast to the many studies relating to the British industrial revolution that found costing playing a significant role in decision-making. The crucial difference between the Newcastle Infirmary and these industrial undertakings, however, is that the hospital effectively had access to whatever finance it needed for its development. Moreover the financial resources provided were cost free. Funds were provided by the local community: individual subscribers, company subscribers, trade unions, local authority,

church congregations and major philanthropists. The proviso was that management first needed to be able to demonstrate the existence of pressing medical need and that the moneys donated were being used efficiently. The overriding objective, however, of the Infirmary, the healing of the sick, was both supported by and took precedent over secondary objectives such as cost minimisation and control. The primacy of medical need over the cost of providing care is evident from the narrative sections of the annual reports. Given that the annual reports were the main mechanism by which the hospital management were held accountable, this would indicate that the hospital's financial supporters shared those priorities.

The apparently altruistic stance taken by the Infirmary's benefactors may have been partly a reflection of the wealth of the region at this time, which marked the zenith of Newcastle's industrial expansion. It was also in the interests of the employers to have an effective system for restoring their workers to health. Treating the "indigent" or deserving poor was after all the hospital's express purpose according to its constitution, notwithstanding that the distinction between which poor were "deserving" or "undeserving" collapsed in practice. Another factor is the moral dimension, especially considering that the Infirmary was a Christian foundation. With a growing population, heavy industry and medical advances all making it increasingly difficult for the Infirmary to fulfil its healing mission, committing to these capital projects was the only moral option available. Therefore, in order to be accountable to the public they effectively served, the governors not only had to be economically accountable but morally accountable also. As a Christian institution, they could not and did not defer improvements that would bring benefits, and it is noteworthy that church collections constituted a regular and dependable source of funds to the hospital throughout the period. Finally, there is the question of civic pride and the town's

redevelopment. The 19th century was the period when Newcastle was completely remodelled with the building of the "New Town" and other monumental rail and civic architecture. The inspiration for Newcastle's new Classical facade came from two directions: the New Town in Edinburgh and John Nash's work in London for the Prince Regent (Faulkner, 2001). The redevelopment of the town was not just an indicator of the wealth of the region, but of the aspiration of its middle-classes that Newcastle should be regarded as the equal of, if not better than its peers, and their willingness to fund the development of the Infirmary reflected this civic vision. The sense of moral mission combined with one of civic pride is echoed by the following quote from the 1878 annual report:

> Whilst no efforts should be spared to make it [the Infirmary] more useful, they [the governors] regard it as it now is, an institution of priceless value to suffering humanity, a grand outcome of that benevolence which Christianity inspires, and a honour to the town and the North of England (NUL, Hospital Archives 72).

The financial support for the Infirmary proffered by the local middle-classes suggests these sentiments went beyond rhetoric.

This chapter has demonstrated that controlling costs was of considerable importance to the Infirmary so that the maximum use could be obtained from the income received. The following chapter empirically examines the income received during the 19th century for the main income streams. Data, collected from the Annual Reports, shows a dramatic change in the nature of funding in the second half of the 19th century. At this time, relative income from subscribers started to fall as more income was received from large donations and legacies. These were invested and in turn produced large annual investment income.

In society there was a growing concern that some charities were wasteful of the donations they received. As a result, independent bodies were established, such as the Saturday and Sunday Hospital Funds, to collect donations from individuals and then to redistribute to organisations which they considered worthy of their support. The following chapter explains how this relatively modest form of income provided a stimulus for the Infirmary to become free for all and at the same time started a trend towards the management of the Infirmary concentrating more on efficiency metrics over effectiveness.

Chapter 6

Accounting for the Changing Nature of Funding

6.1 Introduction

In the 19th century there was no finance from central or local government for the Infirmary. Thus, every year the management were faced with the problem of having to raise enough finance for the ongoing survival of the institution. The complete reliance of the Infirmary, as a charitable organisation, on the generosity of others to keep it operational, both in terms of meeting its day-to-day obligations as well as funding various capital projects to meet current and anticipated future demands, meant that there was a constant battle to adequately resource the Infirmary to meet the ever growing needs. Hence, finance was always the limiting factor for the Infirmary which determined the number of patients it could treat.

The battle for funds was effectively the responsibility of the governors, the managers of the Infirmary. Chapter 4 demonstrated that as well as overseeing the recording of income, the governors also managed the presentation of income within the Annual Reports. In the Annual Reports there was a clear divide both in the numerical tables and the accompanying narrative between ordinary income and total income. This divide enabled the governors to appeal for more funds as the expenses of the Infirmary were nearly always in excess of the ordinary income, although it still maintained a high level of care. This can clearly be seen from the following statement taken from the 1839 Annual Report, which referred to:

> A Balance of £528 5s 91/2 d due to receipts of £1,357 18s 81/2d from benefactors donations, legacies, and church and chapel collections, the result of the urgent appeal made to the public on behalf of the charity. It will therefore be obvious that such a sum cannot be permanently calculated upon and when it is considered that the regular expenditure of the Institution exceeds the regular income by the sum of £623 10s 11d it is hoped that the findings of the establishment will feel the necessity of endeavouring to place the permanent funds of the charity in a more satisfactory state. 1839 Annual Report HO/RVI/68

The Newcastle Infirmary initially was financed mainly by annual subscriptions. These provided subscribers with letters of admittance which they could either use themselves or give to someone else. Large capital bequests were also important to both assist with large one off capital outlays as well as to act as an investment to provide much needed annual income. As the dawn of the 19th century broke, the Infirmary was reliant on annual subscriptions for the majority of its income but had managed during the first half century of existence to build up a capital base sufficient to bring in nearly 20% of its annual income. With regular overcrowding and great need for expansion the Infirmary needed to secure funds for its continuing existence as well as raise finance to expand the number of beds to meet the ever increasing demand.

Although many studies of voluntary hospitals refer to the income received very few examine in detail its source and none have investigated in detail the changing source of income of a provincial infirmary during the 19th century. Cherry (2000), did examine the contribution of new sources of income to voluntary hospitals, namely workplace collection schemes and the Hospital Saturday movement, in the latter quarter of the 19th century. Using annual reports, pamphlets and periodicals used by reformers of the day, Cherry argued that the motives behind such new contributions were "non-deferential, ranging from conscious self-help through to the assertion of rights and demands for concessions or reform" (Cherry 2000, p.

462). Cherry also provides an overview of the changes in funding seen in hospitals, both provincial and metropolitan, and notes that "Local attitudes to hospital treatment and the hospitals' own responses to their financial difficulties also varied" (Cherry 2000, p. 466). Thus, there was a "need for caution against summary and generalisation" due to the "variable social contexts, particularly the local culture of philanthropic effort, in addition to the size, type and characteristics of the particular institution supported and the outlook of its governing body" (Cherry 2000, p. 467). As a consequence, this detailed analysis of the source of funding for the Newcastle Infirmary adds significantly to the limited current literature.

This chapter demonstrates how the management, initially through the governors alone and then towards the end of the century through a paid professional administrator, managed the income stream not only in terms of its presentation but also in terms of its very source. The Infirmary had to ensure sufficient funds through times of recession as well as economic growth as the consequences of failure would be catastrophic in terms of healthcare for the poor and needy of the area and also for the reputation of the named governors known to be in charge. Inevitably, as the management secured funds from new sources, they in turn demanded a say in the running of the Infirmary. This took the form of presentation of financial data as well as influence on the governance through appointed governors.

Data collected from the Annual Reports shows the average annual income received by the Infirmary for each major income stream. This income has been analysed to highlight the key differences and trends. It also provides the means to explain how the Infirmary managed to maximise its income streams whilst at the same time keeping the central aim of providing care for the destitute and the needy.

The governance of the Infirmary, along with the healthcare provided, also changed as a consequence of the funding changes. The rise of donations from workers and the abandonment of the letter system of admission led to designated workmen governors on the House Committee, and a distancing between the providers of finance and the ultimate beneficiary of that finance, the patient. This in turn, together with the increasing professionalisation of the Infirmary, drove more economic based metrics as opposed to outcome effectiveness based metrics which impacted on the healthcare provided as the Infirmary prepared itself for the start of the 20th century.

6.2 Analysis of Income Received During the 19th Century

6.2.1 The Empirical Data

The 1854 Annual Report contained a summary of the income and expenditure, per decade, for the Infirmary's first one hundred years of treating the sick. Photographs of these tables can be seen in Chapter 5 in figures 5.5 and 5.6. The Infirmary after being formed during 1751, prepared the first Annual Report to 31 March 1752. Thus, the first decade ran until 31 March 1761. As a consequence each decade in the century long analysis contained within the 1854 Annual Report actually runs from 1 April 18X1 to 31 March 18Y2.

Table 6.1 presents the income data for the first five decades of the 19th century as disclosed in the 1854 Annual Report. The original summary contained separate rows for income from the poor box, income from annual dinners and income from benefit plays and concerts. Due to the relatively small amount these sources of income generated, they have been amalgamated into one category named sundry receipts within Table 6.1.

Table 6.1 – Analysis of average annual income per decade at the Newcastle Infirmary 1800-1849

	1800s		**1810s**		**1820s**		**1830s**		**1840s**	
	£	**%**	**£**	**%**	**£**	**%**	**£**	**%**	**£**	**%**
Subscriptions	1,608	63%	2,142	70%	1,918	65%	2,031	64%	2,158	63%
Investment Income	450	18%	413	13%	506	17%	509	16%	597	17%
Sermons	130	5%	63	2%	27	1%	64	2%	49	2%
Sundry Receipts	117	5%	210	7%	250	9%	285	9%	160	5%
Ordinary Receipts	**2,305**	**91%**	**2,828**	**92%**	**2,701**	**92%**	**2,889**	**91%**	**2,964**	**87%**
Large donations – life governors	164	7%	83	3%	103	4%	154	5%	290	8%
Legacies	60	2%	152	5%	128	4%	134	4%	169	5%
Total	**2,529**	**100%**	**3,063**	**100%**	**2,932**	**100%**	**3,177**	**100%**	**3,423**	**100%**

The annual reports have been analysed (see Appendix 1 for detailed analysis) for the second half of the 19th century to determine an average annual income per decade for each of the main sources of income, plus an additional heading incorporating sundry receipts. Table 6.2 below contains this analysis. All the figures were extracted from the individual annual reports and then averaged for each decade. Although not every Annual Report was present in the archives, many contained comparative data going back over many years. For example the 1884 Annual Report (TWAS – L4488) contained a schedule detailing the annual income and expenditure of the Infirmary from 1863 through to 1884.

The decadal average for the first half of the century was based upon a ten year period from 1 April 18X2 – 31 March 18Y2, as detailed previously. In Table 6.2 below, the 1850s average is based upon a nine year period from 1 April 1851 – 31 March 1860. The 1860s and 1870s are based upon a ten year period to 31 March 1870 and 1880 respectively. In 1881 the Infirmary changed its reporting year end from 31 March to 31 December. As a result the 1880s decade is an average of results from 1 April 1880 – 31 December 1889 and following

on from this the 1890s decade is an average of results from 1 January 1990 – 31 December 1899.

Table 6.2 – Analysis of average annual income per decade at the Newcastle Infirmary 1850 – 1900

	1850s		**1860s**		**1870s**		**1880s**		**1890s**	
	£	**%**	**£**	**%**	**£**	**%**	**£**	**%**	**£**	**%**
Subscriptions	2,227	56%	2,652	39%	2,919	25%	2,944	25%	3,365	20%
Workers contributions	0		0		0		720	6%	3,400	20%
Investment Income	812	20%	1,296	19%	2,093	18%	2,628	23%	3,022	18%
Sermons	45	1%	81	1%	1,249	11%	1,427	12%	1,189	7%
Sundry Receipts	256	6%	282	4%	618	5%	614	5%	1,199	7%
Ordinary Income	**3,340**	**83%**	**4,311**	**63%**	**6,879**	**59%**	**8,333**	**72%**	**12,174**	**72%**
Large donations, life governors	216	6%	583	8%	364	3%	166	2%	33	1%
legacies	449	11%	1,960	29%	4,360	38%	3,144	27%	4,633	27%
Total	**4,005**	**100%**	**6,853**	**100%**	**11,604**	**100%**	**11,643**	**100%**	**16,841**	**100%**

The figures in Table 6.1 and 6.2 have been combined to show the income graphically for the complete 19th century in Figures 6.1 and 6.2. These figures clearly show the changing nature of how the Infirmary was financed during the 19th century, graphically illustrating the changing trends. Figure 6.1 shows the change in average income from the key sources of finance for each decade so that absolute values can be tracked over the century. Figure 6.2 then illustrates the change in income as a percentage of the total income received for each decade of the 19th century so that the relative change in each source can be visibly apparent. Thus, both the absolute and relative changes have been presented to aid the analysis and interpretation of the sources of funding.

Figure 6.1 Change in average annual income from the key sources of finance for each decade of the 19th century

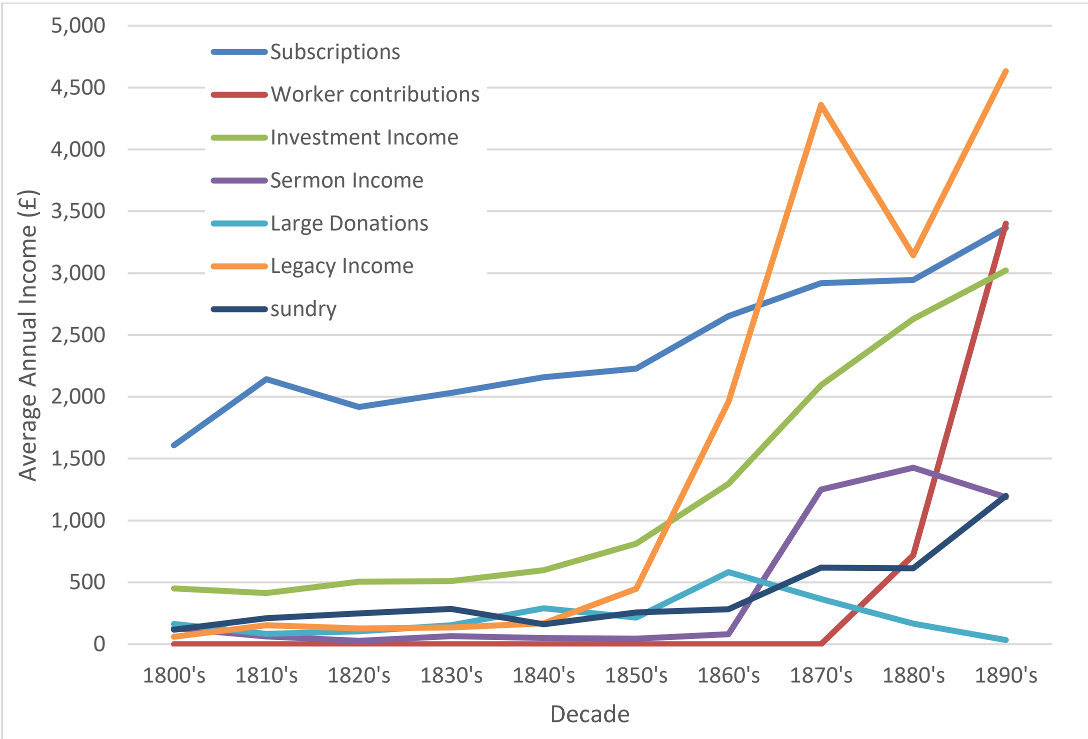

Figure 6.2 Change in income as a percentage of total income during the 19th century

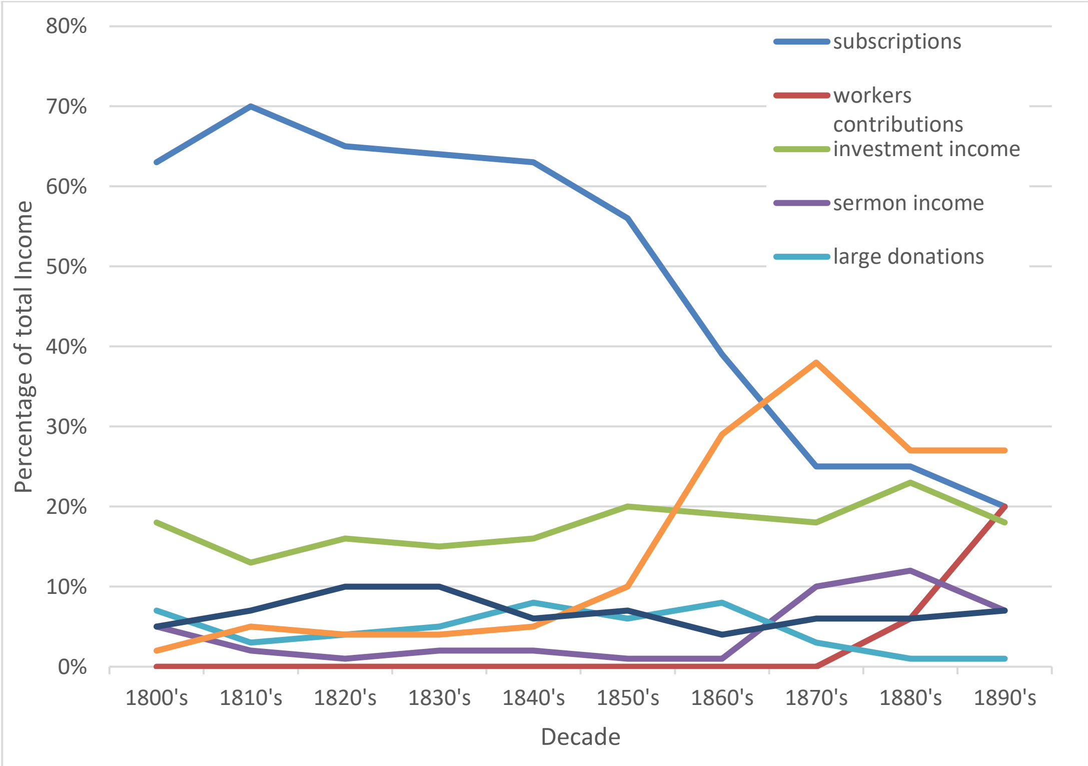

Table 6.1 and 6.2 illustrates the range of income streams the infirmary enjoyed, and the categories the management used to record it. Not surprisingly subscription income dominates the tables for the majority of the 19th century and in all tables published by the Infirmary it always takes the prominent position. Small donations are given a separate line in the table, despite their relatively small amount, recognising their importance to the charity that all gifts were welcome, regardless of size. Investment income, which was also referred to as Interest on Capital in some reports, becomes more important to the Infirmary as the century progresses, as does the income from Sermons.

The final three categories making up the Ordinary Receipts are miscellaneous income streams which, like the small donations mentioned above, play a small role in terms of overall financing of the Infirmary but assist either other fundraising activities or the functioning of the Infirmary. For example, allowing clinical assistants to board at the Infirmary meant they were on hand night and day if there was an emergency. The Poor box collection was minimal but physically having the box reminded both patients and visitors of the need to help with the funding of the Infirmary. Similarly the annual dinner, benefit plays and concerts raised little but they provided an event at which subscribers could meet so that they could be reminded of the Institution and the benefits their subscriptions brought. In addition to the Ordinary receipts are the large donations and legacies which complete the income streams of the Infirmary.

6.2.2 Subscriptions

Throughout the first half of the 19th century subscriptions were by far the largest source of income for the Infirmary. Although reasonably steady in absolute terms during the first half of the 19th Century, at just over £2,000 per annum on average, the income from subscriptions

as a percentage of total income initially rose to 70% in the 1810's before falling back to the same level it was in the first decade of the century at 63% of total income. The subscription year, along with the Annual Report, initially ran to 31 March. From its inception through to 31 March 1807 a subscription of 1 guinea per year entitled the subscriber to a letter that would admit two out-patients or one in-patient a year. Benefactors of £10 would have the same rights as subscribers of one guinea per annum. The subscription terms were changed at a meeting of the Special Court on 10 February 1807 (TWAS, HO/RVI/2/13) so that from 1 April 1807 new subscriptions of 1 guinea admitted one out-patient whilst 2 guineas admitted one in-patient or two out-patients and bestowed the title of Governor on the donor. Benefactors of £10 were given the right to admit one out-patient per annum and £20 benefactions would have the same rights as subscriptions of 1 guinea per annum. With the exception of the first six years, the level and terms of the subscription remained the same until the letter system of admittance was abolished in 1887.

The Infirmary employed subscription collectors to collect annual subscriptions from existing subscribers but also to encourage new subscribers. Once an individual had become a subscriber, the assumption was that they would continue to do so until they notified the Infirmary in writing. The names of all subscribers were listed in alphabetical order in the Annual Report, as shown in Figure 6.2, together with a brief address and the amount of the annual subscription. This provided those destitute and in need of aid a list of locations where letters of admission could be obtained and thus, gave the subscribers a sense of pride in their own benevolence.

Figure 6.3 - Typical page of the list of subscribers taken from the 1850 Annual Report

13

	£.	S.	D.
Clarke, Plummer, and Co., Messrs, Ouseburn	5	5	0
Clarke and Dunn, Messrs, Quayside	2	2	0
Clayton, John, Esq. Westgate Street	3	3	0
Clayton, Matthew, Esq. Ditto	2	2	0
Clementson, G., Esq. Leazes Terrace	2	2	0
Colliery — The Owners of — Cowpen	5	5	0
Cramlington	5	5	0
Felling	5	5	0
Gosforth	5	5	0
Hartley	5	5	0
Heaton	7	17	6
Hebburn	5	5	0
Hetton	10	10	0
Hetton (North)	5	5	0
Heworth	3	3	0
Kenton and Coxlodge	5	5	0
Marley Hill Coal Company	5	5	0
Oakwellgate	5	5	0
Pelaw Main	5	5	0
Pelton	5	5	0
Scremerston	2	2	0
Seghill	5	5	0
Shoreswood	2	2	0
South Shields	5	5	0
Townley (West)	5	5	0
Tyne Main	5	5	0
Walbottle	5	5	0
Walker	5	5	0
Willington	8	8	0
Wortley Main	3	3	0
Collingwood, E., Esq. Dissington Hall	5	5	0
Collingwood, Edward John, Esq. Lilburn Tower	3	3	0
Collinson, The Rev. John, West Boldon	4	4	0
Cooke, Charles Henry, Esq. Benwell Grove	2	2	0
Cook, Mr John, St. Anthony's	2	2	0
Cookson, Cuthbert, and Co., Messrs, South Shields	5	5	0
Cookson, Daniel, Esq. Newcastle	2	2	0
Cookson, John, jun. Esq. Benwell House	2	2	0
Cookson, Isaac, Esq. Meldon Park	4	4	0
Cookson, Thomas, Esq. and Son, Close	6	6	0
Coopers' Union Philanthropic Society	1	1	0
Corbett, Mr Joseph, Grey Street	1	1	0
Corbett, William, Esq. Reading, Berks	2	2	0
Coulson, J. B., Esq. Blenkinsopp Castle	2	2	0
Coulson, J. B., Esq. jun. Swarland Park	5	0	0
Cowan, Mr Joseph, Winlaton	2	2	0
Coxe, The Rev. R. C., Vicarage, Newcastle	2	2	0
Cram, G. W., Esq. Eldon Street	1	1	0
Craster, Miss, Craster	3	3	0
Crawshay, George, jun. Esq. Gateshead	3	3	0
Cresswell, A. J. Baker, Esq. Cresswell	5	5	0
Cresswell, Mrs, Ditto	5	5	0
Crewe, Trustees of the Right Hon. Lord	5	5	0
Crowley, Millington, and Co., Messrs, Swalwell	15	15	0
Crow, F. James, Esq.	2	2	0
Cruddas, George, Esq. North Shields	2	2	0
Currie, Messrs George and Co. Sandhill	3	3	0
Cuthbert, W., Esq. Beaufront	3	3	0
Cuthbert, W., jun. Esq. Ditto	2	2	0

(Source: 1850 Annual Report, NUL Hospital Archives 72)

Subscribers were not just individuals. The 1816 Annual Report, for example, includes subscriptions from collieries, such as Benwell Colliery (£6 6s), Willington colliery (£8 8s), other companies notably the Northumberland Glass Company (£4 4s) and the Tyne Iron Works (£10 10s), as well as Friendly Societies which included the Joiners Friendly Society of Newcastle (£5 5s) and the Mariners Friendly Society of Newcastle (£6 6s) (TWAS, HO/RVI/72/132 – 1816 Annual Report). Figure 6.3, taken from the 1850 Annual Report, clearly shows the collieries that subscribed (e.g. Walker Colliery), as well as subscriptions from businesses (e.g. Cookson, Cuthbert & Co), the clergy (e.g. The Rev. John Collinson), societies (e.g. Coopers' Union Philanthropic Society) and other individuals (e.g. Mr Joseph Cowan).

As previously stated, during the 19th century there were other charitable healthcare institutions in Newcastle. Like the Infirmary, they also relied upon subscription income but unlike the Infirmary not all of them survived. The Newcastle Lock Hospital had to close in 1830 as a result of insufficient funds, at which time the Infirmary was quick to offer aid to the Lock hospital patients. A resolution "that the duties of the Lock Hospital be performed by the Infirmary" (House Committee minutes 22 July 1830 HO/RVI/2/17) was unanimously passed, followed a week later by the passing of a resolution to send a letter to the subscribers of the Lock Hospital to transfer their subscriptions to the Infirmary. This further illustrates the opportunistic nature of funding the Infirmary.

It is interesting to note that although the absolute income received from subscriptions rose gradually throughout the 19th century (see Figure 6.1), there is a marked decline in the income as a percentage of total income (see Figure 6.2), especially in the second half of the 19th century. The dramatic fall as a percentage of total income is therefore due to the rise in

other sources of income, initially legacy and investment income and later sermon and worker contributions, rather than a fall in the amount of subscription income received. This constant growth in subscription income is even more notable in that after 1888, when the Infirmary abandoned the letter system of admission and became free to all, the subscribers received no direct benefit through their subscription. The names of the subscribers however were still published in the annual reports and it is this indirect benefit, showing for all to see how much they supported this local charity, that is the most likely reason for their continued support.

6.2.3 Investment Income

Subscriptions, as noted above, were the largest source of Ordinary Income for the Infirmary, followed by investment income. Cherry (2000, p. 468) notes, "Along with subscriptions and donations, rent or interest from the hospitals' accumulations of land and investments was a traditional and regular income source, particularly for the older established institutions." This was the case with the Infirmary where the investment income gradually increased throughout the first half of the 19th century both in absolute and relative percentage terms. The income was derived from land and property that had been bequeathed to the Infirmary as well as income from investments in securities. The annual reports did not include a formal balance sheet but next to the investment income was noted the source of that income. Figures 6.4 and 6.5 show an extract from the 1816 and 1850 Annual Reports respectively which highlights how the source of the investment income was disclosed.

The majority of the investment income in the first half of the 19th century came from capital invested, mainly with the Corporation of Newcastle, predominantly offering a return of around 5% in the first two decades of the century falling to 4% per annum in the 1840's. The 1816 Annual Report (Figure 6.4) shows the Infirmary "3 per cent. consols" as an investment

yielding a dividend of £195 per annum. In terms of treasury management, there is little evidence in the records of any discussions concerning investing surplus funds as a way of maximising return. The majority of funds were invested with the Corporation of Newcastle, which would have provided a relatively safe form of investment and presumably to do otherwise could be seen as taking undue risk. There are a few instances when funds were transferred, such as that shown in Figure 6.6 below taken from the 1825 Annual Report. This is the first time that the annual reports of the 19th century had detailed treasury management. In this case, the "3 per cent. consols" were sold and the cash invested in the Savings Bank at Newcastle upon Tyne, just before a stock market crash in April 1825.

Figure 6.4 – Receipts contained within the 1816 Annual Report

RECEIPTS.

			£.	s.	d.
Amount of annual subscriptions received			1825	8	6
Subscriptions due for this year		£347 3 0			
Arrears received this year			242	11	0
Dividends, Interest, and Rent Charge.	Dividends for the half-years, ending July 5, 1815, and Jan. 5, 1816, on £6500, 3 per cent. consols,	£195			
	Interest for one year on £2500, from the Corporation of Newcastle, due February 17, 1816,	£125			
	Do. for one year on £500, from the Corporation of Newcastle, due May 12, 1815, on a legacy bequeathed by the late Sir Matthew White Ridley, Bart.	£25			
	Do. on £100, from the Trustees of the Sunderland Road, given by Mrs Burdon, due May 12, 1815,	£5			
	Do. on £100, left by Dr Tew, due Jan. 9, 1816,	£4			
	Rent charge, one year's perpetual, given by the late Mrs E. Baker, due Nov. 5, 1815,	£4 10s.			
	Interest on £1000, from the Trustees of the Ponteland Road, due December 7, 1815,	£50	408	10	0
Benefactions, Collections, Donations and Legacy ¶			342	12	10
Balance of the Infirmary Dinner, in 1815			41	15	2
Contents of the Poor Box			1	1	9
Balance due from the Treasurer, March 31, 1815			33	11	10
Apprentice Fee			126	0	0
Balance due from the House-Surgeon, March 31, 1815			24	13	8
Balance due from the Matron, March 31, 1815			22	4	9
			£3068	9	6

(Source: 1816 Annual Report, TWAS, HO/RVI/72/29)

Figure 6.5 1850 Annual Report

ABSTRACT OF THE ACCOUNTS OF THE INFIRMARY, AT NEWCASTLE UPON TYNE,

From 1st of April, 1849, to 31st of March, 1850.

			£. s. D.	£. s. D
	Balance in the hands of the Treasurer 1st of April, 1849			348 3 6
	RECEIPTS.			
1849.	To amount of subscriptions received from 1st April, 1849, to 31st March, 1850..................................			1,619 3 0
£	„ Arrears received this year..................................			331 6 0
500	„ Cash of the Corporation of Newcastle, for half-year's interest on £500, at 4 per cent., due May 12th, 1849, bequeathed by Sir Mattw. White Ridley, Bart., deceased, less property tax 5s 10d		9 14 2	
1,000	„ Ditto of the Trustees of the Ponteland Turnpike Road, for half year's interest on £1,000, at 4½ per cent., due 7th December, 1849	£45 0 0		
	Less property tax	1 6 3		
		£43 13 9		
	Deduct Chaplain's salary, 1 year	£20 0 0		
			23 13 9	
100	„ Ditto of the Corporation of Newcastle, for half-year's interest on £100, at 4½ per cent., being a perpetual rent charge given by the late Mrs Baker, due 28th Feb., 1849, less 1s 3d property tax..................................		2 3 9	
6,500	„ Ditto of Ditto, for half-year's interest on £6,500, at 4 per cent., due 28th Feb., 1849, less property tax £3 15s 10d		126 4 2	
200	„ Ditto of Ditto, for half-year's interest on £200, at 4 per cent, due 28th Feb., 1849, less property tax, 2s 4d..................................		3 17 8	
3,500	„ Ditto of Ditto, for half-year's interest on £3,500 at 4 per Cent., due 28th Feb., 1849, less property tax, £2 0s 10d..................................		67 19 2	
1,000	„ Ditto of Ditto, for half-year's interest on £1,000, at 4 per cent, due 28th Feb., 1849, less property tax, 11s 8d		19 8 4	
200	„ Ditto of Ditto, for half-year's interest on £200, at 4 per cent, due 28th Feb., 1849, less property tax, 2s 4d..................................		3 17 8	
100	„ Ditto of Ditto, for half-year's interest on £100, at 4 per cent., due 28th Feb., 1849, bequeathed by the late Dr. Thew, less property tax, 1s 1d		1 18 11	
500	„ Ditto of Ditto, for half-year's interest on £500, at 4 per cent., due 28th Feb., 1849, less property tax, 5s 10d		9 14 2	
100	" Ditto of the Trustees of Gateshead, Wearmouth, and Tyne Bridge Roads, for half year's interest on £100, at 5 per cent., due November, 1849, less property tax, 2s 11d		4 17 1	
£13,700				273 8 10
	BENEFACTIONS.			
	To Robert Hawdon, Esq. Morpeth..................................		20 0 0	
	" James Dale, Esq. (third of same amount)..................................		20 0 0	
	" Mrs John Richardson		20 0 0	
	" The Rev. R. H. Williamson, jun.		20 0 0	
	" John Errington, Esq.		20 0 0	
	" John Jobling, Esq. Chairman of the Committee for promoting the Headlam Testimonial..................................		21 0 0	
	" Wm. Kell, Esq. Gateshead		21 0 0	
	" Miss Annie Eliza Walters		21 0 0	
				163 0 0
	Carried forward .			£2,735 1 4

(Source: 1850 Annual Report, NUL Hospital Archives 72)

Figure 6.6 – Table from the 1825 Annual Report

ACCOUNT of Sale of Capital Stock, and its Investment.

1824.	L.	S.	D.	L.	S.	D.
14th May. To the Proceeds arising by the Sale of 6500l., 3 per Cent. Consols, at 96⅛, sold by Order of the General Court, in April, 1824, for Investment, in the Savings Bank at Newcastle, as per Contra	6248	2	6			
Deduct Broker's Commission, at ⅛ per Cent. - - -	8	2	6			
				6240	0	0
To the Proceeds arising by the Sale of 105l., new 4 per Cents., for Investment as above - - - - - - -	113	8	0			
Deduct Broker's Commission, at ⅛ per Cent. - - -	0	3	0			
				113	5	0
				£6353	5	0

1824.	L.	S.	D.
15th May. By Cash paid into the Savings Bank at Newcastle upon Tyne, in the Names of Sir M. W. Ridley, Bart., and Cuthbert Ellison, Esq., as Trustees for the Infirmary, in Pursuance of the Order of the General Court, in April, 1824, to bear Interest from the 20th of May Inst. at 3d. per Day	6353	5	0
	£ 6353	5	0

(Source 1825 Annual report, TWAS, HO/RVI/72/38)

The level of investment income rose rapidly in the second half of the 19th century (see Figure 6.1), quadrupling in absolute size as a direct result in the growth of bequests and legacies left to the Infirmary, which are discussed in more detail below.

6.2.4 Income from Sermons and Workers

Traditionally the local churches were asked to make collections one day per year for the Infirmary. In times of particular hardship they would be called upon to have a special sermon, as evidenced by the House Committee minutes of 29 November 1838 and the ensuing letter to the local clergy:

> In consequence of funds of this charity being in a declining state by reason of the very large increase in patients constantly in the house, send a letter to the clergy of Newcastle upon Tyne, Durham and Northumberland and ministers of dissenting congregations to request an annual sermon.
>
> I am directed by the House Committee of governors of the Institute of Newcastle upon Tyne, Durham and Northumberland to transmit to you a copy of the resolution passed this day, your kind compliance with which, may prove the greatest benefit to an excellent charity. I am also ordered to add that there appears to be a deficiency of near £600 per annum, a circumstance that the House Committee cannot view without the greatest concern, as an evil which unless a speedy remedy can be applied, must inevitably occasion the destruction of an institution which in the space of 87 years have cured upward of 19500 of the sick and lame poor of these counties – a large proportion of whom without such aid would in all human probability have miserably perished and have been an equal loss to their families and to their counties. (TWAS, HO/RVI/2/18)

The income received from such sermons was very modest and rarely exceeded £100 at any point during the entire 19th century. However, the request was partly made to reinforce the Christian link and moral values with the Church and remain a key charitable institution.

As can be seen from Figure 6.2, the income received from sermons increased enormously in the 1870's and subsequently, from less than £100 per annum on average to in excess of

£1,000 per annum. This increase was not due to additional sermons but was due to income received from the Saturday and Sunday Funds which was incorporated within the Sermon heading. Cherry (1992; 2000) and Waddington (1995, 1996) both describe the development by the 1880's of independent funds becoming another important source of income for voluntary hospitals. There were three main funds which collected money on behalf of hospitals and then redistributed this income to the hospitals that they deemed worthy. The three funds were the Saturday Fund, the Sunday Fund and the Kings Fund, and according to Waddington (1996, p. 186) they created "a form of indirect philanthropy". The Kings Fund was not established until the close of the century and the infirmary received no income from that Fund but the accounts do show income received from the Hospital Saturday and Sunday Funds.

As the name suggests, the Hospital Sunday Fund was closely associated with churches where a collection was taken on a Sunday, often referred to as 'Hospital Sunday', and the income redistributed for the benefit of local charitable hospitals (Robson, 2006). The Hospital Saturday Fund, however, was aimed at attracting funds from the workers, either through a public collection or through a regular contribution from their wages (Abel-Smith, 1964; Cherry, 1997, 2000). Waddington (1995, p. 153) explains the purpose of the funds:

> It was envisaged that a fund would remove abuse and encourage reform, as distribution was to be placed in the hands o f a scrutinising committee which would identify any problems and penalise hospitals accordingly. Hospitals, it was hoped, would reform, if only to improve the size of their awards.

The income received from the Hospital Saturday and Sunday Funds had a lasting and widespread impact on both the internal workings of the Infirmary and its admission policy.

Some of the income from these funds was to purchase letters of admission but the majority was a free gift to the Infirmary to assist with its ongoing costs.

> The sum received from the Hospital Sunday Fund has been £1919 14s. 7d., which is more than last year by £169 3s. 5d., Of this £1,420 15s. 7d. was a free gift; the remainder was given in payment for letters of admission to the Hospital (1895 Annual Report, p. 10. TWAS, HO/RVI/72/88)

The total income received from these funds started to fall in the 1880's and 1890's and at the same time the Infirmary started to receive income from workers individually. This was no coincidence. As the Infirmary became free to all, the Governors appealed for donations from the workers which were duly forth coming, the impact of which is discussed in section 6.3 below. As the workers were now contributing directly to the Infirmary there was no need for a Saturday Fund and this led to the fall in overall income from sermons in the 1890's.

6.2.5 Sundry Income

The sundry income includes a small amount from apprentice fees, mainly their board and lodging, as well as collections from the Poor Box and various fund raising activities. There was an annual Infirmary Dinner as well as entertainments arranged at various times throughout the year to try to boost funds. For example, the 1816 Annual report includes a £20 donation resulting from a benefit held at a circus, as well as £41 5s 2d raised at the annual Infirmary Dinner (TWAS, HO/RVI/72/132). Income from small cash donations, which were often from patients that had been restored to good health, or from their families were included as were payments the Infirmary received to repay funeral expenses incurred on behalf of individuals who could not afford the full payment at the time. For example, the House Committee minutes of 10 November 1859 record the case of a child who died at the Infirmary whose mother could not afford to pay for the burial. The House Committee agreed

to pay for these costs on the condition that they were repaid in instalments (TWAS, HO/RVI/2/22).

The total sundry income received was comparatively small, averaging at under £300 per annum until the 1870's where it increased to over £600 and then in the 1890's it reached almost £1,200 (see Table 6.2). This increase is due mainly to the rise in small cash donations but also in part to the Infirmary receiving income from the training of medical students. The rise in small cash donations mirrors the rise in the income received from the workers. With the letter system of admittance abolished in 1887 and the hospital being free to all, people who could not have afforded to become a subscriber could afford to make small donations towards the upkeep of their community charitable institution. Indeed, in 1893 alone over £2,700 was received from such small donations (1893 Annual Report, TWAS, RVI/HO/72/133). In 1887 and subsequently the Infirmary also starting charging and keeping student fees which were just over £200 per year on average.

In addition to this sundry income, the Infirmary also received goods and services free of charge. No monetary value is placed on these goods but notes are made in the annual reports. A main example is the free supply of coal to heat the institution as well as gifts of food, liquor and flowers. For example, in the 1812 Annual Report it is noted that "eleven keels of coals having been presented to the Infirmary, its disbursements for the purchase of that article of great but indispensable consumption, were much diminished." The report then contains a table with the name of the collieries and the gifts that they made (TWAS, HO/RVI/72/25). Table 6.3 below illustrates the number of keels of coal gifted to the Infirmary during the year to 31 March 1812 by some of the local collieries.

Table 6.3 – Taken from the 1812 Annual Report showing gifts of coal to the Infirmary

Gifts of coal to the Infirmary	
Fawdon colliery	1 keel[39]
Felling colliery	1 keel
Fieldings Main colliery	1 keel
Heaton colliery	1 keel
Kenton colliery	1 keel
Percy Main colliery	1 keel
Pontop colliery	1 keel
South Moor colliery	1 keel
Tyne Main colliery	1 keel
Whitefield colliery	1 keel
Willington colliery	1 keel

(Source 1812 Annual Report, TWAS, HO/RVI/72/25)

In addition to the coal, the 1811 annual report also reminds that

> the gift of roots and vegetables will at all times be highly acceptable; and the friends of this charitable establishment may save it some expense, without inconvenience to themselves, by donations of old linen, of little use in their own families, for the purpose of dressing the surgeons' patients. (TWAS, HO/RVI/72/132).

6.2.6 Large donations and legacies

Throughout the first half of the century there was a small gradual increase in both the absolute amount and relative amount of income received from large donations and legacies. At the start of the century this combined source of income accounted for 8% of the total, rising to 13% by the mid-century. However, whereas the legacy income, that is money left to the Infirmary by the bequest of a will, rose almost immediately at the start of the century and then remained relatively static from the second decade on, the income from large

[39] A keel was a unit used to measure coal in the northeast of England, being the quantity of coal carried by a keelboat on the Tyne and Wear rivers. The measure is equal to approximately 21 tons (Fewster 2011).

donations was slow to increase and it was only in the 1840's that a significant increase was noticeable. "Large donation" in this context means in excess of £20 which entitled the donor to become a life governor of the Institution. This title permitted the holder to attend and vote on all issues put before the quarterly meetings, including appointing new staff and voting on capital expansion plans. In addition, being a life governor did confer a certain status on the individual, not least of which included the names of all life governors which were given prominence in the annual report. Figures 6.7 below and 6.8 over page show examples of the list of benefactors that had contributed at least £20 in the 1819 Annual Report and the 1850 Annual Report respectively.

Figure 6.7 – Complete list of benefactors from the 1819 Annual Report

BENEFACTORS (of £20 and upwards at one Time) alive between April 1, 1818, and March 31, 1819.

Benefactor	Amount
Adair William, esq.	£20
Anonymous by the payment of the late Mr Ben. Brunton, on account of John Jopling, Esq. of Howdon Pans	100
Anonymous by the payment of the rev. James Worswick	30
Askew Adam, esq.	20
Aylmer General	21
Bainbridge Joseph, esq.	21
Baird William, esq. Alnwick	20
Barras William, esq.	50
Barras William, esq. a second benefaction	50
Batson William, esq.	20
Beaumont Thos. Wentworth, esq. M. P.	52*l*. 10*s*.
Blackburn the rev. James	20
Brandling Charles John, esq.	100
Burdon Richard, esq.	40
Burdon Rowland, esq.	60
Burdon Mrs	100
Clapham Mr Anthony, on behalf of the Society of Friends	£105
Clavering Mrs	50
Clavering Mrs, additional	50
Clayton Nathaniel, jun. esq.	20
Clayton John, esq.	20
Collinson the rev. John	20
Durham, the hon. and right rev. the lord bishop of	500
Gibson Thomas, esq. Pilgrim-Street	20
Gibson Thomas, esq. Pilgrim-Street, a second benefaction	80
Hewitson Mr Middleton, Newcastle	20
Hewitson Joshua, esq. Heckley	21
Hopper Anthony, esq. for the gentlemen who obtained the 10,000l. in the lottery, 1792,	30
Ingledew William, esq.	50
Jameson Mr Thos.	21
Jobling Mrs, Newton Hall	£20
Kemble Stephen, esq.	20
Liddle Joseph, Esq. Moor Park	50
Nicholson Robert, esq.	20
Pusey the hon. Philip	20
Pemberton Richard, esq. Barnes	50
Pemberton Stephen, M. B. Sunderland	50
Punshon Mr Jonathan	20
Saint Paul Sir H. D. C. bart.	20
Simpson Mrs, Lincoln's Inn Fields	20
Skerrett Mrs Ann	50
Towrey George Philip, esq. London	20
Trevelyan Walter Blackett, esq.	20
Upper Ossory, the right hon. the earl of	50
Usher Cuthbert, esq.	20
Walker, Ward, Parker, and Co. Messrs	50
Wawn Mr C. N.	20
Williamson the rev. Robert Hopper	20

(Source: 1819 Annual Report, TWAS, HO/RVI/72/32)

Many benefactors gave the same amount each year. For example Brandling C. J. esq MP made a benefaction of £100 each year from 1811 through to 1826. (TWAS, HO/RVI/72/132). In addition, many benefactors were also annual subscribers. As a result these individuals would be governors and have a say in the management of the Infirmary, as well as be subscribers and so be able to provide letters of admission. They would also have

their names in print in two locations in the annual report showing their benevolent philanthropy.

Figure 6.8 – Extract of list of benefactors from the 1850 Annual Report

BENEFACTORS OF £20 AND UPWARDS,

Alive between the 1st of April, 1849, and 1st April, 1850.

	£.	s.	d.
A Friend, per Robert Walters, Esq.	20	0	0
Allhusen, Christian, Esq.	20	0	0
Annandale, Andrew, Esq. Westgate Street	20	0	0
Anonymous, by Messrs Hallet, Robinson, and Maude, Westminster	100	0	0
Anonymous, by H. A. Mitchell, Esq. Newcastle	20	0	0
Atkinson, George C., Esq. Newcastle	20	0	0
Atkinson, John, Esq. Newbiggin, Hexham	20	0	0
Barras, Wm., Esq. South Shields	100	0	0
Barras, Miss, Whickham	20	0	0
Beaumont, Mr William, Newcastle	20	0	0
Bell, Matthew, Esq. M.P., Woolsington	50	0	0
Besley, The Rev. Dr., Long Benton	20	0	0
Boyd, Wm., Esq. Burfield Priory, Gloucestershire	100	0	0
Brandling, R. T., Esq.	86	5	0
Brighton, Mr William, Tyne Street	50	0	0
Brooksbank, Stamp, Esq. Hermitage	20	0	0
Bruce, The Rev. J. C., Percy Street	21	0	0
Bulmer, Charles, Esq. Gateshead Park	20	0	0
Bulmer, Mrs, Ditto	20	0	0
Burdon, George, Esq. Heddon House	100	0	0
Burdon, Mrs, Castle Eden	100	0	0
Cail, Mr Richard, Northumberland Street	20	0	0
Chapman, Abel, Esq.	20	0	0
Chapman, The Rev. Edward John	20	0	0
Chapman, William Daniel, Esq.	20	0	0
Clapham, A., Esq., on behalf of the Society of Friends	105	0	0
Clay, Robert, and Belt, George, Messrs	25	0	0
Clayton, Miss Anne, Westgate Street	20	0	0
Clayton, John, Esq. Westgate Street	20	0	0
Clayton, Matthew, Esq. Westgate Street	20	0	0
Clayton, Nathaniel, Esq. Chesters	20	0	0
Clayton, The Rev. Richard, Northumberland Street	40	0	0
Collinson, The Rev. John, West Boldon	21	0	0
Cram, David, Esq. Liverpool	20	0	0
Crawhall, Joseph, Esq. Stagshaw Close House	20	0	0
Crawhall, William, Esq. Allenheads	150	0	0
Durham, Right Rev. The Lord Bishop of	20	0	0
Davison, William, Esq. Darlington	20	0	0
Dale, Henry, Esq. North Shields	20	0	0
Dale, The Misses, Eldon Square	60	0	0
Dale, James, Esq. Quayside			

(Source: 1850 Annual Report, NUL Hospital Archives 72)

The legacy income remained a valuable source of income to the Infirmary during the first half of the 19th century, contributing on average 4% to 5% of the total annual income of the institution. Care should be taken when analysing the legacy income as the table gives an average for each decade rather than for each year. Although this is useful for a longitudinal study over a century, within each decade there were fluctuations, with some years having very little money bequeathed to the Infirmary and others a substantial amount. Thus, by its very nature legacy income could not be relied upon. Table 6.4 below illustrates the variability in the legacy income by analysing the annual legacy receipts for the 1810 decade.

Table 6.4 – Legacy income shown in the Annual Reports from 1812 – 1821

Year	1812	1813	1814	1815	1816	1817	1818	1819	1820	1821	Total
£	300	100	0	710	100	40	60	100	0	110	1,520

During the second half of the 19th century the large donations increased until they reached their peak in the 1860's, contributing in excess of 8% of the average annual income of the Infirmary. There then followed a quite dramatic decline to such an extent that in the last decade of the century income from large donations were negligible at just over £30 per annum on average. The increase which was followed by a rapid decrease in the large donations, and hence the individuals wishing to become life governors, is discussed in more detail later in this chapter.

The income from legacies also changed dramatically in the second half of the 19th century. For the majority of the first half century income from legacies accounted for approximately 5% of the total annual income but this increased to 11% in the 1850's, 29% in the 1860's and reached its peak in the 1870's at 38%. Although it fell slightly thereafter it was still

nearly 30% at the close of the century. The significant, consistent income from legacies from so many people, was confirmation of the high regard for the Infirmary and its management.

It is perhaps no coincidence that the rapid rise in both the life governors and the legacy income in the mid-19th century coincided with the peak of the industrial growth and hence income generation of the region (see Chapter 3 for details of the industrial growth during this period). The rise in this non ordinary income, which the management was loathed to spend, enabled reserves to be laid down which generated more annual investment income as discussed above.

6.2.7 Summary of change in income sources during the 19th century

Table 6.1 indicates that the average annual income of the infirmary increased by 40% from approximately £2,500 pa in the first decade to approximately £3,500 pa, although it is clear that the increase was not gradual. Being reliant on the generosity of others for its income, the Infirmary was highly susceptible to changes in the local economy but still at all times had to maintain a reputation of good healthcare and sound management. The income rose sharply in the 1810's compared to the 1800's, then remained reasonably static through the 1820's and 1830's before again seeing a relatively large rise in the 1840's. The first rise in the 1810's was due mainly to an increase in the level of subscription income. This could be attributable to the change in subscription rate enacted in 1807, as discussed above, but also a significant contributory factor would have been the end of the Napoleonic wars in 1815 (Harvey 2001) that created greater stability in the country as a whole and a relaxation of war prices leading to greater disposable income available for charitable causes.

The rise in total income in the 1840's is due in a small part to an increase in the subscriptions but mainly to an increase in the level of income from investments as well as large donations from subscribers who then became life governors. This trend continued into the second half of the 19th century which saw a remarkable change in the nature of the funding of the Infirmary. Chronologically, the first of these was the continued rise in revenue from large donations, indicating a rise in the number of individuals who became life governors, witnessed by the increase in revenue as seen in Table 6.2, reaching a peak in the 1860's before falling away quite dramatically in the last two decades of the century. Although subscription income still represented a significant proportion of income, the amount received from legacies, while quite consistent and relatively low in the first half of the century, increased markedly throughout the second half of the century and for the last three decades became the largest category of annual income for the Infirmary. Indeed, the level was consistent with other similar hospitals, Cherry (2000, p. 468) noted "over time, a degree of predictability in legacies emerged and on average represented about one third of hospitals ordinary income." For the Infirmary, legacy income, as can be seen from Table 6.4, was less than this at 27% of total income and averaged over £4,500 per annum in the last decade of the century. This amount is higher than the national average of just under £4,000 but well below the average for teaching hospitals in Scotland where legacy income amounted to nearly £13,000 per annum on average (Cherry, 2000).

The increase in legacies for the Infirmary suitably invested saw the amount of investment income increase over fivefold from the mid to the end of the century. In the latter decades of the century, the Infirmary started to utilise funds from other charitable organisations, most notably the Saturday Hospital Fund and the Sunday Hospital fund. After the letter system was abandoned in 1887 and the hospital became free to all, the amount received from worker

contributions and small donations more than justified the radical change to the admittance requirements. The level of investment income seen in the second half of the 19th century, although increasing in absolute terms, remained fairly constant at around 18% of total income. According to Cherry's (2000) research, this was below average for other hospitals as Cherry (2000, p. 468) noted that "London teaching hospitals derived roughly 60 per cent of their ordinary income from investments and endowments over the late 19th century , compared with 25 to 30 per cent return received by the teaching and larger general hospitals in the provinces."

Clearly the funding of the Infirmary changed quite dramatically during the second half of the 19th century. The following section examines the impact this change had on the management and governance of the Infirmary before examining the impact on the healthcare provided, as the Infirmary became ever more professionalised in its financial and clinical management.

6.3 Funding and Governance of the Infirmary

6.3.1 Management and Governance

From its establishment in 1752 and through its first century of operation the Infirmary was managed by the House Committee. This committee, made up predominantly of life governors and honorary staff, met weekly to oversee the admissions, confirm receipts and expenses and deal with any ad hoc matters that may have arisen. The Annual Reports describe how "The management of this Charity is in the hands of Governors" (1807 Annual Report, TWAS, HO/RVI/72/20) and that the "Governors … have the direction of the affairs of this Infirmary" (1809 Annual Report, TWAS, HO/RVI/72/22).

The role of the governors and the function of the House Committee have been discussed in detail in previous chapters. This chapter is more concerned with the changes in the constitution of the management structures, namely the Board of Governors and the House Committee, as a consequence of the change in funding highlighted in the previous section.

The key management body within the Infirmary was the House Committee, which had delegated authority to manage the institution given to it from the board of governors. Table 6.5 below, taken from the Statutes and Rules published in 1922 (TWAS, HO/RVI/74/12), shows the constitution and number of members of the House Committee during the second half of the 19th century.

Table 6.5 – Constitution of the House Committee

Year	Constitution
1855	12 Governors
1869	24 Governors
1887	32 Governors, including 9 workmen nominees
1896	37 Governors, including 12 workmen nominees
1922	40 Governors, including 24 workmen nominees

The year 1887 was a key date in the history of the Infirmary; the year in which the admission policy was changed to abolish the letter system of admittance and became free. As discussed above, a key factor in making this decision was the relatively new income from the Hospital Saturday and Sunday funds as well the knowledge that when the Sunderland Infirmary became free (four years earlier in 1883), the income received from workmen more than made up for any reduction due to subscriptions not being renewed. As a consequence of this new

major income stream the workers needed representation on the House Committee. This was initially achieved with nine of the 32 Governors sitting on the House Committee, being the nominees of the workmen. Although outside the period of consideration in this thesis, the structure of the 1922 House Committee is noted to illustrate that by this time the workers, through their nominee Governors, actually controlled the House Committee, and hence the Infirmary, due to being in the majority. The introduction of working men into the decision making body of the Infirmary appears to have been successful, confirmed in the 1895 Annual Report:

> The attendance of some working men at the meetings of the committee of the infirmary …had been accomplished, three gentlemen of this class having been included. They, and all the other members of the committee having worked together with the utmost harmony. This circumstance may perhaps induce the thousands of working men, who dwell upon both sides of the Tyne, to support the Infirmary more largely than they have hitherto done. (1895 Annual Report, p. 12. TWAS, HO/RVI/72/88)

The attendance of the "three gentlemen of this class" refers to one of the many sub committees that were in operation in the latter decade of the 19th century. A Building Committee, for example, was always established ahead of any major new capital improvement, as discussed in Chapter 5. Initially these ad hoc committees were temporary in nature and disbanded as soon as the original purpose of their establishment had been performed but as the second half of the 19th century progressed these ad hoc committee's started to be a permanent rather than temporary feature, to such an extent that the 1893 Annual Report lists no fewer than eight permanent sub committees, as well as the House Committee and the Selection Committee. These sub committees can be seen in Figures 6.9 and 6.10 taken from the 1893 Annual Report.

Figure 6.9 – Copy of the Officers and Committees in the 1893 Annual Report

4

OFFICERS OF THE INFIRMARY.

PATRON.

H.R.H. THE PRINCE OF WALES, K.G.

GRAND VISITOR.

THE RIGHT REV. THE LORD BISHOP OF DURHAM.

PRESIDENTS.

HIS GRACE THE DUKE OF NORTHUMBERLAND.
HIS GRACE THE DUKE OF PORTLAND.
THE RIGHT HON. THE EARL GREY.
THE RIGHT HON. THE EARL OF TANKERVILLE.
THE MOST NOBLE THE MARQUIS OF BUTE.
THE RIGHT WORSHIPFUL THE MAYOR OF NEWCASTLE.

VICE-PRESIDENTS.

THE RIGHT HON. THE EARL OF RAVENSWORTH.
THE RIGHT HON. SIR MATTHEW WHITE RIDLEY BART., M.P.
WENTWORTH B. BEAUMONT, Esq., M.P.
THE RIGHT HON THE EARL OF DURHAM.
THE RIGHT HON. THE MARQUIS OF HASTINGS.
LORD ARMSTRONG, C.B., F.R.S.
THE RIGHT HON. SIR GEO. O. TREVELYAN, BART., M.P.
SIR EDWARD W. BLACKETT, BART.

TRUSTEES.

*N. G. CLAYTON, Esq.
*RICHARD CLAYTON, Esq.
*JAMES E. WOODS, Esq.
THOMAS GEORGE GIBSON, Esq.
THOMAS BELL, Esq.
JOSEPH J. GURNEY, Esq.

* *Acting Trustees.*

STEWARDS, 1894.

NEWCASTLE-UPON-TYNE.

WM. HENRY AMYOT, Esq.
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PREACHER OF THE ANNIVERSARY SERMON.

THE VERY REV. THE DEAN OF YORK.

(Source: 1893 Annual Report TWAS, HO/RVI/72/86)

Figure 6.10 – Copy of the Officers and Committees in the 1893 Annual Report (cont.)

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WALTER WILLSON, Esq.
JOHN GOOLDEN, Esq.
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R. YOUNG.
JAS. E. WOODS.
THOS. COOKE.
H. R. BAILEY.

STORES COMMITTEE.

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ROBERT FOSTER.
W. H. HOLMES.

VISITING COMMITTEE

W. H. HOLMES.

DIET COMMITTEE.

W. D. STEPHENS.
DR. DRUMMOND.

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H. R. BAILEY.

LIBRARY COMMITTEE.

DR. PHILIPSON.

DR. PAGE.

DRUGS AND INSTRUMENTS COMMITTEE.

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DR. LIMONT.

G. E. WILLIAMSON.
THOMAS BUCKHAM.

GENERAL PURPOSES COMMITTEE.

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DR. PHILIPSON.
DR. ARNISON.
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W. SUTTON.

DR. ARNISON.
W. LISLE.
T. H. CAMPBELL.
JAMES ECKFORD.
ROBERT REDHEAD.

And Members of the Finance Committee.

(Source: 1893 Annual Report TWAS, HO/RVI/72/86)

6.3.2 Funding and the Adoption of the Uniform System of Accounts

The National Association for the Promotion of Social Sciences, referred to as the Social Sciences Association (SSA), was a policy institution that began to take an interest in the organisation and management of voluntary hospitals in the early 1880's (Robson, 2006b). Millman (1974, p. 123) describes the SSA as "a potent political force" and an organisation that provided a "focal point for those who sought a better way of delivering medical services through a well organised hospital system." In 1883 the SSA, along with Sir Henry Burdett[40], organised a conference for hospital managers (Rivett, 1986), and from this conference the Hospital Association, made up of hospital secretaries, was established to "facilitate discussion of hospital management" (Millman 1974, Rivett 1986 p. 126).

Robson (2006b) describes how broad social changes, emphasised managerialism and professionalism, and increased funding, from a variety of sources, meant wider interest in the public accountability of hospitals. A committee of The House of Lords was established in 1890 to look into the operation and management of voluntary hospitals (Rivett, 1986), but in the three years it took the committee to complete their report interested bodies, notably the Hospital Association and the Sunday Fund used their "economic power, and their social status, to drive accounting change in the London hospitals" (Robson, 2006b, p. 278).

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[40] Sir Henry Burdett was hugely influential in the management and development of hospitals in the late 19th century (Millman, 1974; Rivett, 1986; Cook, 2001). In his early years he tried a career in banking but then changed to become the hospital secretary at Queens Hospital, Birmingham. Once again he changed career and started to study medicine but did not complete his studies before he moved back into hospital administration (Rivett, 1986), becoming the House Governor to the Seaman's Hospital in Greenwich (Prochaska, 1992). Later he changed again and obtained a lucrative post at the Stock Exchange in London (Morgan and Thomas, 1969), where he made key contacts, most notably with the Prince of Wales (Prochaska, 1992). He was the main promotor of the Hospital Association, and with the Scientific Press which he owned, published professional journals, such as *The Hospital*, and *The Nursing Mirror* together with annual yearbooks with which he promoted his views on hospital management and performance (Robson, 2006b).

Sir Henry Burdett, through the Hospital Association, produced a layout of accounts to ensure uniformity for all hospitals which were adopted by the council of the Sunday Fund. These accounts were published in 1893 and were known as *Burdett's' Uniform System of Accounts For Hospitals, Charities, Missions, and Public Institutions* and the Sunday Fund requested all hospitals requesting grants to use them (Rivett, 1986). The Newcastle Infirmary were quick to adopt the new format as a copy of the accounts, prepared under the Uniform System of Accounts, was included within the 1893 Annual Report (see Figures 6.11 and 6.12).

It is interesting to note that the Infirmary still continued to prepare and disclose the traditional abbreviated income and expenditure account along with the Uniform System of Accounts and all references within the Annual Report were to the traditional accounts rather than the Uniform System of Accounts. Although the total income and expenditure figures were the same under both methods, the analysis particularly of expenses was quite different. For example in the 1894 Annual Report the House Committee justify the increase in expenditure on repairs over the previous years by making reference to the figures in the traditional accounts and stating that in 1894 there was exceptional capital expenditure included which would not be a normal on-going cost.

> The excess of the expenditure, under the heads of Furniture and Structural Repairs above that in 1893, is £670 14s. 11d. This is, in a great measure, due to exceptional expenses, which though they have been carried to the General Expenditure Account, are not properly annual charges. Amongst them may be mentioned the erection of an outside staircase, or fire escape from the Long Wards, the provision of a second operating theatre, and the remodelling and furnishing of the Accident Room, the painting of the whole of the outside of the Hospital and adjoining premises, the repair of the roof, and the reconstruction and repair of some of the drains under the advice of the North Eastern Sanitary Inspection Association. Any other additional expenses may be said to have been incurred in consequence of the increased work done by the Hospital during the year. (1894 Annual Report p. 9, TWAS, HO/RVI/72/87)

Figure 6.11 Uniform System of Accounts contained within the 1893 Annual Report

Income and Expenditure Account, for the Year ending the 31st December, 1893

Form of Statement, as recommended for adoption by the Hospital Sunday Fund Council, and agreed to by the Representatives of Hospitals, &c., in General Meeting assembled, on Monday, 18th January, 1892.

Dr.

INCOME.

	£ s. d.	£ s. d.	£ s. d.
A. ORDINARY—			
I. Annual Subscriptions		3,707 2 2	
Workmen's Collections		2,785 0 8	
II. Donations	2,717 4 6		
Boxes	7 8 11		
		2,724 13 5	
III. Hospital Sunday Fund		583 19 3	
IV. Hospital Saturday Fund		585 7 10	
V. Congregational Collections (Apart from Hospital Sunday Fund)		69 8 4	
VI. Entertainments			
VII. Invested Property—			
Dividends	2,478 13 10		
Income Tax Returned			
Interest on Deposit Account			
Rents	377 11 8		
		2,856 5 6	
VIII. Nursing Institutions—			
Private Nurses			
Nurses' and Probationers' Fees			
IX. Patients' Payments—			
In-Patients			
Out-Patients			
X. Other Receipts—			
Students' Fees	204 15 0		
Sale of Old Materials, &c.	54 0 3		
Discounts	18 19 5		
		277 14 8	
Total Ordinary Income			13,589 11 10
B. EXTRAORDINARY—			
Legacies—			
The Executors of			
Mr. E. M. Bainbridge	1,000 0 0		
Mrs. Macdonald	1,000 0 0		
Mr. R. Walters	1,095 4 1		
Mr. J. Finney	268 8 6		
Miss D. Burnup	100 0 0		
Dr. C. Arnison	90 0 0		
Mr. T. Anderson	90 0 0		
		3,643 12 7	
Benefactions		90 0 0	
			3,733 12 7
			£17,323 4 5

(Source: 1893 Annual Report, TWAS, HO/RVI/72/86)

Figure 6.12 Uniform System of Accounts contained within the 1893 Annual Report

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EXPENDITURE. Cr.

	£ s. d.	£ s. d.	£ s. d.
A. MAINTENANCE—			
I. PROVISIONS—			
Meat	1,858 13 11		
Fish, Poultry, &c.	368 7 6		
Butter, Cheese, &c.	532 18 11		
Eggs	70 3 6		
Milk	957 12 2		
Bread, Flour, &c.	419 12 7		
Grocery	480 5 10		
Vegetables	219 0 2		
Malt Liquors	76 14 6		
		4,983 9 1	
II. SURGERY AND DISPENSARY—			
Drugs, Chemicals, Disinfectants, &c.	696 14 5		
Dressings, Bandages, &c.	812 11 1		
Instruments and Appliances	272 0 7		
Ice and Mineral Waters	163 5 8		
Wines and Spirits	80 3 0		
Sundries	154 2 6		
		2,178 17 3	
III. DOMESTIC—			
Renewal of Furniture	124 14 7		
Bedding and Linen	394 2 5		
Hardware, Crockery, Brushes, &c.	136 3 10		
Washing / Cleaning and Chandlery	280 9 0		
Water	154 13 6		
Fuel and Lighting	658 16 11		
Uniforms	95 12 5		
Sundries	60 2 3		
		1,904 14 11	
IV. ESTABLISHMENT CHARGES—			
Rates and Taxes	36 18 3		
Insurance	30 12 2		
Garden	63 0 10		
Annual Cleaning	80 2 3		
Repairs (Ordinary)	479 13 4		
		690 6 10	
V. RENT		68 6 1	
VI. SALARIES, WAGES, &C.—			
Medical	168 15 0		
Dispensing	176 10 0		
Nursing	868 16 2		
Other Salaries and Wages	1,533 9 5		
Pensions	31 4 0		
		2,778 14 7	
VII. MISCELLANEOUS EXPENSES—			
Printing, Stationery, Postage, and Advertisements	185 18 1		
Sundries	57 0 4		
		242 18 5	12,847 7 2
B. ADMINISTRATION—			
I MANAGEMENT—			
Official Salaries	155 0 0		
Commission	25 0 2		
Pensions	50 12 6		
Official Printing and Stationery	3 17 8		
Official Postage and Telegrams	30 18 2		
Official Advertisements			
Law Charges	42 17 1		
Interest on Loan			
Auditors' Fee	35 10 0		
Sundries			
		343 15 7	
II. FINANCE—			343 15 7
Appeals			
Festival			
TOTAL ORDINARY EXPENDITURE			13,191 2 9
C. EXTRAORDINARY EXPENDITURE—			
I. REPAIRS			
II. BUILDING IMPROVEMENTS			
TOTAL EXTRAORDINARY EXPENDITURE			£13,191 2 6

(Source: 1893 Annual Report, TWAS, HO/RVI/72/86)

The Committee could have referenced the Uniform System of Accounts as this separates normal and extraordinary expenditure as can be seen in Figures 6.11 and 6.12. The fact that they did not could suggest that the Committee really had no use for the Uniform System of Accounts, despite that it provided more relevant information. Another reason could be that the Uniform System of Accounts was more prescriptive as it provided more information and as a result was potentially was less useful to hide uncomfortable truths. In the example above, the over spend from 1893 to 1894 was over £670 yet according to the Uniform System of Accounts only £238 was contained within the extraordinary expenditure category.

It would appear therefore that the production of the Uniform System of Accounts was a necessary evil for the Committee in order to secure this source of funds. The effort it must have taken to prepare this additional statement, as the expenditure categorisation was different to the traditional, would not have been inconsiderable which again reinforces the value of these funds to the Infirmary.

6.4 Impact of Funding on Healthcare Services

By far the single most evident effect of the change in funding was the move towards becoming a free institution and the abolition of the letter system of admittance. Earlier in this chapter it was discussed how receiving funds from particularly the Saturday Hospital Fund was a key factor in arriving at this decision, as it provided evidence that the workmen would be prepared to make small donations towards the upkeep of the institution.

Although difficult to work at times, as discussed in chapter 3, the letter system of admittance did assist internal control with regards to costs. If a subscriber paid two guinea's this would give them the right to admit two in-patients (one prior to 1836). As a result the Infirmary

had a very rough cost per patient benchmark to work towards of one guinea per patient. This was only a rough estimate as the Infirmary would treat emergency cases without letters of admittance. It also gave the Infirmary an absolute figure that it should never exceed. Following the change in admittance rules in 1887, although subscriptions were still collected, there were no attached rights and this admissions benchmark was lost. Not only was this financial benchmark lost, so was the personal aspect attached to the letter. In the first century of operation most patients accepted for treatment via letters of admission were not the original subscribers. The subscribers tended to be wealthy individuals who would give the letters to which they were entitled by their subscription to a members of their staff or to the deserving poor in the local area. This act of giving a letter of admittance to another individual, whether for reason of charitable benevolence, personal gratification or simple human empathy, created a tie between the subscriber, patient and Infirmary. The subscriber would want to know at the very least that his letter was well used and as a result metrics such as the number of patients restored to health were very important and prominently displayed in the Annual Reports. Once the hospital became free to all, to a certain extent the personal link between donor, patient and infirmary was very much weakened.

As soon as the donor was primarily contributing towards the general costs of the institution, as opposed to paying to restore an individual to good health, then the efficiency metrics inevitably start to take prominence over measures of effectiveness. This observation is related to the findings of Sturdy and Cooter (1998, p. 424), who argue that “efficiency became an abiding concern within the voluntary hospitals from the last third of the nineteenth century” and that this concern reflected wider changes in society and, in particular, the development of a managerial culture (Searle, 1971; Miller and O'Leary, 1987; Perkin, 1989).

This change can also be clearly seen in the 1890 Medical Report contained within the annual report of that year where the chief surgeon states that it has "always been considered that the healthiness of a large surgical hospital is fairly estimated by the results of amputations" (TWAS/HO/RVI/72/83) in response to the growing demands for more efficiency measures such as cost per bed and cost per patient. In a similar vein the 1892 Annual Report contains the following statement within the Chaplains report: "Spiritual work in the Hospital is not subject to estimates by statistics" (TWAS/HO/RVI/72/133). It is clear therefore that following the change in admission rules the demand for improved efficiency increased and this inevitably impacted upon the care the Infirmary could provide, both medically and spiritually, as evidenced by the following statement taken from the 1890 Annual Reports:

> As, however, patients leave the Infirmary much earlier in their convalescent state then was the case before the Hospital became free, opportunities for converse with individuals has not been as frequent as desirable (1890 Annual Report p.20 within the Chaplains Report, TWAS, HO/RVI/72/133)

The length of stay of an inpatient had always been monitored and the average stay was published in the Annual Report. Indeed, it had always been a rule of the Infirmary that only those who could be restored to health should be accepted for admission and as a result any individual staying more than 30 days was monitored closely. The House Committee always requested explanations from the medical staff as to why an individual was still present. In reality, however, as shown in Chapter 4, the medical staff found it very difficult to turn people away. Although admonished for this by the governors, there was no great drive to force the medical staff to comply with the admission rules as more often than not the patients were in possession of a valid letter of admission. The Governors now had the opportunity to effectively blame the subscriber for being at fault for providing such a letter whilst at the same time praising the Good Samaritan instincts and using this impossible dilemma to raise

more funds. With the abandonment of the letter system, the Governors could no longer blame the subscribers and had to take responsibility for admission themselves. No doubt helped by the loss of the personal link between the subscriber and patient, the Governors could to some extent fall back on the rules and the efficiency metrics to emphasise the admission requirements of the Institution.

Not only was the admission and length of stay closely monitored, so was the expense that was incurred for in-patients and on casuals. At the Honorary Staff meeting on 3 February 1898 the minutes state, "Honorary Staff will draw attention of the house surgeon and nurses to greater economy in bandages and dressings" (TWAS/HO/RVI/22/5), clearly indicating that staff were being closely monitored in what they used. The following is taken from a letter from the Drug and Instrument committee to Honorary staff, 2 Nov 1897 drawing attention to the rule that, "Casuals to be seen once or at most twice; that medicine be limited to the least expensive kinds and to be given for a week at most" (TWAS/HO/RVI/22/5). This clearly indicates that medical records of casuals must have been kept in order to ensure they were being seen no more than once or twice, and secondly that a range of different medicines were available and that the staff who were dispensing them had knowledge of their cost. This illustrates not only the rise in medical knowledge in that different treatments were available, it also indicates the detailed costing information that must have been kept and distributed to staff.

6.5 Professionalisation of the Infirmary

Brock (2006, p. 157) defines a professional organisation as one which "primarily sustains professionalised occupations." In terms of the Infirmary, it is clear to see the professionalisation growing throughout the 19th century. Initially there was the

professionalisation of the medical and nursing staff. Chapter 2 describes the three key classifications of medical staff in terms of doctors, surgeons and apothecaries. It could be argued that the starting point of any profession would be the creation of a body and Royal Charter to oversee its growth and admittance rules. The Royal College of Physicians created in 1803 was followed by Royal college of Surgeons in 1814 and the Royal College of apothecaries in 1822. Within the Infirmary itself, qualifications were sought after for the honorary and salaried positions and indeed the staff at the Infirmary taught medical students for the majority of the 19th century. As well as the medical staff, nursing began to be seen as a profession with standardised training systems most notably adopting the Florence Nightingale training schools. Hospitals themselves were becoming ever more professional, with the formation of The Hospitals Association in 1884, and its journal *The Hospital*, first published in 1886.

A key development in the last half of the 19th century within the Infirmary was the professionalization of the non-medical staff. In 1857 the Infirmary engaged Mr John Gordon, bookkeeper at the Carlisle Railway Office, at a salary of £10 to "keep the accounts." (House Committee minutes 12 February 1857 TWAS, HO/RVI/2/22). A few months later however the minutes record that Mr Gordon was leaving Newcastle and Mr Arthur Trannah was appointed to take over the role of keeping the accounts (House Committee minutes 12 February 1857 TWAS, HO/RVI/2/22). Mr Trannah was to assist and work alongside the honorary treasurers, Governors acting in a voluntary capacity. There is no information on the background of Mr Trannah but presumably he would have some experience either through working in the offices of the many businesses at the time or possibly in a firm of accountants.

The Institute of Accountants in Edinburgh was established via a Royal Charter in 1854 but it was not until 1880 that Queen Victoria signed the Royal Charter Order in Council to establish The Institute of Chartered Accountants in England & Wales. Although the first national body of accountants was not formed until 1880 there were many provincial accounting bodies. The 1894 Annual Report states that "Mr A Trannah retired from the position of accountant after thirty five years of service". He was replaced by Mr W F Allden ACA. The first external verification of the accounts started to appear in the 1880's, but the wording and placement of the statements did vary. In 1884, after the total income but before any expenditure there was written "Audited and found correct" (1884 Annual Report), whereas in the following year there was a statement after all income and expenses which stated that the accounts had been "examined and found correct" (1885 Annual Report). Both the 1884 and 1885 statements were made by "Robt. Henderson & Robt. Robson Auditors." By 1887 the external verification had become more extensive and consistent wording was used until the end of the century. The statement by the auditors always followed the income and expense account and there was never any external verification of the Uniform System of Accounts.

> We have examined the foregoing account and we certify that the income from investments is duly accounted for; the amounts received for Subscriptions, Donations, Workman's Contributions and Church collections are in accordance with the printed lists which are to be published with this account, and the payments agree with the vouchers which have been produced to us, we certify further that we have examined the securities for investments, as enumerated in the printed statements issued for 1886 and have found the in order. Thos. Bell. R.W. Sisson F.C.A (1887 Annual Reports, TWAS, HO/RVI/72/81)

It is clear, therefore, that the Infirmary like many other organisations in the late 19th century was becoming more professionalised. This would agree with Sturdy and Cooter (1998) who described the creation of a professional organisation, referring to hospitals in the late 19th

century, particularly following the Medical Act 1858 which introduced doctor registration, and the growing reliance on a Hospital Secretary, a key administrator reporting directly to the House Committee.

6.6 Conclusion

The name of the Infirmary, The Infirmary for the Sick and Lame Poor of the Counties of Newcastle upon Tyne, Durham and Northumberland, confirmed the priority to be given to the deserving poor. It is therefore not surprising that societal attitudes towards the poor had a significant role in the funding of this charitable organisation. These attitudes reflected changes in national laws and local municipal reforms, contextualised within the economic, political and religious booms and depressions seen during the century.

For most of the first half of the 19th century income came mainly from the subscribers and it was they who governed the Infirmary through the House Committee. As the century progressed various scandals involving charitable institutions, including hospitals, became evident and the Lancet, a reform journal, commented that “The charity system is become an enormous evil” (The Lancet, xxi, 28 September 1833, p. 28). This together with the New Poor Laws of 1834 impacted upon the societal attitudes towards the poor and philanthropy in general. Large donations started to increase as wealthy businessmen wanted to become governors for the prestige it brought and the networking opportunities it allowed.

However, normal subscriptions as a percentage of total income started to fall. As the public became unsure about donating directly to charities, national charitable bodies were formed, such as the Hospital Saturday Fund and Hospital Sunday Fund to receive these donations and then allocate them to the more deserving cases. This source of income became extremely

important to the Infirmary, both in terms of the absolute amount but perhaps more importantly income from the Hospital Saturday Fund in particular demonstrated the appetite of ordinary workers to make small regular contributions to charitable institutions such as the Infirmary. This demonstration, together with the actions of similar local institutions, such as at Sunderland, prompted the Infirmary to abandon the letter system of admission and become free for all. This momentous decision taken by the governors was once again an act of faith, as seen in Chapter 5 with the capital projects decision making, and once again their faith was proved to be well placed. Not only did the workers contribute directly to the Infirmary, but so did the community in making small donations and the absolute amount received from subscription income was maintained, despite there being no rights of admission attached. As a consequence, the late 19th century saw a change in the funding, specifically with income from the charitable bodies and from worker contributions. This change in funding had an impact on the governance and also on the healthcare provided.

A condition of grants to be received from the Hospital Sunday Fund was the preparation of specialised accounts, Burdett's Uniform System of Accounts. This was prepared alongside the normal income and expenditure account in the Annual Reports but was not referred to in the narrative. This would have taken a not inconsiderable amount of time and resources to prepare and was used by the Hospital Sunday Fund to calculate efficiency ratios in particular so that they could compare institutions. This in many ways was the start of the Infirmary moving towards efficiency targets as opposed to the traditional effectiveness metrics. This move was enhanced by the other change in funding, namely the rise of the worker contribution, and the removal of admission rights from subscribers. The workers demanded a say in the management of the institution and over time they could nominate a growing number of governor representatives on the House Committee and Board of Governors. This,

together with the distancing between subscribers and the individuals they assisted, prompted efficiency metrics to take precedent over effectiveness. This prompted patients to be discharged, according to the Chaplains report, before they should be and before they would have been when effectiveness was a more pressing concern. In this way the change in funding could be seen to have a dramatic impact on the healthcare provided by the institution – it enabled the admission to be free for all but also removed the personal touch in favour of the modern day efficiency drive.

Chapter 7

Conclusions

7.1 Accounting as a Moral and Management Practice

After its formation in 1751 the Newcastle Infirmary operated a letter system of admittance. Subscribers, predominantly wealthy merchants and land owners, funded the infirmary and in return they were given the right to send patients to the infirmary for treatment. The infirmary, however, established with 18th century Christian values and morals, set strict entry criteria based on how deserving the patient was of assistance as a means of rationing the limited finances it received. In this way the institution could be seen to be upholding the pervading beliefs of the late 18th and early 19th century which clearly distinguished between the poor who met moral criteria for assistance, the deserving poor, and those that did not, the undeserving poor. The infirmary's place in the community was to restore to good health within 30 days the working poor who were ill through no fault of their own. Letters of admittance were not to be given to anyone with a chronic illness, to any child, to women in labour, or to anyone suffering a sexually transmitted or contagious disease. In addition, it meant that in particular the undeserving poor, those who were not in work, should never be admitted.

Inevitably, faced with a poor sick destitute person in need of aid, subscribers did at times give letters of admission to the undeserving poor. Similarly, the records demonstrate that doctors and governors in charge of the weekly admission would also admit the undeserving poor on occasion. This was despite the clear rules that they should only accept those who met the moral criteria for entry, regardless of whether they had acquired a letter of admission

from a subscriber. In addition the medical staff would also at times let patients stay in the infirmary for longer than the permitted 30 days. This thesis demonstrates how accounting was used as a moral and social practice by the management at the Newcastle Infirmary, admitting the inadmissible and treating the undeserving, as opposed to a rigid tool of entitlement to enforce the rules of the institution. The subscribers could have simply refused to hand over letters of admission and the doctors ejected patients after 30 days based on the rules which acted as a form of financial control. Instead, acting out of moral compassion, they allowed entry and continued treatment and, importantly, disclosed these clear breaches of the rules in the Annual Report.

The Annual Reports throughout the 19th century clearly stated the number of patients admitted and made clear reference to the treatment of those that did not have a letter of admission. In addition, various statistics were produced, including the average length of stay. In this way clear breaches of the rules were reported to the subscribers but comments made in the reports effectively put the blame back onto the subscribers as a whole or gave reasons of compassion for any breaches. For example, the 1876 report blames the subscribers for giving letters of admission to the incurable: "to send patients in an advanced stage of mortal disease is an act of cruelty to the sufferer … and injustice to the Hospital" (TWAS, HO/RVI.72/67). Similarly, the 1870 report contains a remark by the house doctor: "To turn back such patients is to consign them to death upon the streets" (TWAS, HO/RVI/72/89). Hence, by using the Annual Report, the management of the Infirmary could blame the subscribers as a whole for the breach for not providing sufficient funds to treat all those in need, and yet at the same time elevate the moral standing of these same subscribers above societal norms of the day as they broke the rules for reasons of compassion. Thus, by

impacting on the deeds of individuals, the accounting details reported in the Annual Reports were ultimately a social practice.

The need to demonstrate and highlight the reasons for the breach of rules was essential in order to maintain the funding of the institution. All names of subscribers together with the amount they subscribed were listed in the annual report, thereby confirming an individual's social standing within the local community. It was therefore imperative that the management of the Infirmary secured funds for its ongoing existence, complied with its own rules (or provided good reasons for their departure), and was seen to economic, efficient and effective. To fulfil these objectives, the thesis has demonstrated that accounting played a crucial role.

In order to simply survive from one year to the next, the financial aim of the infirmary was to spend no more than the annual income received from the subscribers and any annual income generated from invested assets. This was referred to as ordinary income in the annual reports. Any income received from large donations, which entitled the donor to become a life governor, and from legacies, was seen by the management as their duty to invest and hold onto for future periods. This other income at times was substantial. The Annual Reports always offset all expenditure, whether capital or not, against the ordinary income only and as a consequence, the Annual Reports often disclosed a deficit. The governors could then use this as a plea to current subscribers to pay more and for new subscriber's to come forward and contribute. In effect the governors were using the annual report as a form of propaganda to illicit a greater subscription rate, fearing that offsetting all expenses against all forms of income would show too healthy a financial position.

The Annual Reports also contained many performance measures, such as cost per bed, patients treated and death rates to demonstrate the effectiveness of the institution. The economy of the institution could be assessed through the House Committee minutes and annual reports. The high cost consciousness of the Infirmary is evident from the inclusion in the 1853 Annual Report of comparative cost analyses stretching back over the first 100 years of operation (NUL Hospital Archives 72). From an operational point of view, accounting control techniques such as tendering and creating cost centres were evidenced. In the first half of the 19th century by far the largest heading of expense was for food and victuals. Great effort was made with weekly tenders of meat, milk and vegetables to secure the best prices. It was also evident that a close eye was kept on such controllable expenditure, particularly at the quarterly governors meetings where requests would be made from the governors to the House Committee to explain any unusual movement in expenditure.

During the 19th century there were various large capital projects, mainly involving expansion to increase capacity to treat the growing population. There is little evidence, however, that accounting played a role in the decision making process prior to committing to a project. Mostly, relying on past success in obtaining any needed funds, these large extensions and new builds were entered into as acts of faith, assuming funds could be found both for the initial build and also to service the increased annual costs. Accounting was used after the decision to develop hospital facilities was taken to demonstrate good stewardship of the resources donated. Despite this confidence in the generosity of the donors there was often a considerable disparity between publicised projected costs and required income to fund these new facilities. The management, and clearly the subscribers, would have known there would have been severe financial implications, both current and ongoing by committing to these

new facilities but the need for greater capacity was just so great that the projects had to go ahead.

Large capital projects, including the new Dobson wing, Ravenshaw wing and the new infirmary now called the Royal Victoria Infirmary, highlight the importance that finance played in the operations of the Infirmary. Longitudinal analysis of the income received during the 19th century shows a marked change over time which directly impacted upon the management, governance and actual healthcare provided by the Infirmary, including the move to make the hospital free to all in 1887.

For the first century of its existence, the majority of income for the Infirmary came from the subscribers. As a consequence, the subscribers managed the Infirmary through the Board of Governors and the House Committee, and were responsible for the majority of admissions through the Letters their subscription bought. There existed a close link between the subscribers and the healthcare provided to the patients through the letter system of admission. However, over the course of the 19th century more income was received from charitable bodies and individual workers and less from large donations from governors. This change in funding impacted not only on the reporting requirements but also on the admission rules and the actual management of the Infirmary. The charitable bodies, notably the Hospital Sunday Fund, required accounts to be prepared using Burdett's Uniform System of Accounts where certain performance measures could be extracted to enable comparison between institutions to ensure the institutions were worthy recipients of these funds. This was the start of the Newcastle Infirmary having to meet set performance targets in order to receive funding, a process which is very much maligned today.

The fall in large donations from life governors and the actions of other infirmaries prompted the Infirmary to radically change its admissions rules. Accordingly in 1888 it abandoned the letter system of admission and instead became an infirmary where services were provided for free. There is no evidence of accounting being used to either inform or justify this decision. Instead, once again, it was an act of faith brought about by necessity. The faith of the management was rewarded as overall the income of the Infirmary actually increased. Income was received from individual workers as well as small donations and interestingly the income received from subscriptions was maintained. The greater reliance on funds from workers created a call to have worker representation on the House Committee. In addition, with finance coming from a vast number of individuals as well as charitable sources, a paid administrator was appointed to effectively run the infirmary, acting as an agent to the principals. This took place and as the 19th century came to an end the management of the infirmary changed dramatically. The infirmary became more professional, employing qualified accountants, but also began chasing efficiency performance targets potentially at the expense of medical care.

7.2 Implications and parallels for healthcare today

In any situation where the demand for a service exceeds the ability to meet that demand due to limited resources, then rationing decisions have to be made. In the case of the Newcastle Infirmary during the 19th century, as is the case today in modern healthcare (von Eiff, 2012), finance is the limited resource. There are many parallels between the management of the Infirmary and many modern day NHS trusts. Both face an impossible situation of not having the resources to treat the needy, regardless of circumstance, to the highest standard of care available. In the 19th century this resulted in some needy patients not being seen as they were unable to obtain a letter of admittance, and in the 21st century some patients being denied

life-prolonging drugs on the basis of cost. Indeed, the idea of a post code lottery is not new to the 21st century. Although strictly speaking there were no post codes in the 19th century, the nearer someone lived to a subscriber the greater the chance they had in obtaining a letter of admittance, and hence primary care. This thesis has demonstrated how the management of the Infirmary in the 19th century were prepared to breach their own rules, for example by admitting undeserving patients, openly acknowledge this in the annual report and then put the blame on the very people who financed the institution, the subscribers. Similarly, chapter 4 established how the Annual Report was often used as a piece of propaganda, to highlight deficits in ordinary income to encourage more donations, yet ignoring the actual financial strength of the institution by ignoring the large legacy income. There are clear parallels of both of these activities in the annual reports of today's NHS trusts.

The Newcastle upon Tyne Hospitals NHS Foundation Trust, which includes the Royal Victoria Hospital, showed a total comprehensive deficit of £64.3m for the 2016/17 financial period. Despite the huge total deficit, comments such as "In 2016-17 we were delighted to not only maintain our strong track record of financial performance, but also improve the position slightly on what we had forecast for the year" (p. 7 Annual Reports and Accounts 2016/17, Newcastle upon Tyne Hospitals NHS Foundation Trust) and " The Trust continued to demonstrate financial resilience in the 2016-17 financial year with a surplus of £7.6m (before Sustainability and Transformation Funding (STF) and exceptional items)..." (p. 23, ibid) have echoes of the 19th century Infirmary where deficits over ordinary income were highlighted and the other income ignored. Similarly, just as the 19th century reports did not shy away from breaches of rules, such as admittance of the non-deserving, the 21st century NHS trusts likewise are equally forthcoming in highlighting their short fallings. Page 23 of

the 2016/17 Annual Reports, for example, highlights the failed cost reduction it was asked to achieve by the government by stating that

> In 2016-17 the cost efficiency requirement was £33.3m. On closure of the financial year, the efficiency saving delivered by the Trust was £31.8m, with £30m of that saving target recurrent. A shortfall of £3.3m against the recurrent target remains. For the second year it has not been possible to deliver the recurrent saving requirement. (p. 23 Annual Reports and Accounts 2016/17, Newcastle upon Tyne Hospitals NHS Foundation Trust)

Interestingly, just as the governors in the 19th century blamed the breach on the subscribers as a whole and quotes reasons of compassion for not turning these patients away, similarly the NHS trust in the 21st century adopts a similar approach. The annual report explains the missed target as

> a signal of the constant downward financial pressure and unprecedented demands upon the expenditure base. It is a disappointment that the recurrent saving could not be delivered without compromise to the scope, scale and inherent quality of the service portfolio, but in this period it could not be done without detriment to the interests of the patients. (Annual Reports and Accounts 2016/17, Newcastle upon Tyne Hospitals NHS Foundation Trust)

A modern complaint about the NHS is that it is run by managers and administrators, people not necessarily with actual medical knowledge, rather than medically trained personnel. If a hospital is a professional bureaucracy, as described by Minzberg (1979), then front line staff have the actual control, regardless of those named in actual authority, in an inverted power relationship. Dickinson (2017, p. 430) states that "It has long been argued that involving doctors in the leadership of health organisations can help improve organisational performance and drive improvement in health systems". In the Newcastle Infirmary from the date is was established the House Committee had delegated authority from the Governors to manage the Infirmary. As described in Chapter 4, the House Committee was

predominantly made up of governors but the House Physician was in attendance. During the 19th century a separate medical committee was formed but this also reported to the House Committee which again had representation from the House Physician. There were times when the governors and the physicians disagreed but, as the thesis demonstrates, more often than not the medical faculty prevailed. For example, it was they who participated and admitted the undeserving in contravention of the rules. It was they who demanded the latest medical equipment, such as the Turkish Bath, anaesthetics and antiseptics and it was they who put pressure on the governors to expand the infirmary to combat the overcrowding.

The system of clinical and financial control used by the Infirmary appeared to be working very well, even when the hospital expanded and there were several departments and boards, all related to the main House Committee. It was evident from the minutes and reports that this was still a medical institution, run on medical grounds with the chief financiers being present to demonstrate control to the community. As discussed in Chapter 6, many governors were keen to be attached to such a local benevolent institution, and as long as its reputation was maintained and the infirmary was seen to be financially responsible and not wasting the money they had been entrusted with, then they were prepared to take the advice of the physicians.

The shift in financing the institution, particularly in the last quarter of the century, effectively made the governors less accountable. The number of large donations creating life governors fell dramatically to be replaced by funding from workers and from charitable institutions such as the Saturday Fund. In effect those financing the institution became more removed from the management of the organisation. In 1886 a paid administrator was appointed, Mr Redmayne, to take overall control of the Infirmary. It is unclear from the records whether

the primary drive for this was simply to manage the growing complexity of the institution or whether in effect the House Governor was appointed as a form of agent to act on behalf of the principal, being the financiers. Irrespective of the reasons for the appointment, this is the point in time at the Newcastle Infirmary when there was a discernible shift and distinction between the professional medics and professional managers. It would be interesting to continue the study on through the 20th century and the formation of the NHS to see how this transfer of control played out in the new Royal Victoria Infirmary. Many studies have been undertaken with regards to the introduction of a more management-led health service, particularly from the 1980's onwards which have shown that this has not always been successful. It is certainly not the case that today performing and managing the work of front line health care are mutually exclusive roles. The boundaries are becoming blurred as a greater number of doctors take on more hierarchical roles (Dickinson, 2017).

Another parallel with the 19th century is that today having the responsibility to look after the health of a community weighs heavily on those in charge. As a consequence, the demonstration of positive outcomes to the community served and good stewardship and accountability to the providers of finance is vital. It is certainly the case that the Newcastle Infirmary, as with present day NHS trusts, was not reluctant in using the annual and other reports to highlight the benefits and positive outcomes to the community. However, it could be argued that meeting the needs of the two main stakeholders, the community and the providers of finance, started to become increasingly difficult at the latter stages of the 19th century with the introduction of performance targets for funding and the Uniform System of Accounts. As demonstrated in Chapter 6, there was a marked change in the nature of funding, commencing predominantly in the 1870's with the rise of the charitable funding bodies such as the Saturday and Sunday Funds. These funds demanded that hospitals seeking funds use

the Uniform System of Accounts and demonstrate worthiness by publishing performance measures. Prior to this infirmaries had always published many performance measures but never was the finance so directly related to the results. It would be interesting to extend the study into the 20th century to the present day to review the use of performance measures by providers of finance for this study suggests that for the Newcastle Infirmary the 1870's was a crucial decade in the transition from using performance measures to inform the local community to using them to secure funding. When this switch occurred, it could be argued that at this point the drive to meet and beat certain performance targets perhaps takes a greater precedence over the actual healthcare provided.

7.3 Future areas of research

A number of future research possibilities have emerged from the present study of the Newcastle Infirmary. Most especially, future research could move beyond the evidence and conclusions related to the Newcastle Infirmary to examine similar themes in other provincial infirmaries during the same time period. There were 20 voluntary hospitals established within 20 years either side of 1751 (Abel-Smith 1964 p. 4), the year the Newcastle Infirmary was established. This included hospitals at Liverpool (1745), Manchester (1752), Birmingham (1766) and Leeds (1767). All of these provincial cities went through periods of industrial growth and faced similar economic and social conditions, but they also had unique features which may have had an impact on the operations of key voluntary hospitals in those cities. For example Liverpool, like Newcastle a port, grew rapidly in the 19th century. Whereas Newcastle derived its wealth chiefly from coal and engineering, at Liverpool cotton from the United States and the slave trade brought great riches. Future research could investigate the extent to which accounting was used as a moral practice at Liverpool given the source of wealth this institution was built upon. This wealth attracted to Liverpool vast

numbers of migrant labourers, particularly from Ireland in the 1840's during the Irish famine. The way in which Liverpool Infirmary coped with such an influx of migrant workers and the inevitable disease the ensuing overcrowding brought are particularly important directions for further research. This would involve whether categories of deserving and undeserving poor had a similar importance to Newcastle and whether they were forced to use accounting as a tool of entitlement to refuse entry to the needy.

Another institution established in the same era as the Newcastle Infirmary was the Leeds Infirmary. Leeds was dominated by the wool and textile industries in the early part of the 19th century but, not being a port, had less of an influx of foreign workers. Research could examine whether the nature of a local industry with a different industrial base made a difference to the funding and services provided by an infirmary. By extending the study to incorporate more provincial cities, and indeed hospitals within London, it will be possible to provide a clearer picture of how accounting helped to shape the healthcare delivered to the nation during the 19th century, prior to the NHS.

The greatest expansion of voluntary hospitals took place in the latter decades of the 19th century, where between 1865 and 1891 their numbers grew from 130 to 385 (Abel-Smith, 1964). Further study of these later voluntary hospitals would shed light on whether there were any differences in the management and financing of these institutions. In particular, institutions established in the mid-19th century, as opposed to the mid-18th century as the Newcastle Infirmary was, would have established their rules and procedures based on mid-19th century values which they then may have represented a different attitude towards the poor. The Newcastle Infirmary did change its Rules and Statutes at times but it may be the case that the new institutions of the 19th century without the history or restraining traditions,

values, and historical routines, may have been better placed to adapt more quickly to social and medical advances to serve their particular community at that point in time.

This thesis has demonstrated, particularly in Chapter 5, when determining large capital projects there was an open dialogue between the infirmaries throughout the 19th century. For example delegations were sent from the Infirmary to view new buildings and talk to the management and governors in Liverpool, Nottingham, Leeds and Edinburgh when considering the new Dobson Wing expansion in 1855. There was generally little competition for funding between these city institutions during the first half of the 19th century but the growth in the number of healthcare institutions throughout the country and of national funding bodies, and of publications such as *The Hospital* in the latter stages of the 19th century may have had an effect on the relationship between these institutions. There may have been more reasons to being less prepared to share methods of good practice as funding became more reliant on the publication of high performance metrics, especially in comparison to fellow institutions. When plans were being developed for the new infirmary at Newcastle in the 1880's (see Chapter 5) delegations were sent to other major hospitals as in the past. Thus, it would be an opportunity for future research to see if there is any evidence of any changing attitude towards providing such information as a result of this changing relationship.

Financial practice is also another area that would potentially be a rich field to examine further, in particular the investment practices and the management of working capital within these large institutions. Chapter 6 demonstrated the growing importance to Newcastle Infirmary of the annual income the investments generated. Indeed, as demonstrated in Chapters 4 and 5 the Infirmary was loathe to show a deficit on ordinary income and wanted

to invest all non-ordinary income for the benefit of the future. In the 1863 Annual Report it was stated that "The Committee, as they have frequently stated, would much wish to be placed in a position that they could fund [invest] all sums received for legacies and life governorships…" (NUL, Hospital Archives 72). The management of working capital, the attitude towards risk, the impact of the professionally qualified accountant, and the growing influence of worker representation on the board would all add to our knowledge and understanding of that time.

7.4 Concluding remarks

This thesis demonstrates the critical nature of accounting by examining the archival records and accounting practices evidenced at the Newcastle Infirmary during the 19th Century. Specifically, it demonstrates how accounting as a moral practice permitted treatment for patients who were inadmissible, and justified the commitment of expenditure on large capital projects on nothing more than acts of faith. In turn, accounting was used as a tool to hold managers accountable for their actions and as a vehicle for communicating that accountability to the changing providers of finance. Finally, this thesis adds to the literature on accounting within early voluntary hospitals by identifying the balance of contributions of costing systems to planning and decision making and the impact of finance on governance and holding managers accountable for their performance and the successful treatment of patients.

This thesis concurs with Gomes et al. (2011, p. 389) affirmative response to their question "Does Accounting History Matter?" and makes Levant and Zimnovitch (2017, p. 450) question "is there any point in researching accounting history?" redundant. Baskerville et al., (2017, p. 420) comment:

> Past, present and future are intrinsically linked, and accounting history scholars, by engaging with scholars inside and outside accounting, increase the potential to bridge different views of time, pluralise views of the past and offer new understandings of what was thought as being already known.

This thesis highlights areas not just of historical interest but also of importance to the current day, as Gebreiter and Jackson (2015) point out that research in hospital accounting has significant potential to help us develop a better, more historically grounded understanding of the financial issues facing hospitals in the present as well as in the past. The contemporary relevance of the present study is clear. Hospitals throughout time have, and will continue to have, limited resources. There have always been, and will continue to be, tough decisions to be made in the allocation of those scarce resources and looking into the past can only help the decision makers of today. Modern day accounting research into hospital funding could greatly benefit from examining the findings of what has happened in the past, as the quote often attributed to Mark Twain, "history doesn't repeat itself, but often rhymes", would indicate.

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HO.RVI/72/27	Annual Report	1814
HO.RVI/72/28	Annual Report	1815
HO.RVI/72/29	Annual Report	1816
HO.RVI/72/30	Annual Report	1817

HO.RVI/72/31	Annual Report	1818
HO.RVI/72/32	Annual Report	1819
HO.RVI/72/33	Annual Report	1820
HO.RVI/72/34	Annual Report	1821
HO.RVI/72/35	Annual Report	1822
HO.RVI/72/36	Annual Report	1823
HO.RVI/72/37	Annual Report	1824
HO.RVI/72/38	Annual Report	1825
HO.RVI/72/39	Annual Report	1826
HO.RVI/72/40	Annual Report	1827
HO.RVI/72/41-42	Annual Reports	1828
HO.RVI/72/43-44	Annual Reports	1829
HO.RVI/72/45-46	Annual Reports	1830
HO.RVI/72/47	Annual Report	1831
HO.RVI/72/48-49	Annual Reports	1832
HO.RVI/72/50-51	Annual Reports	1833
HO.RVI/72/52-53	Annual Reports	1834
HO.RVI/72/54-55	Annual Reports	1835
HO.RVI/72/56-57	Annual Reports	1836
HO.RVI/72/58	Annual Report	1837
HO.RVI/72/59	Annual Report	1838
HO.RVI/72/60-61	Annual Reports	1839
HO.RVI/72/62-63	Annual Reports	1840
HO.RVI/72/64	Annual Report	1841
HO.RVI/72/65-66	Annual Reports	1842
HO.RVI/72/67-68	Annual Reports	1843
HO.RVI/72/69-70	Annual Reports	1844
HO.RVI/72/71-72	Annual Reports	1845
HO.RVI/72/73	Annual Report	1846
HO.RVI/72/74-75	Annual Reports	1847
HO.RVI/72/76-77	Annual Reports	1848
HO.RVI/72/78-79	Annual Reports	1849
HO.RVI/72/80	Annual Report	1851
HO.RVI/72/81	Annual Report	1888
HO.RVI/72/82	Annual Report	1889

HO.RVI/72/83	Annual Report	1890
HO.RVI/72/84	Annual Report	1891
HO.RVI/72/85	Annual Report	1892
HO.RVI/72/86	Annual Report	1893
HO.RVI/72/87	Annual Report	1894
HO.RVI/72/88	Annual Report	1895
HO.RVI/72/89	Annual Report	1896
HO.RVI/72/90	Annual Report	1897
HO.RVI/72/132	Annual Reports	1773 - 1827
HO.RVI/72/133	Annual Reports	1892 - 1900
HO.RVI/72/134	Annual Reports	1901 - 1906

HO.RVI/73 Letter of summons to a Special Court Meeting to be held on 24 October 1805

HO.RVI/74/1 Statutes, rules and orders for the government of the Infirmary, 1751

HO.RVI/74/2 Statutes and rules, prefixed with an account of the origin and present state of the Infirmary 1801

HO.RVI/74/3	Statutes and Rules	1855
HO.RVI/74/4-5	Statutes and Rules	1869
HO.RVI/74/6	Statutes and Rules	1869 - 1881
HO.RVI/74/7	Statutes and Rules	1884
HO.RVI/74/8-9	Statutes and Rules	1887
HO.RVI/74/10	Statutes and Rules	1896

HO.RVI/74/16 Statutes and rules for House Committee 25 October 1855

HO.RVI/74/17 Rules for Resident Medical and Surgical Assistants, 1886

HO.RVI/74/18 Rules on the administration of anaesthetics, 1888

HO.RVI/76 Specifications of work on new hospital building, 1901

HO.RVI/84 Proposal by Charles John Gibb to the Committees of the Royal Infirmary and the Queen's Commemoration Fund for layout of new Infirmary, December 1896

HO.RVI/85 Queens Commemoration New Infirmary Fund. Bank passbook 4 June 1898 - 6 September 1902

HO.RVI/86 Newcastle upon Tyne Corporation (New Infirmary site) Act, 1898

HO.RVI/87 Site plan of the New Infirmary on Castle Leazes, February 1899

HO.RVI/88 Revised conditions of competition and instructions to architects, 14 February 1899

HO.RVI/89 Laying of foundation stone by the Prince and Princess of Wales, souvenir brochure 20 June 1900

HO.RVI/92/1	Receipts and Expenditure 1 January 1898 - 30 September 1895
HO.RVI/92/2	Receipts and Expenditure 1 January 1898 - 27 July 1899
HO.RVI/92/3	Receipts and Expenditure 1 January 1899 - 30 September 1900
HO.RVI/92/4	Receipts and accounts for goods supplied to the Infirmary including chemicals, glassware, pottery, soda water, candles, joinery and slatework 1809 - 1815
HO.RVI/93	Series Subscriptions 1837 - 1901
HO.RVI/93/1	Alphabetical list 1 April 1837
HO.RVI/93/2	Alphabetical list 1837/8
HO.RVI/93/3	Subscription in aid of the fund for enlarging the Infirmary from the workmen of J. Rennoldson, steamboat builder, South Shields, n.d. 1860s?
HO.RVI/93/4-20	Queens Commemoration New Infirmary Fund. List of paid and unpaid subscriptions, 1899 - 1901
HO.RVI/130	"Black Book" 1803 - 1813
HO.RVI/148/1	House visitors' book 9 December 1763 - 9 January 1813
HO.RVI/150/1	Result of an enquiry into the state of various infirmaries with a view to the improvement of the Infirmary at Newcastle, by John Clark MD, 11 June 1801
HO.RVI/150/2	A collection of papers intended to promote an Institute for the cure and prevention of infectious fevers by John Clark MD, 1802
HO.RVI/150/3	A report of the committee for promoting an Institution for the cure and prevention of contagious fevers in Newcastle and Gateshead, May 1802
HO.RVI/150/4-5	An address to the Governors of the Infirmary by a member of the Building Committee, 22 June 1802
HO.RVI/150/6	Explanatory preface to a letter to the Governors by Fredrick Horn intended to show the danger and impropriety of a general admission of contagious fevers into the new building annexed to the Infirmary, 9 September 1802
HO.RVI/150/7	A letter to the Governors by Frederick Horn intended to show the danger etc., September 1802
HO.RVI/150/8	Remarks on Dr. Horn's letter..... proving the economy, safety and necessity of annexing fever wards to the Infirmary by John Clark MD. 6 September 1802
HO.RVI/155	Blank questionnaire relative to the management and facilities of hospitals, March 1853
HO.RVI/181/1	Rules for Inpatients 1825
HO.RVI/181/2	Rules for Inpatients 19th century
HO.RVI/181/3	Notice forbidding the smoking or chewing of tobacco in the wards, 31 December 1863

HO.RVI/181/4	Visiting days for friends of patients, 12 October 1865
HO.RVI/181/5	Female Lock Ward, October 1870
HO.RVI/181/6	Rules for pupils, c1860s
HO.RVI/181/7	Rules for nurses and other servants, c1870s
HO.RVI/181/8	Rule 13, that no money should be accepted for any service done on account of the Infirmary, 19th century
HO.RVI/199	Infirmary Building Fund Treasurer's book, 25 August 1851 - 31 December 1854
HO.RVI/200	Matron's Report book to Committee, 12 December 1895 - 6 July 1899
L4488	Volume of Annual Reports 1884 - 1893

Newcastle Dispensary

HO.ND/3/1	Annual reports; Also includes rules and regulations 1777 - 30 September 1789
HO.ND/3/2	Annual reports; Also includes rules and regulations 1777 - 30 September 1812
HO.ND/3/3	Annual reports; Also includes rules and regulations 30 September 1813 - 30 September 1846
L/4754	History and Reports of the Newcastle Dispensary
L/4755	Newcastle Dispensary Reports, 1884, 1887, 1890, 1893

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Appendices

Appendix A – Photograph of the 4 pages of the 1805 Annual Report

Source – TWAS/ HO/ RVI/ 72/18

A

REPORT OF THE STATE

OF THE

INFIRMARY

For the SICK and LAME POOR of the COUNTIES of

NEWCASTLE UPON TYNE, DURHAM, and NORTHUMBERLAND,

For the 54th YEAR, ending the 1st APRIL, 1805.

GRAND VISITOR.

The Hon. and Right Rev. the Lord Bishop of Durham.

PRESIDENTS.

His Grace the Duke of Northumberland,
The Right Hon. the Earl of Tankerville,
His Grace the Duke of Portland,
The Right Hon. the Earl of Strathmore,
The Right Hon. Lord Delaval,
The Right Worshipful the Mayor of Newcastle.

VICE-PRESIDENTS.

Sir Henry Grey, Bart.
Sir M. W. Ridley, Bart. M. P.
Sir Thomas Henry Liddell, Bart.
The Right Hon. Earl Cowper,
Thomas R. Beaumont, Esq. M. P.
Charles John Brandling, Esq. M. P.

James Wood, M. D.
John Ramsay, M. D.
Robert Steavenson, M. D.
Thomas Emerson Headlam, M. D.
} PHYSICIANS.

Mr William Ingham,
Mr Frederick Horn,
Mr Thomas Leighton,
Mr Edward Smiles,
} SURGEONS.

Thomas Maude, Esq. TREASURER,
Mr Frederick Glenton, HOUSE-SURGEON and SECRETARY.

The Rev. John Ellison, CHAPLAIN.
Mrs Mary Jackson, MATRON.

THIS Report of the state of the Infirmary, in the 54th year of its establishment, presents to its well-wishers the gratifying information, that those appeals to humanity, which the circumstances of the charity had called for, have not been made in vain; and that, whilst the number of patients receiving assistance has been encreased, the funds have permitted an appropriation of no inconsiderable sum in discharging nearly the whole of the remaining debts incurred by the enlargment and improvement of the building. This improvement has fully answered the ends proposed, and the endeavours of the physicians and surgeons have been much aided by the purity of the air, and the regulation of its temperature, produced by the adoption of Mr Moser's method of heating and diffusing it; and the enlargement of the building has not only allowed the admission of a greater number of patients, but importantly contributed to their comfort and their restoration to health, by entirely removing the necessity, which often occurred before, of crowding the wards.

The sermons preached for the benefit of the charity, although within a district extremely circumscribed, have afforded much assistance to its funds, and it is not to be doubted that the benevolent efforts of the clergy, which have been found so beneficial, will be continued.

It is the hope also of the governors, that further contributions to this charitable establishment, which has restored to health and the service of the community more than 35,000 indigent persons, will enable them gradually to replace the sum of £1,500, withdrawn from the invested capital of the charity, in February, 1804.

The management of this charity is in the hands of the governors, who are either annual subscribers of *two guineas* or upwards, or benefactors of *twenty pounds* or more at one time. A court of governors is held four times a year, viz. on the first Thursday of April, July, October, and January, for transacting the extraordinary business of this Infirmary; and a committee of governors, consisting of twelve ordinary, and thirty-six extraordinary members, attends weekly, to admit and discharge the patients, examine the accounts, and superintend the conduct and expences of the house. *As the proper performance of this office is very important to the welfare of the institution, it is much to be wished that the governors would attend the committee on Thursdays, as often as they conveniently can.*

Every subscriber of one guinea per annum may recommend one in-patient, or two out-patients, yearly; every subscriber of two guineas may recommend double the number; and so in proportion for larger subscriptions. Benefactors of ten pounds have the same right of recommending as subscribers of one guinea per annum; and those who give larger sums in proportion.

Poor persons, who meet with accidents requiring the immediate help of a surgeon, are received at any hour of the day or night, without any recommendation; but every other person desirous of being admitted must get a recommendatory letter from a subscriber, and present it at the Infirmary on a Thursday, between ten and twelve o'clock; and the contributors are requested not to recommend any person but such as they are *well assured* cannot afford to pay for their cure.

According to the established rules of this Infirmary, no subscriber can vote or recommend patients, whilst his or her subscription remains unpaid. *And as the support and preservation of this charity must necessarily depend on the subscription being paid in advance, it is hoped that the subscribers will particularly attend to the above rule.* Every person is supposed to continue a subscriber till he declares the contrary to the treasurer or the committee.

At the quarterly court held the 4th July, 1799, it was ordered, that in the annual report, in future, the number of years each person is in arrear should be set opposite his name.

Two of the neighbouring governors are appointed weekly to *visit* the house, and enquire into the conduct of the different departments, and the behaviour of the patients and servants, and to report their observations to the committee. And governors from the country are also requested to take that trouble as often as they have an opportunity. *The more punctual discharge of this duty by the weekly governors appointed to visit, might happily prevent many abuses.*

Sir Matthew White Ridley, bart. and Charles John Brandling, esq. are the trustees of the money belonging to the Infirmary, vested in the public funds.

Besides the old linen produced by the house, a considerable quantity is bought every year for the purpose of dressing the surgeons' patients. The friends of this charity may, therefore, save it some expence, without inconvenience to themselves, by donations of old linen, of little or no use in their own families.

The gift of roots and vegetables likewise will at all times be highly acceptable.

Any subscriptions or benefactions given since the time when this report closes, (first of April,) cannot properly be herein noticed, but will be mentioned in the next.

THE FORM OF THE RECOMMENDATORY LETTER.

BEING well satisfied that the bearer of the parish of in the county of is a proper object of the charity, as to circumstances: if upon examination it judged to be so with regard to distemper, I desire you will admit to be a patient of the Infirmary.

To the House Committee of Governors of the Infirmary at Newcastle upon Tyne.

All persons who are disposed to contribute to this Charity by Will, are desired to do it in the following form.

I *Give and bequeath unto* A. B. *and* C. D. *or the survivor of them, the sum of upon trust, and to the intent, that they do pay the same to the treasurer for the time being, of a society, who call themselves* The Governors of the Infirmary for the Counties of Newcastle upon Tyne, Durham, and Northumberland: *Which said Sum of I charge upon my personal estate, and desire it may be applied towards the charitable designs of the said society.*

HO/RVI/72/18

Continuation of the BUILDING ACCOUNT, from April 1804, to April 1805.

RECEIPTS.

	£.	s.	d.
The amount of the payments on the other side, received by the treasurer, out of the general funds of the Infirmary,	377	18	9
	£.377	18	9

PAYMENTS.

	£.	s.	d.
Bricklayer's work,	142	14	11
Founder's ditto,	24	14	0
Painter's ditto,	51	15	10
Joiner's ditto,	47	8	0
Slater's ditto,	25	11	0
Plumber's ditto,	85	15	0
	£.377	18	9

Abstract of the Accounts of the NEWCASTLE INFIRMARY, from April 1, 1804, to April 1, 1805.

RECEIPTS.

	£.	s.	d.
Balance due from the treasurer, 31st March, 1804,	332	17	5
Balance due from the house-surgeon, 31st March, 1804,	3	2	8½
Amount of annual subscriptions from April 1, 1804, to April 1, 1805, £.1557 3. Amount received,	1359	15	0
Arrears of subscriptions due for this year, £.197 8			
Arrears of subscriptions received this year,	124	19	0
One year's dividend on £.5,500 3 per cent. consols, due January 5, 1804,	165	0	0
One year's dividend on £.1000 India annuities, due Michaelmas 1804,	30	0	0
One year's interest on £.1000 due from the Trustees of the Ponteland Road, due December 7, 1804,	50	0	0
One year's interest on £.2,250 at 4½ per cent. and one year's ditto on £.2,250 at 5 per cent. due March 17, 1804, of the Corporation of Newcastle,	213	15	0
One year's ditto on £.3000 at 5 per cent. due March 17, 1805, of ditto,	150	0	0
Two year's interest on £.100 on the Sunderland Road, given by Mrs Burdon, due May 12, 1804,	10	0	0
Two year's ditto on £.100 left by Dr Tew, due January 9, 1805,	8	0	0
Two year's perpetual rent charge, given by Mrs E. Baker, due 25th November, 1804,	9	0	0
Benefactions this year and collections at churches and meeting houses, *	528	2	1
The Society of Friends, per Mr A. Clapham, jun.	105	0	0
Balance due to the matron, March 31, 1805,	5	18	5
Balance of the Infirmary dinner in 1804,	2	9	6
Balance due to the secretary, March 31, 1804,	0	2	7
	£.3098	1	8½

PAYMENTS.

	£.	s.	d.
Balance due to the matron, 31st March, 1804	12	1	6
For victuals *,	1116	17	4
For liquors †,	332	4	6
For sundries on the new building account, as stated above,	377	18	9
Furniture and repairs,	121	6	9
Incidents ‡,	225	6	5½
Salaries, wages, and gratuities §,	303	7	8
Apothecary's expences,	388	10	10
Printing, paper, stamps, postage, and advertising,	20	17	10
One year's new water rent,	30	0	0
One year's ground and water rent to Mr Anderson,	5	1	0
One year's window cess,	3	17	6
One year's insurance omitted last year	3	12	6
One year's ditto, ending March 25, 1806,	3	12	6
Balance due from the treasurer, March 31, 1805,	153	6	7
	£.3098	1	8½

VICTUALS. *

	£.	s.	d.
Bread and flour,	312	0	4
Butcher meat,	397	14	2
Cheese and butter,	24	15	5
Eggs and milk,	190	8	7½
Fish and poultry,	7	18	0
Garden stuff,	22	19	10½
Groceries,	81	13	3
Oatmeal,	36	3	0
Pot barley	30	14	0
Salt,	12	10	8
	£.1116	17	4

INCIDENTS. ‡

	£.	s.	d.
Candles,	22	10	2
Coals,	91	11	0
Cloth, thread, old linen, &c. including for the surgery,	62	3	9
Shaving patients,	8	10	1½
Washing,	21	5	6
Bell ringers,	0	10	6
Duty on S. Lawton, Esq.'s legacy,	1	12	0
Matron's sundries,	17	3	5
	£.225	6	5½

LIQUORS. †

	£.	s.	d.
Malt, hops, and brewing,	268	18	6
Porter,	6	12	0
Wine,	56	14	0
	£.332	4	6

SALARIES, WAGES, & GRATUITIES. §

	£.	s.	d.
Matrons, nurses, watchers, house-maids, porters, and chapel clerk,	139	14	8
House-surgeon and assistants,	115	15	0
Chaplain	20	0	0
Secretary,	27	18	0
	£.303	7	8

* BENEFACTIONS THIS YEAR.

	£.	s.	d.
Mr Henry Moulter,	2	12	6
Anonymous,	3	0	0
S. Kemble, Esq. a benefit play,	89	11	2
Anonymous, per Mr T. Leighton,	1	0	0
Col. Elliott, a benefit play,	50	0	0
A Newcastle loyal volunteer,	2	2	0
Sir C. Monck,	5	0	0
Anonymous, per late Dr Clark,	1	0	0
Anonymous,	2	2	0
Ditto, per Wm Ingham, Esq.	10	0	0
The late S. Lawton, Esq. a legacy,	20	0	0
J. P. per secretary,	2	2	0
	£.188	9	8

Collections at churches and chapels, viz.

	£.	s.	d.
The High Bridge chapel,	3	18	0
Embleton church,	7	0	0
All Saints ditto,	23	4	3
St Andrew's ditto,	20	3	9
Silver-street chapel,	5	14	0
Kirkharle church,	3	2	7
Edlingham ditto,	6	8	9
St John's ditto,	10	16	9
Hartburn and Netherwitton do.	12	13	0
Newburn ditto,	7	13	0
Rothbury ditto,	7	12	2
Whitburn ditto,	12	3	6
Tynemouth ditto,	17	0	0
Horton ditto,	2	2	1
Whelpington ditto,	1	5	0
Bolam ditto,	3	8	1
Ellingham ditto,	4	4	10
Lucker chapel,	0	6	8
Chatton church,	5	0	1
Gosforth ditto,	5	0	6
Warden ditto,	7	5	3
Heddon ditto,	3	17	6
Beadnell chapel	2	6	0
Park ditto,	7	0	0
Groat Market ditto,	4	18	0
Shilbottle church,	1	10	6
Alnwick ditto,	9	11	6
Whickham church,	8	0	0
Earsdon ditto,	4	15	5
Eglingham ditto,	8	1	0
Holy Island ditto,	2	2	0
Simonburn ditto,	10	7	11
Billingham ditto,	2	6	0
Carham ditto,	0	10	6
South Shields ditto,	11	17	11
Wharlton ditto,	7	0	0
Bambrough ditto,	8	7	6
Alwinton ditto,	0	19	2
Morpeth ditto,	12	8	7
Morpeth chapel,	4	0	0
Ulgham church	1	13	10
Chillingham ditto,	4	0	0
Ponteland ditto,	4	8	0
St Nicholas' ditto	13	5	3
North Shields chapel,	2	7	6
Whitfield church,	1	15	0
Beltingham ditto,	0	17	2
Longhoughton & Lesbury ditto,	5	0	0
Rock and Rennington ditto,	4	4	0
Jarrow ditto,	3	18	6
Heworth ditto,	1	15	1
North Shields High chapel,	18	0	0
Woodhorn church,	2	6	4
	£.528	2	1
The Society of Friends in the county of Durham, including Newcastle and Shields, per Mr A. Clapham, jun.	105	0	0
	£.633	2	1

A friend and well-wisher to the Infirmary presented 20 Bibles for the use of the patients, to be placed in the wards.

Large supplies of vegetables from Sir T. H. Liddell's gardens at Ravensworth.

Mr Row one keel of coals.

Messrs Dunn one ditto.

Mr Brandling one ditto.

Mess. Bell & Brown two ditto.

IN PATIENTS.

Remaining on the Books, April, 1804,		86
Admitted this year,		616
		702
Discharged, as Cured,	409	
Discharged, as Relieved,	42	
Discharged, as Made out patients,	94	
No better,	6	
Improper,	11	
Irregular,	9	
Dead,	36	
	607	
Remaining in the House, April 1, 1805,	95	702

Accidents this year, 247

Of whom 89 were in-patients.

OUT PATIENTS.

Remaining on the Books, April 1, 1804,		68
Admitted this year,		442
		510
Discharged, as Cured,	389	
Discharged, as Relieved,	24	
Non-attendance,	5	
Made in-patients,	7	
No better,	1	
Dead,	4	
Remaining on the Books,	80	510

Cured since the Infirmary commenced, in 1751, 35,735

An Alphabetical LIST of the present Annual Subscribers.

Name	A. S. £	N. B. £	s.
ABBS Bryan, esq. Shotley Hall	2		
Abbs R. Bryan, esq.	2		
Adair William, esq.		20	
Adams Alexander, esq.	5	21	
Adams Thomas, esq. Alnwick		21	
Adamson Mr Cuthbert, Gateshead		2	2
Airey Mr John	2	2	2
Alcock Mrs Jane	10		
Alder Mr Joshua	2		
Allgood James, esq. Nunwick	5		
Anderson Mr Thos. Westgate-street		5	
Anderson Mr John, Queen-Square	2		
Anderson George, esq.	2		
Anderson Mr John, surgeon	2		
Angas Mr Caleb	2	5	
Anonymous		10	
Anonymous		10	
Armstrong Lawson, esq.		5	5
Askew Adam, esq. Redheugh	4	25	
Atkinson George, esq. Hamsterley	2	21	
Atkinson Mr John	2	5	
Atkinson Matthew, esq. Temple Sowerby (2)	2		
Atkinson Ralph, esq.	2		
Atkinson Mr James	2		
Atkinson Mr John, Gateshead	2		
Aynsley right hon. Lord Charles, Little Harle	5		
ASSOCIATIONS.			
Bailiffs of the Borough of Morpeth (4)	3		
Freemen and Boroughmen of Gateshead	4		
Shipwrights, South Shields	2		
St Nicholas Lodge, Newcastle	2		
Stannington Print Field	2		
Union Lodge, Gateshead	2	2	2
Master Mariners, South Shields	2		
Seaman's Association, ditto ditto	2		
The Sailor's Fund, ditto ditto	4		
Ladies Charitable Fund	2		
Venerable Bede's Lodge, Morpeth	2		
B			
Baker George, esq. Elemore	5		
Bainbridge Thomas, esq. Bengal	5		
Barras Miss Elizabeth, Gateshead	5		
Barras Mr John, Gateshead	2	10	10
Bates Ralph, esq. Hallowell	3		
Bates rev. Robert, Whalton	2		
Bates Mr Cuthbert	2		
Batson William, esq.	2		
Beaumont Thomas Richard, esq. Hexham Abbey	20	100	
Bell Matthew, esq. Woolsington	5	100	
Bell Rich. esq. Easby	2		
Bell Mr Henry, Woolsington	2		
Bell Mr Joseph	2		
Bernard Thomas, esq. Foundling Hospital (2)	2		
Bewicke Calverly, esq. Close House	10	50	
Bigge Chas. Wm esq. Benton House	5	50	
Bigge John Thomas, esq. London	2	20	
Bigge Thomas, esq. Little Benton	2	10	10
Bilton Mr William	2		
Bird Mr John, Chester-le-Street	2		
Blackett Sir William, Matfen	5	50	
Blackett John Erasmus, esq.	2	10	
Blackett rev. Henry, Boldon	3		
Blackett Christopher, esq. Wylam	2		
Blackett Mr Francis, South Shields (1)	2		
Blackburn Mr William	2		
Booth Mr Samuel, Darlington	1		
Brandling Chas. John, esq. Gosforth House, M. P.	5	100	
Brandling R. W. esq.	2		
Brown William, esq. Benton	2		
Brown Dixon, esq.	2		
Brown Mr Thomas	2		
Broughton Thomas, esq.	2		
Brumell Mr George	2	5	5
Brumwell Mr William	2		
Brumell Mr John	2		
Brunton Mr Benjamin	2	5	
Bulman Job, esq. Coxlodge	2	5	5
Burdon Row. esq. M. P. Castle Eden		50	
Burdon Geo. esq.	5		
Burdon Thomas, esq.	2		
Burkitt rev. James, Ovingham	2		
Burnup Mr Wm.	2		
Burrell Bryan, esq. Broom Park	2		
Burrell Wm. esq.	2		
Burrell Mrs Ann	2		
Burt Mr Andrew	2		
Bragg Mr Hadwen	2		
C			
Campbell Mr Edw. Hall	3		
Carr Ralph, esq. Dunston Hill	5		
Carr John, esq. Hedgley	3	25	
Charlton Captain	2		
Chaters Mr Thos. North Shields (1)	2		
Chatto Mr Alexander	2		
Clapham Mr Anthony, jun.	2		
Clark late John, M. D.	2	21	
Clarke John Graham, esq.	2	25	

Name	A. S. £	N. B. £	s.
Clarke rev. Robert, Hexham	2	5	5
Clarke Wm. esq. Dockwray-square	2		
Clarke Wm. esq. jun. Wall's End (1)	2		
Clark John, esq. Blyth	2		
Clavering Sir Thomas, bart. Axwell	5		
Clavering Charles John, esq.	3		
Clavering Mrs	2	21	
Clayton Robert, esq.	2		
Clayton Nathaniel, esq.	2	21	
Coats Mr William	2		
Collingwood Edw. esq. Chirton	5	21	
Collingwood Henry, esq. Lilburn	5		
Concert at the Theatre		83	14 2d
Cookson Isaac, esq. Whitehill	3	26	5
Cookson John, esq. London		10	10
Cooper rev. Charles, D. D. Durham	3		
Cotes rev. Henry, Bedlington	2		
Coward Henry, esq. New Whitley (1)	2		
Cowper right hon. Earl	5	52	10
Cram Mr David	2		
Cramlington Mr Henry (2)	3		
Craster Shafto, esq. Craster	2		
Craster Mr James	2		
Crawford Mr Robert	2		
Cummings Mr Thomas, Chester-le-street	2		
Cuthbert William, esq.	2		
Currie Mr Robert	2		
COMPANIES & COPARTNERS.			
Mess. Armstrong, Thompson & Co. (1)	2		
Barber-Surgeon's Company		5	5
Bricklayer's Company	2		
Burdon and Rayne (1)	2		
Chapman Messrs John and Robert	3		
Corbyn and Co. London	2		
Doubleday, Easterby, and Co.	2		
Easterby, Hall, and Co.	2		
Gibson and Myers (1)	2		
Gordon, Biddulph, and Co. London	2		
Hervey John and James	2		
Hawks, Sons, and Co. Gateshead	2	21	
Henzell Cath. and Co.	2		
Hoastman's Company	20	50	
Howdon Dock Company (1)	5		
Insurance Company, Newcastle	5		
Lloyd and Burdon	2		
Merchant's Company	10		
Potter and Co. Forth Banks	2		
Rankins and Walton	5		
Richardsons and Hofting	2		
Sibbet, Smith, and Co.	5		
Sail-makers' Company	2		
Slaters and Tylers' Company	2		
Sadlers' Company	2		
Taylors' Company	2	5	5
Temple and Blackett (1)	2		
Tyne Brewery Company	2		
Tyne Iron Works Company, Lemington	5		
Walkers, Ward, Parker, and Co.	5		
COLLIERIES.			
Benton East—Bell, Brown, and Co.	5		
Benwell—Surtees and Co.	4		
Greenwich Moor—Biss and Co. (5)	5		
Heaton—William Row and Co. (1)	5		
Hebburn—Wade and Co.	5		
Kenton—Liddell and Co.	5		
Willington—Bell, Brown, and Co.	5		
Tyne Main—Liddell and Co.	5		
Cowpen—Clarke and Co.	5		
CORPORATIONS.			
Newcastle	100	100	
Trinity House	10	30	
D			
Darnell Mr	2		
Darnell Mr John	2		
Davy Mr, London (2)	2		
Davison Alexander, esq. Swarland (1)	10	100	
Davidson John, esq.	2		
Davidson Mr Thomas	2		
Delaval right hon lord, Seaton Delaval	15	100	
Dobson Mr Richard	2		
Dunn Joseph, esq.		5	
Dunn Mr George	2		
Dunn Mr Matth.	2		
Durham, hon. and right rev. Shute, lord bishop of	30	100	
Durham hon. and right rev. James Cornwallis, D. D. dean of	6		
Durham dean and chapter of		50	
E			
Eden sir John, bart. Windleston	5		
Ekins rev. Frederick, Morpeth	2	10	10
Elliot Mr Thomas (2)	2		
Ellison Cuthbert, esq. Hebburn	8		
Ellison Mrs Elizabeth, Saville-row	5		
Ellison Mrs Wm	1		
Ellison Nath. esq.	2		
Errington John, esq. Beaufront	5		
Errington Henry, esq. Sandhoe	5		
Errington George Ward, esq. (8)	2		

Name	A. S. £	N. B. £	s.
EXECUTORS and TRUSTEES.			
Crewe Trustees of the late lord	5	50	
Sick and disabled Seamen, Port of Newcastle	5		
Stafford John, esq. executors, Monkwearmouth	2		
Lambton W. H. esq. executors of (1)	5		
Windsor hon. lady's representatives	20		
F			
Falla Mr William, jun.	2		
Fawcett rev. John, Newton	3		
Fenwick Mrs, Bywell	5	21	
Fenwick Mr John	4		
Fenwick Nicholas, esq. Lemington (3)	2		
Fenwick Mr Bowes (1)	2		
Fenwick Thomas, esq.	2		
Fife Mr William	2		
Forster Joseph, esq.	2	21	
Forster Mr George	2		
French Mr George, North Shields	2		
G			
Gallon Edward, esq. Alnwick		10	10
Gibson Thomas, esq. banker	2		
Gibson Mr Taylor	2		
Gibson Mr Thomas	1		
Gilbert Mr John	2		
Goodchild John, esq. jun. Pallion (2)	2		
Gray Mr John (1)	2		
Grey Sir Henry, bart. London	10		
Grey hon. Charles, M. P. Falloden	5	50	
Grey Ralph William, esq. Backworth	2		
Greenwell W. T. esq. Ford	2		
Green Mr John, Gateshead	2		
Grieve William, esq. Ord House	2		
Greville rev. James	2		
GLASS-HOUSES.			
Northumberland Glass-house	4		
Close ditto, Mess. W. Wilson and Co.	4		
Eastern Broad ditto, North Shore	2		
Middle ditto, ditto	2		
Western ditto, ditto	2		
H			
Halbert Mr J. Potts	2		
Hardy Mr William	2		
Hargrave William, esq. Shawdon	5	50	
Harle Mr Thomas, Morpeth (1)	2		
Harrison Jasper, esq. Whickham (2)	2		
Harrison Mr Robert, Gateshead	2		
Harrison Mrs Cath.		2	2
Harvey Mr Thomas, Gateshead	2		
Hawks Mr George, London	2		
Hawks Mr R. S. Gateshead	2		
Hawks Mr S. John, ditto (2)	1		
Hawks Mr William, ditto	2		
Head Mr Thomas	2		
Headlam Thomas E. esq. Gateshead	2	10	10
Henderson Mr D.	2		
Henzell Mrs	2		
Heron Mr Walter	2		
Hewitson Mr William	2		
Hodgson John, esq. Elswick	3		
Hodgson Mrs S.	2		
Hood Mr Robert	2		
Hood Anthony, esq. Carr's Hill	2		
Hopper Anthony, esq	2	10	10
Horn Mr	2	5	5
Horner Mr Stephen, Gateshead	2		
Horsley Robert, esq. Bolam	2		
Hounsom Henry Joseph, esq.	4		
Hudson Mrs, Whitley	2	10	10
Hunt Mr Thomas (5)	2		
Hunter John, esq. Hermitage (1)	2		
Huntley Mr John, Gateshead	2		
Hutton Rev. J.	2		
I and J			
Ibbetson Henry, esq. St Anthony's	3	10	10
Ibbetson Mrs		10	10
Ingham William, esq.	2	21	
Innes Mr Robert	2		
Illumination subscription, June, 1802, for the peace, Newcastle and Gateshead, half the amount of		318*l.* 10*s.* 11*d.*	
James Mr Thomas	2		
James Mr William	2		
Jobling Mrs		5	5
Jobling Mr Robert	2		
Jobling Mr Cresswell (2)	2		
Johnson Francis, esq.	2		
Johnson Mr Huet, London		1	1
Johnson Mr Robert	2		
Johnson Mr William	2		
Jackson Mr Edward	2		
K			
Kemble Mr, a benefit play		93	11
Kentish Edward, M. D. (2)	2		
Kell Mr Richard, Felling Shore	2		
L			
Laidlaw rev. A.	2		
Laing Mr Robt. Dockwray-square (1)	2		
Lake George, esq. Long Benton	2	10	10
Lamb Mr Joseph	2		
Langlands Mr John	2		

	A. S.	N. B.	
	gs.	£.	s.
Lawrence Miss, Kirby Fleetham	2		
Lawson sir John, bart. Brough Hall	2		
Leaton Anthony, esq. Whickham	2		
Lee rev. G.	2		
Leighton Mr Thomas	2		
Leighton Mr D. London	2		
Liddell sir Thomas Henry, bart. Ravensworth	50	100	
Liddell lady	5		
Linskill William, esq. Tynemouth Lodge	5		
Lisle Robert, esq. Acton (4)	2		
Lloyd Mr William	2	5	5
Loraine sir William, bart. Kirkharle	3		
Losh James, esq. Jesmond	5	5	5
M			
Maire Henry, esq. Lartington	2		
Marshall Mr George, Gateshead	2		
Maddison T. esq.	2		
Maude Jacob, esq. Sunniside	2		
Maude Thomas, esq. treasurer	2	10	10
Mc Indoe rev. D.	2		
Meggison Thomas, esq. London	2		
Millington Isaiah, esq. Greenwich	10		
Milbanke sir Ralph, bart.	2	50	
Moises rev. Hugh		2	2
Moises rev. Hugh, jun.	1		
Monck sir C. M. L. M. bart. Belsay		100	
Monkhouse Miles, esq.	2		
Montague Matthew, esq. Denton	5		
M'Leod Mr J. Gateshead	2	5	5
N			
Naters Mr Joseph, Sandyford	2		
Nixon Mr John	2		
Northumberland his grace Hugh duke of	10	500	
O			
Ogle Charles, esq.	2	21	
Ogle Henry, esq. Kirkley	2		
Ogle Nath. esq. ditto (1)	2		
Ogle Mr W. W.	2		
Ord William, esq. Fenham	10	100	
Ord John, esq. Hunstonworth	5	50	
Ord William, esq. Morpeth	3		
Ord Mr Christopher, Moor Mills	2		
Ormston Mr Robert	5	20	
Ossulston right hon. lord, London (2)	5		
Oxley Mr John	2		
OVERSEERS, TOWNSHIPS, AND PARISHES.			
All Saints' Chapelry (for accidents only)	10		
Washington parish, county of Durham	4		
P			
Page Mr, Shield-field	2		
Paley late Dr, Bishop-Wearmouth	2		
Parker Mr S. W. White Lead Factory	2		
Patterson Mr John, Shield-field	2	2	2
Patterson Mr John, Quayside	2		
Peareth William, esq. Usworth	5	50	
Peareth Mrs	5		
Peareth Mrs Ann, Newcastle	3		
Pearson Robert, esq.	2		
Pitt William Morton, esq.	10		
Plummer Mr John, Shire-moor	2		
Portland his grace Henry duke of	20		
Postern Chapel collection		17	
Poyntz rev. Stephen, D. D. Durham	2		
Price rev. D. D.	2		
Proctor Mr Robert, Gateshead	1		
Prosser rev. Richard, D. D.	5	10	10
Purvis Charles Dalston, esq.	2		
R			
Ramsay John, M. D.	2		
Redhead Mr W. jun. Shield-field (1)	2		
Reay H. U. esq. Killingworth	5	50	
Reay Mrs	2		
Reed John, esq. Chipchase	5		
Reed rev Francis, Whorlton	2		
Reed Archibald, esq.	2		
Renwick Mr John	2		
Richardson Mr George	2		
Richardson Mr Isaac	2		
Riddell R. esq. Cheeseburn Grange	2		
Riddell Ralph, esq. Felton	5		
Ridley Sir M. W. Blagdon	5	100	
Ridley lady	3	100	
Ridley M. W. esq.	3	50	
Ridley Mrs, Heaton	2		
Ridley Nicholas, esq. London	2		
Ridley rev. Henry, D. D. Isle Wight	2		
Robertson Mr Thomas, South Shields	2	5	5
Robson Mr W. Ravensworth	2		
Robson Mr Thomas, Sunderland	2		
Robson Mr Henry, South Shields	4		
Robson Mr Thomas, Fawdon	2		
Robson Mr Thomas	2		
Robertson Mrs A.		5	
Roddam admiral, Roddam	5	100	
Roddam Mrs	2		
Roddam Collingwood, esq. Alnwick		10	10
Roddam Mr John, Gateshead	2		
Row Mr William, St Peter's Quay	2		
Russell Wm, esq. Brancepeth Castle	10	50	
Russell Mr John	2		
S			
Saint Miss, Morpeth	2	5	
Sanderson Mr Thomas	2		
Saville Miss	1		
Scaife William, esq. Leazes (2)	2		
Scott James, esq. Saville-row	2	21	
Scott Mr John, Dockwray-square	2		
Scott Robert esq. Shincliffe	2		
Selby H. Collingwood, esq. Swansfield	2		
Selby Thomas, esq. Biddleston	2		
Selby Thomas, jun. esq.	2		
Sewell Mr Michael	2		
Shadforth Mr Thomas, Red Barns	2		
Shadforth Mr H. sen.	2		
Sharp Cuthbert, esq. Sunderland	2		
Shortridge Mr R. T. South Shields	2		
Silvertop George, esq.	2		
Simpson Miss	5		
Smiles Mr Edward	2		
Smiles Mr John	2		
Smith Mr William, Quayside	2		
Smith Mr Henry, Gateshead	2	2	2
Smith Mr William, High Frier-street	2		
Smith Mr Robert, Gateshead	2		
Smith Thomas, esq.	2		
Smith rev. John, vicar of Newcastle	2		
Soulsby Christopher, esq. Hallington (11)	2		
Sorsbie Mr Benjamin, Shield-field	2		
Spencer Mr William, Quayside	2		
Spencer Mr Hugh	2		
Standish Ed. Townley, esq. Stella Hall	5		
Stapleton Henry, esq. Norton	2	5	5
Steavenson Robert, M. D.	2		
Steavenson Mrs	2		
Stephenson Mrs, Elswick (late) (1)	5		
Storey Robert, esq. Cramlington	2	50	
Strathmore right hon. John earl of	10	100	
Surtees William, esq. Seaton Burn	2	50	
Surtees Aubone, esq. (2)	2		
Surtees Anthony, esq.	2		
Surtees Mr Ridley		3	3
Sutton Mr David	2		
Sutton Mr Thomas	2		
Swinburne sir J. Ed. bart. Capheaton	5	100	
T			
Tankerville right hon. Charles earl (2)	10	100	
Taylor Mr Thomas, Gateshead	2		
Tempest sir H. Vane, bart. (2)	5	50	
Temple Mr S. jun. South Shields (2)	10		
Temperley Mr		5	5
Thorp rev. Robert, D. D. archdeacon of Northumberland	2		
Thurlow rev. Ed. Houghton-le-spring	3		
Trevelyan sir John, bart. Wallington	5		
Trevelyan Walter, esq. Netherwitton	2		
Trevelyan W. B. esq.	3		
Tully Mr Bartholomew, Kibblesworth	2		
Tweddell Francis, esq. Threepwood	5		
W			
Wade Thomas, esq. Usworth-place (1)	2		
Waldie Mr George, Forth	2		
Walker John, esq. Dockwray-square	4	25	
Walker Mr Edward	2	10	
Walters Mr Robert	2		
Walton Nicholas, esq.	5	21	
Walton Rev. Jona. Birdbrook, Essex		5	5
Walton Mr Henry	3		
Wardle Dr, Alnwick	2		
Wardle Mr, Framlington	2		
Waters Mrs		5	5
Waters Mr Thomas	2	5	5
Waters Mr Ralph	2	5	5
Watson rev. Dr, Rothbury	2		
Welbank Mr Wm (1)	2		
Whitehead Mr William, Monckton	2		
Wilkinson Mr Philip, Gateshead	2		
Williamson R. Hopper, esq.	2	20	
Willis Mr Joseph, Gateshead	2		
Winship Mr Taylor	2		
Wilson rev. George, Corbridge	5		
Wilson John, esq. Morpeth	2		
Worswick rev. James	2		
Wright Mr John, North Shields	2		
Wright Mr William, Newcastle	2		
Wylam Mr Ed. jun. Sunderland	2		
Wylam Mr Ed. High Heworth	2		

BENEFACTORS (of £.20 and upwards, at one Time) now living.

Name	£
Adam Askew, esq. Redheugh	£20
William Adair, esq.	20
George Atkinson, esq. Riding	20
Mrs Baker, Newcastle	100
Charles John Brandling, esq.	100
Rowland Burdon, esq. Castle Eden	60
Mrs Burdon, ditto	100
William Batson, esq. Newcastle	20
Mrs Batson, ditto	20
Master Wm Barras	50
Admiral Collingwood	20
Joseph Dunn, esq. ditto	20
Mrs Elizabeth Ellison, ditto	£100
Mrs Gibson, Westgate-street	20
Edward Gallon, esq. Alnwick	20
Thomas Gibson, esq. Newcastle	20
Mr Middleton Hewitson, ditto	20
A. Hopper, esq. for the gentlemen who obtained the 10,000l. in the lottery, 1792	30
Mrs Hudson, Whitley	50
Mr Kemble	20
Stephen Pemberton, M.B. Sunderland	50
Richard Pemberton, esq. Barnes	£50
Honourable Philip Pusey	20
Mrs Simpson, Lincoln's-Inn Fields	20
George Philip Towrey, esq. London	20
Mr Simon Temple, South Shields	20
William Yeilder, esq. Newcastle	200
Earl and Countess of Upper Ossory	50
Mr Cuthbert Usher, surgeon of the North York militia	20
Messrs Walkers, Ward, Parker, & Co.	50
W. B. Trevelyan, esq.	20

N. B. Notwithstanding some of the subscribers in the above list are dead, their names are inserted, as their subscriptions have either been paid for the year now reported, or are expected to be so.

The figures within parentheses denote the number of years in arrear.

The first column of figures contains the annual subscriptions, and the second the donations to the new building.

Newcastle: Printed by Edw. Walker, Pilgrim-Street.

Appendix B - Analysis of Income and Expense from the Annual Reports 1852 - 1899

Data Collected from the Annual Reports - y/e 31 March 1852 - y/e 31 March 1860

	1852			1853			1854			1855			1856			1857			1858			1859			1860		
	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
Receipts																											
Subscriptions	2129	12	9	2059	18	9	2401	2	3	2228	14	6	2044	10	11	2527	4	11	2178	0	9	2252	7	10	2225	3	6
Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Rent of Piggs charity	200	16	4	201	15	10	203	16	10	133	18	9	264	15	0	413	0	4	287	1	8	201	9	2	240	11	8
Interest of Capital	542	7	0	635	18	11	559	14	2	217	15	9	759	16	6	509	0	5	529	3	10	586	11	11	524	11	10
Income Tax Returned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	173	11	2	46	7	0	20	18	4	0	0	0
Small Donations *	41	14	0	28	1	0	80	12	0	88	10	8	605	3	2	214	19	7	155	15	6	130	2	0	98	3	4
Sermons	43	16	10	35	12	10	50	17	8	49	0	7	49	0	0	70	1	7	33	18	6	40	7	6	28	12	11
Poor box, sale of dripping etc.	12	12	5	15	6	9	15	14	7	28	8	9	38	14	6	42	11	11	46	7	1	45	18	3	43	14	2
Board from clinical assistants	54	0	0	24	0	0	206	0	0	30	0	0	30	0	0	72	0	0	68	5	0	42	0	0	42	0	0
discounts	17	15	9	2	13	3	0	0	0	2	8	10	11	2	4	7	16	6	7	6	11	3	15	6	5	3	6
Interest on Donations	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Rent charge	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Law charge	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dividend	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Casuals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Student fees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Ordinary Income	**3042**	**15**	**1**	**3003**	**7**	**4**	**3517**	**17**	**6**	**2778**	**17**	**10**	**3803**	**2**	**5**	**4030**	**6**	**5**	**3352**	**6**	**3**	**3323**	**10**	**6**	**3208**	**0**	**11**
Large Benefactions **	120	0	0	116	0	0	140	0	0	712	10	0	360	0	0	221	0	0	20	0	0	0	0	0	252	0	0
Donors to privilege of life Governors	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Legacies	834	0	6	45	0	0	993	1	5	367	12	0	851	16	6	360	2	1	49	19	0	391	5	0	150	0	0
Interest	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Income	**3996**	**15**	**7**	**3164**	**7**	**4**	**4650**	**18**	**11**	**3858**	**19**	**10**	**5014**	**18**	**11**	**4611**	**8**	**6**	**3422**	**5**	**3**	**3714**	**15**	**6**	**3610**	**0**	**11**
Expenditure																											
Victuals	1318	13	7	1495	4	5	1953	5	2	2005	0	0	2021	0	0	1833	0	0	1842	0	0	1585	0	0	1700	0	0
Liquor	263	5	0	212	12	7	375	14	9	346	0	0	312	0	0	296	0	0	377	0	0	254	0	0	331	0	0
Furniture & Repairs	238	3	1	167	5	3	297	12	11	568	0	0	648	0	0	514	0	0	266	0	0	363	0	0	359	0	0
Salaries, Wages & Gratuities	449	10	6	447	3	6	471	19	10	552	0	0	588	0	0	532	0	0	578	0	0	606	0	0	610	0	0
Drugs and surgical instruments	462	8	0	410	1	2	507	0	4	536	0	0	441	0	0	427	0	0	521	0	0	421	0	0	606	0	0
Printing & Advertising	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Rent, Insurance & Taxes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Matron, sundries, hardware &c.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Washing	450	2	10	354	12	9	489	15	1	529	0	0	539	0	0	536	0	0	563	0	0	528	0	0	626	0	0
Coals, wood & Leading	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Candles & gas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Water rent	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Shaving and sending home patients	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gardeners Wages	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Miscellaneous ***	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Convalescent homes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Interest to bankers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Rent of nurses homes (Wentworth place)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Expenses	**3182**	**3**	**0**	**3086**	**19**	**8**	**4095**	**16**	**1**	**4536**	**0**	**5**	**4549**	**6**	**7**	**4138**	**13**	**9**	**4147**	**1**	**6**	**3757**	**8**	**9**	**4232**	**11**	**11**
Number of Patients																											
In-Patients	1569			1637			1678			1750			1529			1496			1573			1573			1689		
Out-Patients	1924			2169			3742			2419			1738			1739			1895			1635			1898		
Casuals	0			0			0			0			4020			4515			5108			8593			8739		

* Donations conferring no privileges

** Large Benefactions of £30 and upwards, entitling donors to privilege of life

*** Porters' & nurses' clothing, collecting subs, funerals and petty charges

Data Collected from the Annual Reports - y/e 31 March 1861 - y/e 31 March 1870

	1861			1862			1863			1864			1865			1866			1867			1868			1869			1870		
	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
Receipts																														
Subscriptions	2264	9	3	2457	15	9	2497	10	8	2494	12	4	2775	7	9	2641	14	2	2452	10	7	2509	13	3	2652	8	6	3191	14	8
Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Rent of Piggs charity	221	15	10	220	14	2	221	15	0	227	6	8	198	5	0	244	1	8	224	13	4	224	13	4	203	10	0	304	3	5
Interest of Capital	678	19	10	820	15	8	835	13	8	882	16	2	948	0	10	1017	16	6	1062	17	1	1069	4	6	1128	13	7	1209	17	1
Income Tax Returned	41	14	5	13	17	6	51	4	0	26	0	6	21	1	2	24	1	8	20	17	3	18	1	3	26	12	6	33	3	9
Small Donations *	212	14	6	173	3	3	128	13	0	166	14	0	163	12	10	184	6	6	168	1	9	220	13	2	234	5	1	242	15	0
Sermons	62	2	11	43	1	1	106	14	7	60	6	4	81	4	5	59	3	2	78	10	11	75	14	0	63	1	6	121	0	10
Poor box, sale of dripping etc.	66	11	8	53	11	6	54	15	4	55	18	8	54	2	1	54	13	11	55	19	9	57	7	5	53	12	4	55	14	2
Board from clinical assistants	42	0	0	42	0	0	26	5	0	42	0	0	42	0	0	42	0	0	47	5	0	42	0	0	63	0	0	0	0	0
discounts	3	10	5	5	17	1	5	0	7	3	18	1	2	9	9	0	17	0	2	15	11	0	19	10	2	12	10	1	12	2
Interest on Donations	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	15	7	11	30	18	6
Rent charge	0	0	0	0	0	0	78	15	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Law charge	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dividend	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Casuals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Student fees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Ordinary Income	**3593**	**18**	**10**	**3830**	**16**	**0**	**4006**	**6**	**10**	**3959**	**12**	**9**	**4286**	**3**	**10**	**4268**	**14**	**7**	**4113**	**11**	**7**	**4218**	**6**	**9**	**4443**	**4**	**3**	**5190**	**19**	**7**
Large Benefactions **	245	0	0	394	0	0	260	0	0	861	0	0	658	0	0	206	0	0	247	0	0	1314	0	0	401	0	0	715	0	0
Donors to privilege of life Governors	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Legacies	10046	11	0	1180	0	0	517	1	5	2713	4	0	2180	0	0	1437	18	0	1555	0	0	142	14	7	6032	3	2	1098	11	9
Interest	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Income	**13885**	**9**	**10**	**5404**	**16**	**0**	**4783**	**8**	**3**	**7533**	**16**	**9**	**7124**	**3**	**10**	**5912**	**12**	**7**	**5915**	**11**	**7**	**5675**	**1**	**4**	**10876**	**7**	**5**	**7004**	**11**	**4**
Expenditure																														
Victuals	0	0	0	0	0	0	1898	16	10	1893	17	8	1863	10	2	2066	10	2	2216	9	10	2279	14	2	2547	14	2	2787	9	10
Liquor	0	0	0	0	0	0	333	13	7	305	19	4	271	17	7	303	7	8	349	16	9	441	18	1	437	0	4	553	17	7
Furniture & Repairs	0	0	0	0	0	0	597	14	5	654	15	4	713	17	9	633	15	7	996	5	7	1356	14	8	983	8	9	961	0	1
Salaries, Wages & Gratuities	0	0	0	0	0	0	659	1	6	719	18	11	789	9	11	791	4	4	765	10	2	776	5	2	825	8	6	917	16	4
Drugs and surgical instruments	0	0	0	0	0	0	549	2	11	545	7	10	480	14	4	500	8	5	463	11	10	555	18	11	725	5	5	954	6	10
Printing & Advertising	0	0	0	0	0	0	74	2	3	75	14	8	68	19	6	83	0	6	70	11	2	79	9	10	106	18	6	168	14	5
Rent, Insurance & Taxes	0	0	0	0	0	0	41	12	5	43	9	11	54	15	2	43	9	11	53	6	5	54	7	3	46	16	5	48	16	8
Matron, sundries, hardware &c.	0	0	0	0	0	0	82	17	6	73	14	10	39	17	10	49	7	7	43	1	1	50	16	1	53	14	2	36	9	8
Washing	0	0	0	0	0	0	35	5	4	46	9	9	35	17	6	45	11	0	41	16	11	54	18	4	63	9	2	90	12	11
Coals, wood & Leading	0	0	0	0	0	0	129	16	6	184	15	6	123	13	6	148	9	8	149	17	9	157	11	3	200	1	3	198	2	6
Candles & gas	0	0	0	0	0	0	62	0	6	52	1	10	48	11	3	46	9	6	54	17	2	64	16	9	65	2	2	96	19	7
Water rent	0	0	0	0	0	0	30	0	0	30	0	0	30	0	0	30	0	0	30	0	0	30	0	0	30	0	0	30	0	0
Shaving and sending home patients	0	0	0	0	0	0	23	2	6	19	0	5	17	2	3	17	11	5	16	8	0	17	8	7	17	3	4	17	12	8
Gardeners Wages	0	0	0	0	0	0	18	12	3	27	2	0	35	2	6	23	1	3	25	2	6	51	8	8	58	8	0	66	4	5
Miscellaneous ***	0	0	0	0	0	0	35	14	5	33	13	8	41	16	4	24	16	4	76	9	8	154	2	9	55	7	1	87	0	2
Convalescent homes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	29	8	0	50	10	0	104	2	0
Interest to bankers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Rent of nurses homes (Wentworth place)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Expenses	**4535**	**9**	**3**	**4724**	**7**	**6**	**4571**	**12**	**11**	**4706**	**1**	**8**	**4615**	**5**	**7**	**4807**	**3**	**4**	**5353**	**4**	**10**	**6154**	**18**	**6**	**6266**	**7**	**3**	**7119**	**5**	**8**
Number of Patients																														
In-Patients	1720			1512			1566			1611			1657			1768			1661			1780			1837			1854		
Out-Patients	1778			1918			1968			2318			2448			2532			2509			2125			2496			2515		
Casuals	9483			10566			10670			10355			12101			11523			11828			11952			10696			13125		

* Donations conferring no privileges

** Large Benefactions of £30 and upwards, entitling donors to privilege of life

*** Porters' & nurses' clothing, collecting subs, funerals and petty charges

Data Collected from the Annual Reports - y/e 31 March 1871 - y/e 31 March 1880

	1871			1872			1873			1874			1875			1876			1877			1878			1879			1880		
	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
Receipts																														
Subscriptions	2937	18	2	2819	4	11	3156	6	3	3168	3	8	2694	7	7	3094	6	4	2784	4	6	2893	4	10	2765	4	10	2881	7	1
Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Rent of Piggs charity	271	6	6	206	15	10	70	0	0	463	0	0	508	1	11	443	5	2	424	13	8	369	1	2	397	16	6	293	15	0
Interest of Capital	1216	17	7	1268	12	9	1268	19	5	1228	14	7	1230	7	6	1933	19	4	2215	14	5	2044	7	7	2208	13	5	2371	3	6
Income Tax Returned	10	13	8	20	14	8	0	0	0	41	9	6	0	0	0	24	2	4	0	0	0	50	5	11	0	0	0	0	0	0
Small Donations *	264	10	10	797	9	10	486	8	6	947	5	7	421	15	1	411	6	6	243	6	4	460	4	11	378	19	2	359	11	3
Sermons	1245	3	11	1023	14	0	8	15	10	1229	9	7	3280	17	4	1083	5	3	1217	2	10	1175	7	1	1702	3	2	525	18	4
Poor box, sale of dripping etc.	60	13	11	74	0	7	77	11	3	78	14	3	102	5	9	99	10	1	71	15	8	66	11	6	63	9	10	109	16	7
Board from clinical assistants	0	0	0	0	0	0	0	0	0	78	15	0	63	0	0	73	10	0	84	0	0	84	0	0	84	0	0	84	0	0
discounts	0	14	0	0	12	4	0	0	0	0	0	0	1	16	6	4	11	9	6	18	10	8	12	1	2	1	11	5	18	2
Interest on Donations	31	1	0	31	11	6	31	11	6	31	11	6	31	11	6	31	11	6	31	11	6	31	11	6	31	11	6	31	11	6
Rent charge	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Law charge	50	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dividend	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Casuals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Student fees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Ordinary Income	**6088**	**19**	**7**	**6242**	**16**	**5**	**5099**	**12**	**9**	**7267**	**3**	**8**	**8334**	**3**	**2**	**7199**	**8**	**3**	**7079**	**7**	**9**	**7183**	**6**	**7**	**7634**	**0**	**4**	**6663**	**1**	**5**
Large Benefactions **	997	3	6	115	18	0	360	0	0	1001	10	0	560	0	0	130	0	0	120	0	0	90	0	0	130	0	0	140	0	0
Donors to privilege of life Governors	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Legacies	1297	0	0	90	0	0	250	0	0	932	14	9	23269	19	0	3615	13	6	19	19	0	1378	9	10	11931	7	4	816	0	0
Interest	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Income	**8383**	**3**	**1**	**6448**	**14**	**5**	**5709**	**12**	**9**	**9201**	**8**	**5**	**32164**	**2**	**2**	**10945**	**1**	**9**	**7219**	**6**	**9**	**8651**	**16**	**5**	**19695**	**7**	**8**	**7619**	**1**	**5**
Expenditure																														
Victuals	2956	9	10	3313	10	3	3677	2	2	3742	16	7	4134	10	8	4439	11	8	5212	11	8	4881	18	10	4641	1	7	5332	11	6
Liquor	459	0	6	369	11	11	246	5	0	281	7	1	409	13	7	338	6	2	403	5	6	283	8	1	397	5	3	290	1	5
Furniture & Repairs	933	7	8	931	6	1	1021	2	9	794	1	3	1172	3	0	1714	13	5	1436	6	10	1255	2	6	1371	11	2	1511	12	6
Salaries, Wages & Gratuities	847	8	9	932	13	3	913	2	7	969	0	3	1095	12	11	1298	3	0	1405	0	11	1466	6	0	1640	9	1	1861	9	4
Drugs and surgical instruments	622	9	3	606	4	2	559	2	2	666	14	11	786	4	11	849	6	1	911	3	4	899	17	3	981	4	11	1209	15	8
Printing & Advertising	150	10	2	98	13	8	94	6	10	117	1	0	132	4	7	161	14	8	203	18	1	193	1	3	220	8	5	179	19	6
Rent, Insurance & Taxes	50	14	7	58	10	3	38	8	3	49	16	7	49	9	11	58	18	11	59	8	6	59	17	0	59	12	10	60	2	4
Matron, sundries, hardware &c.	17	10	11	20	13	6	23	5	5	31	3	9	20	11	8	39	10	0	28	3	2	11	3	4	22	6	0	10	3	8
Washing	87	1	6	114	18	7	138	9	10	130	15	10	165	3	7	178	0	8	128	1	9	112	8	2	112	15	8	101	15	9
Coals, wood & Leading	173	10	5	285	10	6	554	6	6	532	5	6	440	0	3	321	1	6	409	4	1	314	14	9	290	15	10	202	6	4
Candles & gas	108	1	1	99	17	11	119	19	11	123	2	3	157	16	7	106	17	11	118	12	11	150	8	2	150	10	3	160	17	9
Water rent	30	0	0	30	0	0	30	0	0	30	0	0	30	0	0	30	0	0	50	13	3	53	14	0	172	16	6	174	12	7
Shaving and sending home patients	14	10	2	14	8	10	15	6	8	14	15	5	19	2	9	19	10	4	19	11	9	17	10	6	17	1	5	21	14	11
Gardeners Wages	65	3	3	66	14	6	69	12	0	69	2	0	66	16	0	68	2	4	53	17	6	55	13	9	58	7	0	57	6	6
Miscellaneous ***	59	12	7	52	18	0	114	7	8	77	14	0	107	7	3	99	11	7	136	5	2	248	11	11	180	16	7	274	19	2
Convalescent homes	78	12	0	73	14	0	152	10	0	99	0	0	144	18	0	146	18	7	135	12	4	123	14	0	21	4	10	47	0	10
Interest to bankers	0	0	0	0	0	0	47	7	3	24	19	4	0	0	0	0	0	0	51	9	9	49	6	10	37	17	2	7	2	5
Rent of nurses homes (Wentworth place)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Expenses	**6654**	**2**	**8**	**7069**	**5**	**5**	**7814**	**15**	**0**	**7753**	**15**	**9**	**8931**	**15**	**8**	**9870**	**6**	**10**	**10763**	**6**	**6**	**10176**	**16**	**4**	**10376**	**4**	**6**	**11503**	**12**	**2**
Number of Patients																														
In-Patients	1615			1693			1645			1673			1679			1630			1505			1616			1865			1926		
Out-Patients	2184			2234			2230			2128			1891			2111			1968			2112			2167			2487		
Casuals	11850			11003			10103			9417			10127			11533			12400			13171			16618			19434		

* Donations conferring no privileges

** Large Benefactions of £30 and upwards, entitling donors to privilege of life

*** Porters' & nurses' clothing, collecting subs, funerals and petty charges

Data Collected from the Annual Reports - y/e 31 March 1881 - y/e 31 December 1889

	Mar 1881			Dec 1881			1882			1883			1884			1885			1886			1887			1888			1889		
	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
Receipts																														
Subscriptions	2981	9	1	2669	3	3	2972	13	10	2988	2	8	2752	13	7	2942	6	11	3003	6	5	2874	3	6	3079	11	6	3180	16	2
Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1550	1	2	2503	18	8	3150	9	6
Rent of Piggs charity	424	11	2	397	4	6	362	0	9	391	14	4	362	4	4	360	3	2	418	5	6	358	5	1	360	15	3	421	4	4
Interest of Capital	2259	16	7	1200	11	4	2192	5	0	2401	12	4	2238	9	0	2295	17	7	2281	11	3	2109	18	5	2139	0	5	2137	2	1
Income Tax Returned	92	4	7	0	0	0	102	16	2	0	0	0	0	0	0	125	2	8	0	0	0	175	16	10	0	0	0	0	0	0
Small Donations *	292	3	11	88	13	0	309	5	7	314	11	10	164	18	6	173	3	1	487	6	1	596	2	2	1051	8	7	696	18	10
Sermons	1114	16	4	683	14	10	1337	0	11	1667	16	6	1775	19	6	1953	6	7	1881	2	1	1617	12	3	748	4	3	1487	16	0
Poor box, sale of dripping etc.	114	4	10	78	4	7	112	7	10	108	10	10	69	7	7	58	11	9	52	4	7	66	4	8	63	15	7	74	3	6
Board from clinical assistants	84	0	0	63	0	0	84	0	0	84	0	0	84	0	0	84	0	0	104	12	6	133	17	6	7	17	6	0	0	0
discounts	6	19	9	5	2	5	9	14	1	12	13	4	11	14	10	14	6	8	17	16	7	9	15	11	11	15	4	12	19	5
Interest on Donations	31	11	6	15	15	9	31	11	6	31	11	6	31	11	6	31	11	6	31	11	6	31	11	6	42	1	10	30	5	0
Rent charge	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Law charge	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dividend	0	0	0	14	19	7	29	19	2	29	19	2	0	0	0	38	15	8	38	15	8	29	19	2	39	18	10	28	13	2
Casuals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	53	2	9	71	5	3	0	0	0	0	0	0
Student fees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	35	14	0	105	0	0	169	1	0
Ordinary Income	**7401**	**17**	**9**	**5216**	**9**	**3**	**7543**	**14**	**10**	**8030**	**12**	**6**	**7490**	**18**	**10**	**8077**	**5**	**7**	**8369**	**14**	**11**	**9660**	**7**	**5**	**10153**	**7**	**9**	**11389**	**9**	**0**
Large Benefactions **	690	0	0	291	10	0	120	0	0	60	0	0	52	10	0	170	0	0	80	0	0	92	10	0	45	0	0	60	0	0
Donors to privilege of life Governors	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Legacies	4678	19	0	1450	0	0	1618	19	0	15859	9	8	663	12	6	2190	0	0	1020	0	0	1064	18	1	806	13	4	2088	14	5
Interest	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Income	**12770**	**16**	**9**	**6957**	**19**	**3**	**9282**	**13**	**10**	**23950**	**2**	**2**	**8207**	**1**	**4**	**10437**	**5**	**7**	**9469**	**14**	**11**	**10817**	**15**	**6**	**11005**	**1**	**1**	**13538**	**3**	**5**
Expenditure																														
Victuals	5618	8	6	4272	12	7	5738	2	2	5794	1	11	5329	8	0	5347	0	10	5424	1	10	4422	6	7	4323	18	1	4726	11	1
Liquor	288	19	5	188	11	5	208	0	9	249	11	1	358	0	9	415	3	5	362	18	7	241	0	3	175	3	3	275	4	0
Furniture & Repairs	1045	5	8	1197	2	4	636	13	8	893	4	0	1319	6	8	1664	7	3	1112	14	8	1054	12	10	1416	0	10	1190	8	0
Salaries, Wages & Gratuities	1841	12	10	1582	6	8	1919	9	4	1928	2	2	1996	2	3	2034	9	8	2178	9	7	2279	18	11	2291	15	1	2206	18	9
Drugs and surgical instruments	1348	16	5	1001	17	2	1513	16	10	1640	4	1	2012	18	5	2730	8	3	2555	9	4	1911	10	11	1537	17	11	1804	0	5
Printing & Advertising	212	5	6	117	1	5	175	2	7	141	18	7	254	11	8	224	19	3	194	15	4	327	5	9	242	2	6	229	18	11
Rent, Insurance & Taxes	59	14	0	31	17	10	60	14	10	61	13	3	60	17	0	62	0	1	66	14	6	56	18	8	81	10	9	70	9	4
Matron, sundries, hardware &c.	2	19	5	3	0	1	6	15	0	9	18	5	12	1	6	11	15	8	33	0	8	13	16	7	4	13	6	21	3	3
Washing	176	10	7	121	19	5	419	10	5	448	7	6	467	5	9	514	6	11	574	9	3	524	11	5	579	13	5	545	6	3
Coals, wood & Leading	303	9	6	186	14	4	279	12	7	255	2	2	260	1	2	319	8	6	335	1	0	332	6	6	361	10	7	319	9	4
Candles & gas	166	1	2	111	13	9	129	8	7	126	12	1	127	16	2	153	17	8	193	7	0	200	15	9	199	2	1	226	0	5
Water rent	150	18	8	108	17	6	155	14	0	154	17	8	156	11	2	144	19	9	150	7	1	146	1	3	153	9	3	159	15	6
Shaving and sending home patients	21	1	1	14	18	4	26	18	6	20	18	0	21	9	1	24	0	1	28	12	8	26	2	11	26	10	1	27	16	3
Gardeners Wages	57	14	4	44	7	6	57	15	4	57	13	3	57	14	1	60	4	0	57	17	0	58	14	6	58	1	7	60	6	10
Miscellaneous ***	210	19	6	115	15	10	134	18	3	158	15	2	126	5	11	173	16	6	186	11	8	228	13	0	241	12	11	222	0	5
Convalescent homes	86	17	7	13	4	0	6	6	0	4	16	2	0	0	0	0	0	0	14	0	0	13	6	0	0	0	0	0	0	0
Interest to bankers	48	19	11	0	0	0	16	10	7	10	10	5	2	2	0	67	2	1	226	10	9	103	1	5	108	12	9	86	9	7
Rent of nurses homes (Wentworth place)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Expenses	**11640**	**14**	**1**	**9112**	**0**	**2**	**11485**	**9**	**5**	**11956**	**5**	**11**	**12562**	**11**	**7**	**13947**	**19**	**11**	**13695**	**0**	**11**	**11941**	**3**	**3**	**11801**	**14**	**7**	**12171**	**18**	**4**
Number of Patients																														
In-Patients	1821			1454			1941			2188			2578			2846			3175			3020			3175			3120		
Out-Patients	2703			2226			3058			3983			3947			4932			4641			5847			5742			6633		
Casuals	21147			14443			20004			21750			23513			27811			19624			8119			700			3090		

* Donations conferring no privileges

** Large Benefactions of £30 and upwards, entitling donors to privilege of life

*** Porters' & nurses' clothing, collecting subs, funerals and petty charges

Data Collected from the Annual Reports - y/e 31 March 1890 - y/e 31 December 1899

	1890			1891			1892			1893			1894			1895			1896			1897			1898			1899		
	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
Receipts																														
Subscriptions	3009	6	2	3039	10	1	3272	15	5	3707	2	2	3664	0	8	3592	18	10	3337	7	0	3286	3	6	3326	5	1	3411	19	7
Workers	3201	18	4	3203	6	5	2724	4	1	2785	0	8	2759	11	8	3039	15	2	3588	10	11	3975	7	4	4008	1	2	4718	4	10
Rent of Piggs charity	394	10	4	384	6	0	379	10	0	377	10	8	390	7	2	389	16	8	390	2	10	390	2	10	390	2	10	390	2	10
Interest of Capital	1874	13	1	2155	17	2	2312	14	3	2355	2	6	2310	9	10	2423	0	1	2603	7	11	2616	4	0	2606	9	1	2469	1	4
Income Tax Returned	126	13	10	0	0	0	186	18	10	0	0	0	0	0	0	244	1	3	0	0	0	0	0	0	264	16	10	0	0	0
Small Donations *	516	15	3	1185	5	10	998	2	7	2717	4	6	295	13	0	1077	16	7	591	1	11	510	3	6	597	9	8	484	12	8
Sermons	1172	11	2	1145	11	7	1340	4	8	1238	15	5	1121	19	5	1158	16	8	1093	3	6	1199	12	8	1188	8	4	1229	9	3
Poor box, sale of dripping etc.	87	19	5	75	9	0	78	0	11	61	9	2	101	7	6	100	11	11	90	19	3	85	9	10	84	10	2	77	11	11
Board from clinical assistants	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
discounts	6	3	1	3	0	4	9	12	11	18	19	5	16	8	8	1	4	4	2	6	3	1	17	5	2	19	10	0	3	7
Interest on Donations	28	18	8	28	18	8	28	18	8	28	18	8	28	18	8	28	18	8	0	0	0	0	0	0	0	0	0	0	0	0
Rent charge	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	8	0	4	10	0	4	10	0	4	10	0
Law charge	0	0	0	0	0	0	39	1	0	38	19	0	43	11	8	38	14	1	0	0	0	0	0	0	0	0	0	0	0	0
Dividend	66	8	10	87	13	4	55	14	8	55	14	8	55	14	8	55	14	8	0	0	0	0	0	0	0	0	0	0	0	0
Casuals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Student fees	230	9	6	289	16	0	265	13	0	204	15	0	176	18	6	185	6	6	180	17	0	195	16	6	213	3	0	227	6	6
Ordinary Income	**10716**	**7**	**8**	**11598**	**14**	**5**	**11691**	**11**	**0**	**13589**	**11**	**10**	**10965**	**1**	**5**	**12336**	**15**	**5**	**11882**	**4**	**7**	**12265**	**7**	**7**	**12686**	**16**	**0**	**13013**	**2**	**6**
Large Benefactions **	40	0	0	72	10	0	0	0	0	90	0	0	110	0	0	22	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Donors to privilege of life Governors	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Legacies	1547	6	4	16855	0	0	5010	6	10	3643	12	7	2066	7	4	10722	11	5	225	0	0	180	0	0	4600	0	0	1479	0	0
Interest	0	0	0	0	0	0	0	0	0	170	14	6	87	2	8	173	5	1	176	13	0	186	16	5	189	4	2	193	4	8
Total Income	**12303**	**14**	**0**	**28526**	**4**	**5**	**16701**	**17**	**10**	**17493**	**18**	**11**	**13228**	**11**	**5**	**23254**	**11**	**11**	**12107**	**4**	**7**	**12445**	**7**	**7**	**17286**	**16**	**0**	**14492**	**2**	**6**
Expenditure																														
Victuals	5029	13	6	5218	15	10	4981	8	0	4918	14	7	5134	16	0	5140	6	1	5453	11	6	5603	2	5	5850	8	6	5744	1	11
Liquor	294	14	9	287	16	0	308	8	9	308	3	2	321	4	9	326	14	8	386	1	11	413	12	7	439	17	11	387	0	1
Furniture & Repairs	1807	3	4	1325	13	10	1518	17	1	1261	5	2	1932	0	1	1202	15	9	1502	18	5	1747	15	11	1193	10	2	1221	5	9
Salaries, Wages & Gratuities	2227	4	5	2245	13	8	2327	19	9	2502	10	7	2523	10	7	2579	6	3	2652	18	9	2725	5	10	3016	7	1	3222	14	3
Drugs and surgical instruments	1831	17	3	1994	17	11	1810	12	4	1952	11	3	2073	2	6	2024	6	3	2515	15	11	2549	17	5	2400	18	7	2411	12	11
Printing & Advertising	267	7	9	233	3	0	248	1	2	261	6	5	281	16	5	250	14	9	336	16	3	323	10	1	249	12	3	270	13	5
Rent, Insurance & Taxes	79	3	4	74	18	6	84	10	4	88	12	11	92	19	7	104	12	2	90	13	4	99	19	2	102	5	11	103	17	6
Matron, sundries, hardware &c.	11	2	0	10	10	8	10	9	0	13	13	6	7	2	9	6	9	0	6	13	7	7	2	5	6	3	3	5	19	1
Washing	641	10	2	775	16	10	784	8	5	745	18	0	767	9	4	800	12	7	799	19	7	893	8	5	924	13	7	917	18	0
Coals, wood & Leading	458	15	2	434	19	7	449	1	6	480	11	9	485	14	9	485	12	3	470	17	8	470	12	2	432	16	8	496	0	6
Candles & gas	176	3	9	192	10	9	134	18	0	178	5	2	185	11	11	208	16	3	221	17	8	243	10	3	261	6	11	293	15	7
Water rent	164	5	9	158	19	6	159	10	8	154	13	6	151	9	8	157	16	6	164	18	3	179	12	6	187	6	9	195	8	3
Shaving and sending home patients	27	19	6	23	17	2	26	7	0	24	11	2	24	0	8	23	17	9	24	11	9	24	0	11	26	6	6	29	13	4
Gardeners Wages	63	1	6	62	19	10	64	3	8	63	0	10	63	0	3	62	19	9	63	0	6	63	0	6	64	2	6	63	1	3
Miscellaneous ***	210	11	5	176	7	5	166	5	1	147	4	1	172	6	11	164	0	9	194	15	7	180	2	10	249	10	2	194	14	0
Convalescent homes	4	4	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	8	8	0	0	0	0	0	0	0	0	0	0
Interest to bankers	51	4	10	115	7	1	82	0	9	42	17	1	43	3	11	58	1	5	113	5	10	150	16	10	199	6	8	90	15	7
Rent of nurses homes (Wentworth place)	54	0	0	52	1	1	47	6	7	47	3	7	46	16	6	46	16	6	46	17	5	0	0	0	0	0	0	0	0	0
Total Expenses	**13400**	**2**	**5**	**13384**	**8**	**8**	**13205**	**9**	**1**	**13191**	**2**	**9**	**14306**	**6**	**7**	**13643**	**18**	**8**	**15054**	**1**	**11**	**15675**	**10**	**3**	**15604**	**13**	**5**	**15648**	**11**	**5**
Number of Patients																														
In-Patients	3328			3295			3293			3256			3533			3731			4043			4305			4536			4180		
Out-Patients	7370			8085			8218			15347			16878			20755			23163			27202			27883			24454		
Casuals	13216			12103			13560			8955			10273			12647			11261			14289			16498			16320		

* Donations conferring no privileges

** Large Benefactions of £30 and upwards, entitling donors to privilege of life

*** Porters' & nurses' clothing, collecting subs, funerals and petty charges