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Doctors of the Workhouse
A study of Medical Care in Three Poor Law Unions in
South-East Kent, 1834 – 1875

by

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Canterbury Christ Church University

Thesis submitted
for the degree of Masters by Research

2018

Abstract

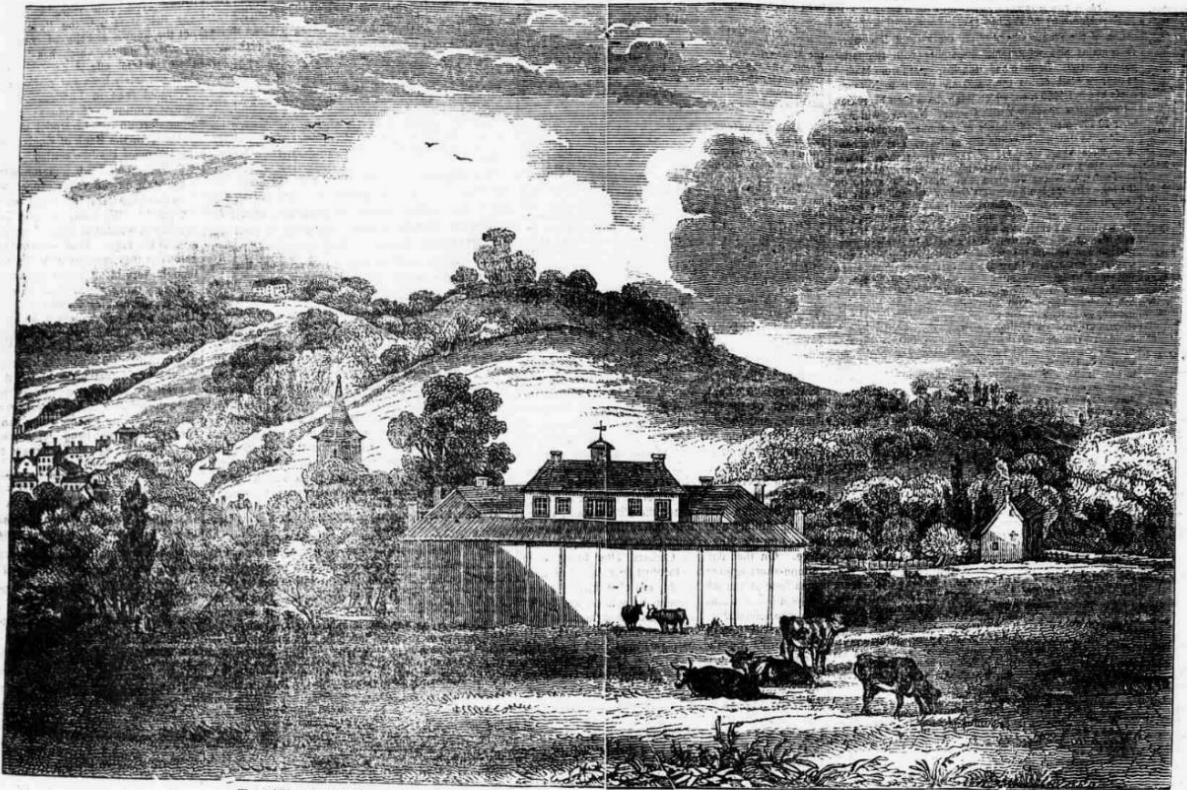
This thesis looks at the medical care in three East Kent workhouses during the forty years following the introduction of the New Poor Law (1834) The New Poor Law Act considered the medical care of the poor. Historians are divided into two camps on the quality of medical care provided for the poor by the New Poor Law. The first camp argues that through an increase in medical knowledge and medical professionalism and improved facilities in workhouses there was a steady improvement in medical care for the poor. The other camp argues that due to the lack of funds, understaffing government policy and making the workhouse as unwelcoming as possible, contributed to negligence being introduced into the system. Due to poor pay, the doctors were of low calibre, a fact known by the profession. The infirmaries were staffed by uncaring staff which led to the sick receiving low-quality experiences instead of being cherished by their loved ones at home. This study will examine the effect of the new awareness of public health and the many changes that the Poor Law authorities asked the unions to make had on these three unions. Did they obey the orders and mandates sent out by the authorities? This question will be answered by examining the local Poor Law Union records of all three unions. These include the Guardians' minutes which are accounts of the Guardians' weekly meetings and report all proceedings of the unions. The thesis will also examine correspondences, complaints, scandals and communications from the Poor Law authorities to reveal what happened in all three unions. This study will show that in the first forty years of the New Poor Law in the three unions there was a steady improvement in the healthcare provided.

Table of Contents

1. Introduction.....	1
1.1. The New Poor Law	1
1.2. The Progressive View	3
1.3. The Negative View	6
1.4. Local Variance	9
1.5. Social History of Medical Care.....	10
2. Workhouse	15
2.1. Introduction.....	15
2.2. Description of Workhouses.....	17
2.3. Medical Officers' duties in the workhouse	21
2.4. Contagious Diseases	22
2.5. Visiting Committees	25
2.6. Improvements	27
2.7. Summary	31
3. District Medical Officers	32
3.1. Introduction.....	32
3.2. New Poor Law	33
3.3. The 1842 Medical Orders	34
3.4. Blean, Bridge and Eastry Poor Law Unions	35
3.5. Qualifications.....	40
3.6. Districts.....	41
3.7. Low Wages.	42
3.8. Disagreements between Board of Guardians, Relieving Officer and Medical Officer.....	44
3.9. Summary	50
4. Scandals and Medical Negligence	52
4.1. Introduction.....	52
4.2. Medical Negligence in Blean.....	54

4.3.	The death of John Moyes	55
4.4.	The death of Thomas Knowles	58
4.5.	The case of Emma Hearden	60
4.6.	Evolution of Poor Law Governance.....	62
4.7.	Cholera Outbreaks	62
4.8.	Scandals in other Kent Unions.....	64
4.9.	Medical Negligence in Eastry	65
4.10.	Summary.....	67
5.	Longley Crusade	69
5.1.	Introduction.....	69
5.2.	The state of the three unions	70
5.3.	Outdoor relief in the three unions	72
5.4.	Summary.....	74
6.	Conclusion	76
	Appendix 1. Duties of the workhouse Medical Officer.	81
	Appendix 2. Duties of the Workhouse Master and Matron.	82
	Appendix 3. Mr Longley, Poor Law Inspector’s report on Bridge Workhouse 22 April 1869. ..	83
	Appendix 4. 1842 Medical Orders. Qualifications for a Medical Officer.	84
	Appendix 5. Blean, Bridge and Eastry Unions, Parishes and Medical Districts.....	85
	Appendix 6. 1861. Long term inmates in the workhouse.	86
	Archival Sources.....	87
	Contemporary Reports.....	89
	Contemporary Acts	89
	Contemporary Books.	90
	Bibliography	90
	Theses	93

SKETCH of the BRIDGE UNION NEW FOUR-LAW WORKHOUSE, near Canterbury.



There children dwell who know no parent's care;
Parents, who know no children's love, dwell there!
Heart-broken matrons, on their joyless bed,
Forsaken wives, and mothers never wed.

Dejected widows, with unshed tears,
And crippled age, with more than childhood's fears;
The lame, the blind, and, for the happiest they!
The moping idiot, and the madman gay.—CRABBE.

Sketch of Bridge Workhouse 2 November 1836

¹ Champion Newspaper, 2 November 1836

1. Introduction

This study aims to contribute to the understanding of the medical care which was provided by the New Poor Law in its first forty years, 1834 – 1875 in three rural unions. There were great changes in the medical provisions in the first forty years of the New Poor Law and most studies of medical care have related to urban unions, so there is a need to look at rural unions. This will be done by investigating three Poor Law Unions in the south and east Kent, Blean, Bridge and Eastry and the resulting study will seek to ascertain whether the quality of care improved or deteriorated and make comparisons with the care that was provided elsewhere in the country. This is needed because of the vast variations in how the Poor Law Unions were governed locally, with the Guardians who governed the unions coming from a rural elite with diverse political and social beliefs. Throughout the country, significant variations can be found in the state of affairs and other papers show that there are differences in the medical care services that were provided. The studies that have been carried out have reached contradictory conclusions about whether there were improvements in medical provision after 1834. Therefore, there is a need for local studies to reveal what healthcare was provided by Poor Law unions in England and Wales by investigating the unions on an individual basis.

1.1. The New Poor Law

The New Poor Law was introduced in 1834, making fundamental changes to provisions for the poor in the workhouse system. The act did not include any proposals to change medical procedure in the workhouse. However, over the next few decades, several orders and acts introduced some important changes. In 1842, a General Medical Order introduced several important medical policies in this area.² These include recognised qualifications for doctors and fixed fees for procedures. The Medical Officer's district was restricted to a more manageable area and the number of inhabitants that each had to minister to was regulated.³ The 1848, Public Health Act gave some responsibility for sanitation and hygiene to the Poor Law Guardians.⁴ This enabled the Relieving Officers and Medical Officers to demand landlords to improve sanitation conditions in houses which caused illness to tenants living in them. In 1856 many Poor Law Medical Officers organised themselves and established an association called

² Great Britain Poor Law Commissioners, *8th Annual Report of the Poor Law Commissioners 1842* (Clowes and Sons for Her Majesty's Stationery Office, 1842), 129–42, accessed 28 July 2018, <http://archive.org/details/annualreportpoo12commgoog>.

³ Ruth Hodgkinson, *Origins of the National Health Service: Medical Services of the New Poor Law, 1834-71* (London: The Wellcome Historical Medical Library, 1967), 424.

⁴ 'Public Health Act 1848', accessed 28 July 2018, <https://www.legislation.gov.uk/ukpga/Vict/11-12/63/enacted>.

Poor Law Medical Officers' Association, that campaigned for better pay and conditions.⁵ Then in 1858, the Medical Act laid down all recognised qualifications needed to be a doctor or surgeon practising in Great Britain.⁶ In 1867 the Metropolitan Poor Act started to separate the funding for medical facilities (Infirmaries, Hospital, Asylums) from Poor Law regulations in major cities of Great Britain.⁷ This saw the start of a trend to build new purpose-built infirmaries with increased attention to sanitary and hygienic conditions or altering existing facilities. Commentators and historians have been divided over the impact of these changes, both immediately and after the introduction of the Act in 1834 and in the decades that followed.

This literature review will survey the material found in books, theses and articles covering several connecting themes including workhouses, the Poor Law and the history of medical provision inside workhouses. It will also examine several important local studies. The literature on the New Poor Law and public health in Victorian Britain can be divided into two main camps. Studies that fall within the first camp stress progress in medical provision in workhouses after the introduction of the New Poor Law. These studies point to advances made by the medical profession in the understanding and treatment of medical conditions. They point to factors such as improved treatment, better conditions in the infirmaries and sick wards in workhouses, recognised qualifications for Medical Officers and improved working conditions. Some have argued that this improved treatment for the sick became one of the foundation stones of the National Health Service.

Another camp of scholars emphasises the negative aspects of the post-1834 changes. They argue that a lack of funds, understaffing, government policy and ideology of discouraging the poor on entering the workhouse. This led to negligence in the system. Due to poor pay, the doctors were of low calibre, a fact known by the profession. Poor Law Union doctors were accordingly held in low esteem. If they pressed for better pay, conditions and treatment for the sick, they could be dismissed by the union Board who did not want to spend money or have troublesome staff. In the late 1860s, at the time of an economic recession, there was also a campaign against outdoor relief. Known as the 'Longley Crusade' it was generated by government ministers and opinion makers, and as an outcome, the sick went into the workhouse infirmaries. The infirmaries were staffed by uncaring staff which led to the sick receiving low-

⁵ Kim Price, *Medical Negligence in Victorian Britain: The Crisis of Care under the English Poor Law, c.1834-1900*, (London: Bloomsbury Academic, an imprint of Bloomsbury Publishing PLC, 2015). 194

⁶ 'Medical Act 1858', accessed 28 July 2018, <http://www.legislation.gov.uk/ukpga/Vict/21-22/90/enacted>.

⁷ William Cunningham Glen Great Britain, *The Metropolitan Poor Act, 1867: With Notes and Appendix of Incorporated ...* (Shaw, 1867), accessed 28 July 2018, <http://archive.org/details/metropolitanpoo00glengoog>.

quality experiences instead of being cherished by their loved ones at home. This review will examine these two positions in turn.

1.2. The Progressive View

The ‘progressive’ view begins with contemporaries of the New Poor Law itself. One of the first to express it was William Lumley, an official in the Poor Law from the early days until the 1870s. In his *Manual of the Duties of Poor Law Officers, Medical Officer* (1857), Lumley uses material from reports, orders and his personal experience to argue that medical provision has improved since the start of the Act with better terms and an improved environment for Medical Officers to perform their duties. He points out that the Medical Officer’s salary and duties are clearly disclosed to every candidate before they are appointed and therefore, they had nothing to complain about and should not ask for improved pay and conditions.⁸

Another contemporary commentator was Joseph Rogers, a physician who became the Medical Officer for the Strand and Westminster workhouse, he was a reformer and the reminiscences of his time as a Medical Officer was published in 1889.⁹ He took up his post in 1856 in the Strand, but he was sacked after speaking out about conditions in the workhouse and infirmary. He then became president of the Poor Law Medical Officers' Association which campaigned for reform. In 1872 he accepted the post at Westminster but his relationship with the Guardians was not good. His exposure of mismanagement of the workhouse and bad conduct by the Master led to a new Board of Guardians and Master. But Roger’s actions produced resentment between himself and Poor Law authorities and this resulted in a disagreeable working relationship. He gave talks and published pamphlets and articles in papers about the reforms that were needed, including better pay, free drugs from dispensaries, and purpose-built infirmaries equipped sufficiently. This encouraged like-minded contemporaries to demand improvements in medical care in the Poor Law Unions.

It was not until the 1960s that new ‘progressive’ research was done which evaluated the medical provision under the New Poor Law. One of the first studies by David Roberts argued that if the regulations issued by the Poor Law Commissioners on medical care had been obeyed then the predicament of the sick would not have been so harsh. He concludes that:

⁸ W. G. Lumley, *Manuals of the Duties of Poor Law Officers. Medical Officer*. (London: Knight & Co., 1857, 1857).

⁹ Joseph Rogers, *Reminiscences of a Workhouse Medical Officer*. (London: T. Fisher Unwin, 1889).

In their rules for medical care, diets, schooling, discipline, health, and in their flexible application of the workhouse test, they showed a benevolent concern for the welfare of the paupers. ...But they were not responsible for those extravagant cruelties which have so highly coloured the answers of most popular histories to the question, how cruel was the Victorian Poor Law?¹⁰

For several decades, the key scholarly text has been Ruth Hodgkinson's *The Origins of the National Health Service* (1967).¹¹ This is a comprehensive study of healthcare provision from 1834 to 1871. Hodgkinson argues that the medical provision gradually improved after 1834 because the Poor Law authorities understood what measures needed taking to care for the sick. These included recognising qualifications for doctors (Medical Officers) and restricting the area and number of inhabitants that each Medical Officer district covered. These changes brought about the 1842 General Medical Orders and increased the importance of the Medical Officer within the Poor Law system. Influenced by reformers, the medical profession could deliver a healthcare system which was not linked to the workhouse regime. Hodgkinson argues that the Poor Law Commissioners had little power over the individual unions, so the change was piecemeal and slow. However, she argues these gradual improvements eventually provided the basis for and structure of the National Health Service.¹² She based her conclusions on Annual Poor Law Reports, minutes and correspondences of the Poor Law Commissioners and Board, individual workhouse records, Poor Law official orders and circulars, Poor Law and Parliamentary inquiries into scandals and abuses and reports found in medical journals (*The Lancet*, *British Medical Journal*). Her thesis was influential and opened research paths and questions which other academics have since taken up.

Two further important studies in the late 1970s and 1980s were made by Francis Smith and Anthony Wohl. Both historians have used records from public health and sanitary records from Poor Law and local government in their work. Smith argues that the health of the poor improved in the last quarter of the nineteenth century because of a decline in the virulence of airborne infectious diseases like cholera and typhoid, an improvement in sanitary conditions and the effects of more hygienic systems for water supply and food handling. This led to better trained Medical Officers tackling outbreaks of infectious diseases and preventative measures being taken by Poor Law authorities to contain any outbreak that occurred. The rise of real wages and measures to combat infected food encouraged that the quality of bread and meat

¹⁰ David Roberts, 'How Cruel Was the Victorian Poor Law?', *The Historical Journal* 6, no. 1 (1963): 97–107.

¹¹ Hodgkinson, *Origins of the National Health Service*:424

¹² Hodgkinson.696

improved and made people healthier to combat sickness. Smith argues this brought about a reduction in admissions of the sick applying for treatment by the Poor Law.¹³ Anthony Wohl takes the argument further by looking at public health in Victorian Britain. He demonstrates all the hazards of bad sanitation, hygiene, the inadequate sewage systems, insanitary and overcrowded housing, pollution of the rivers and atmosphere.¹⁴ These are important points which must be considered when studying medical care in the nineteenth century.

Lynn Hollen Lees, in her authoritative study of the Poor Law, points out the importance of the Metropolitan Act of 1867. This brought about the creation of new hospitals and infirmaries with some being separated from the workhouse. This made the public regard the establishment being a public hospital for all and not associated with the Poor Law. Lees in her study concludes that 'Poor Law doctors turned paupers into patients'.¹⁵

Norman Longmate, in his influential study of the workhouse system published in 1974, concludes that the Poor Law medical provisions were underfunded and in the early days delivered poor service. But over time an improvement occurred due to better trained medical staff with advancement in medical treatment combined with an improving environment. Longmate attributes the improvements to the campaign of the Medical Officers' Association, the activities of the Visiting Committees and reformers like Dr Henry Bridge, who in 1869 was appointed by the Poor Law Board as a medical inspector and campaigned and introduced changes that led to improvements in the medical services of the Poor Law. So, by 1892, when Henry Bridge retired, the medical services were barely recognisable to the Poor Law Medical Officer of 1834.¹⁶ Michael Rose's study of the Poor Law stresses the Medical Officer's vital role in the treatment of the poor. The Medical Officer was typically a young doctor anxious to improve his status and conditions of work, against a Board of Guardians who wanted to secure his services as cheaply as possible.¹⁷

Some historians have argued that several high-profile scandals prompted reforms in medical care. Recently a study by Samantha Shave has assessed the impact of the Bridgwater Scandal

¹³ Francis Barrymore Smith, *The People's Health, 1830-1910* (London: Croom Helm, 1979), 414–25.

¹⁴ Anthony S. Wohl, *Endangered Lives: Public Health in Victorian Britain* (London: Dent, 1983).

¹⁵ Lynn Hollen Lees, *The Solidarities of Strangers: The English Poor Laws and the People, 1700-1948* (Cambridge: Cambridge University Press, 1998), 279.

¹⁶ Norman Longmate, *The Workhouse: A Social History* (London: Pimlico, 2003), 209.

¹⁷ Michael E. Rose, *The English Poor Law, 1780-1930*, (Newton Abbot: David & Charles, 1971).

in 1837.¹⁸ The suicide of Mr Caswell, the Medical Officer, and the deaths of three sick paupers at the Bridgwater Union triggered an inquiry. It was discovered that Mr Caswell had a large district to administer and, in a year, had worn out two horses visiting his patients. He was overworked and became very depressed, which eventually led to his suicide. The three sick pauper deaths were the result of the Relieving Officer not permitting them any medical treatment. It was also found that the Medical Officer of the workhouse was not a qualified doctor and that he had given false qualification certificates to the Guardians. Shave argues that the findings of the Bridgwater Inquiry were one of the main factors contributing to the 1842 Medical Orders. The Orders made the Medical Officer's district more manageable (15sq/miles) and limited the number of inhabitants that he had to oversee (15,000). They demanded recognised qualifications for doctors from medical professional institutions (The Royal College of Surgeons, Society of Physicians, Society of Apothecaries). The Orders also introduced fixed fees for procedures (smallpox inoculations, midwifery and fractures). Ursula Henriques stresses, that even if the New Poor Law left a legacy that was not entirely negative, the fact that it was 'part of a body of class legislation based on selfishness and class interest' ensured that it 'tainted the good things (such as public infirmaries) which grew from it, and consequently left a cursed inheritance for the next 100 years.'¹⁹

1.3. The Negative View

One of the first critical assessments of medical provision was the study made by Sidney and Beatrice Webb who in the early 20th century argued that care for the sick should be taken out of the hands of the Poor Law and put into the hands of local Government with medical professionals exercising control over hospitals, infirmaries, lunatic asylums, doctors and sanitary conditions etc. The Webbs gathered their material by studying Poor Law primary material found in annual reports, orders and local union workhouse records. They were also committed reformers drawing on personal experience. In 1905, Beatrice Webb was appointed a member of the Royal Commission considering how the Poor Law was performing and being administered. They used some of the material and researchers from the Royal

¹⁸ Samantha Shave, 'The Bridgwater Union Scandal and Policy Change', in *Medicine and the Workhouse*, editors, Jonathan Reinartz. Leonard Schwarz. Kindle (Rochester NY: University of Rochester Press, 2013), loc. 4630–5413.

¹⁹ Ursula Henriques, 'How Cruel Was the Victorian Poor Law?', *The Historical Journal* 11, no. 2 (1968): 365–371.

Commission to compile their work, which covers four books and is over 2,000 pages long. Their works have remained very influential.²⁰

Other recent researchers who argue the negative view are Margaret Crowther and Irvine Loudon. Margaret Crowther's study of the workhouse system finds that the Poor Law medical service was underfunded and that medical professionals conceived it as second class posting. The Medical Officers' Union failed to become an effective pressure group and the authorities ignored their demands for better pay and improved conditions in Poor Law infirmaries. The local autonomy afforded to the Guardians of the unions prevented any improvement in healthcare provisions, especially in rural areas.²¹ A study by Irvine Loudon, which is mainly concerned with outdoor relief, stresses underfunding as the reason for poor medical service²². Inadequate financial incentives for doctors resulted in low esteem and stigma associated with the post of a Medical Officer, ensuring a low calibre of a candidate for the post. He goes on to state that when the professional status of a Medical Officer was recognised and regulated by the Poor Law authorities. Doctors were not receiving a sufficient wage. This led to competition for a Poor Law Medical Officers position and to gain the post the doctor would submit a low tender. This resulted in low calibre doctors becoming Poor law Medical Officers on low salaries.

An important study by Derek Fraser states that Poor Law infirmaries had the chronically sick and infirm admitted whereas the voluntary hospitals only admitted patients who could be treated for their conditions²³. This led to superior doctors preferring to work in the voluntary sector, as the treatment brought results. Lesser-skilled doctors worked in the Poor Law infirmaries which resulted in poorer service. The sick in the workhouse were generally cared for by low standard personnel, pauper nurses who lacked any training. The infirmaries and sick wards were overcrowded, lacked basic facilities and were understaffed. The first edition of this book appeared in 1973 but Fraser has kept up with the new interpretations of historians

²⁰ Sidney Webb and Beatrice Potter Webb, *English Poor Law Policy* (London, Longmans, Green and co., 1910), <http://archive.org/details/englishpoorlawpo00webbuoft>.

²¹ M. A. Crowther, *The Workhouse System, 1834-1929: The History of an English Social Institution* (London: Methuen, 1983), 156–93.

²² Irvine Loudon, *Medical Care and the General Practitioner, 1750-1850* (Oxford Oxfordshire: Clarendon Press, 1987).

²³ Derek Fraser, *The Evolution of the British Welfare State: A History of Social Policy since the Industrial Revolution*, 1973 edition (London: Palgrave Macmillan, 2003).

with three new editions, the most recent being in 2009, and the later editions draw the same conclusion that there was negligence in Poor Law health service.²⁴

Recently, Kim Price has redefined the argument about the negative nature of the workhouse medical provision. He shows that there was an increase in medical negligence when the 1834 Poor Law Act was introduced which continued until the turning of the century.²⁵ There was a marked increase from 1870 when there was ‘a crusade’ against outdoor relief. He shows that the medical negligence occurred due to insufficient financing and the institutional structure of implementing the Poor Law medical policies and the lack of authority the Poor Law Commissioners had in forcing medical changes on local workhouse unions who resisted changes. Due to a competitive medical market for doctors and the lack of money, the Medical Officer did not receive a living wage. In the first part of his study, Price demonstrates that the doctors had to have a private practice to make a living. Their workload was impossible to perform due to the pressure of time, the number of patients, supplying medicine and bandages for the patients and the non-payment of unauthorised medical procedures they performed. It did not help that the administrators who governed the doctors were not medically trained and always wanted to save money.

The second part of Price’s study deals with the period from 1869 when the Poor Law Commissioners waged a ‘crusade’ against outdoor relief (known as the Longley Strategy) this increased the pressure on the medical staff, as the sick and insane who were previously cared at home with outdoor relief were now being admitted to the workhouse. The infirmaries and sick wards in workhouses were staffed by untrained nurses and overworked doctors, whose numbers were inadequate, this resulted in more cases of medical negligence.

The main sources in Price’s book are the inquiries the Poor Law Inspectors had to make when scandals occurred and the records of individuals who were interviewed to find the cause of the scandal. He also looks at reports by Assistant Commissioners who went around the country to check on the conditions of the workhouses in the districts under their control to make sure of the implementation of rules issued by the Poor Law Commissioners was being carried out to the full. After the crusade, Price illustrates how the inspectors who supported the Longley

²⁴ Derek Fraser, *The Evolution of the British Welfare State: A History of Social Policy since the Industrial Revolution*, 4th, ed. (London: Macmillan, 2009), 109–14.

²⁵ Kim Price, *Medical Negligence in Victorian Britain: The Crisis of Care under the English Poor Law, c.1834-1900*, (London: Bloomsbury Academic, an imprint of Bloomsbury Publishing PLC, 2015).

Crusade against out-relief were moved to the districts that resisted reform. He argues that the reforming inspectors had more importance on how the policy was conducted in the country than other historians have shown. Price considers the careers of the inspectors and maps the incidents of negligence in areas where the crusading inspectors operated.²⁶ He also uses a table to show the increase in the number of doctors who left their posts from 1860 to 1910. Between 1860 and 1869, 172 resigned for various reasons but when the crusade starts, it increases to an average of 400 between 1870 and 1900.²⁷ Price's book fills a gap which has not been covered by other historians, using good statistical analysis and extrapolating facts from sources that have been consulted and used before. The book makes a powerful case that a deep dividing line existed between the workhouse provision and future of the development of health provision in Britain.

1.4. Local Variance

Due to diverse political and social state of affairs found in localities around England combined with the self-determining Guardians in governing their unions, it is essential to look at studies of local unions to see what transpired. Such regional and local studies have reached contradictory conclusions about whether there were improvements in medical provision after 1834. A thesis by Alistair Ritch compares medical care in Birmingham and Wolverhampton workhouses. Agrees with Price that the ability of the Medical Officer was a very important factor for delivering good healthcare. He points out that Birmingham workhouse's infirmary had a full-time surgeon whereas Wolverhampton only had a part-time Medical Officer.²⁸ In both infirmaries, the Medical Officer had too many patients to attend to and the Birmingham infirmary employed qualified nurses, but Wolverhampton did not until the 1890s. Ritch concludes that the workhouse infirmaries in Birmingham and Wolverhampton provided improved care for the poor sick:

Furthermore, despite the constraints of being stigmatised a pauper and subjected to authoritarian discipline, sick inmates experienced conditions that were better than those portrayed by the pessimistic interpretations of the older historiography of the New Poor Law.²⁹

²⁶ Price, 112–13.

²⁷ Price, 121.

²⁸ Alistair Edward Sutherland Ritch, 'Medical Care in the Workhouses in Birmingham and Wolverhampton, 1834-1914' (University of Birmingham, 2014).

²⁹ Ritch, 316.

Angela Negrine's studies into the Medical Services of the Leicester Union, argues that the union provided improved health care and treatment from 1867 to 1917.³⁰ The Guardians ignored some orders that the Poor Law Commissioners issued and there was a steady improvement in the medical care provided by the Leicester Union. The Union had fully trained nurses in 1867, earlier than required by the central authority.³¹ The Medical Officers stayed in their posts for longer, and a better treatment was given due to the high standard of the newly qualified doctors. There were cataract operations (1865)³² and even attempts at the newly-discovered procedure of skin-grafting (1870)³³ which is above the level of medical care provided by most unions. However, the staff were over-worked in crowded facilities. But for the time this provided a relatively advanced healthcare provision for the people of Leicester.

1.5. Social History of Medical Care

An important element of medical care for the poor sick was social care in their homes. Margaret Versluysen states that when illness occurred in a family the first port of call was to relatives, close friends and neighbours. If the breadwinner was too ill to work and had no savings, the workhouse was the only place able to give treatment. Versluysen points out that care for the sick at home is hard to prove as this type of work is not recorded in the official document.³⁴ Able Smith points out that there were 157,740 sick paupers in workhouses in England and Wales in 1869, a third of the workhouse population and only 19,585 patients in general and special hospitals. That means eight out nine patients are in Poor Law Infirmaries.³⁵ Rosemary White also notes that in the mid-1840s in a period of prosperity many unemployed workers in rural areas migrated to cities for work leaving behind the old and infirm, and by 1869 50,000 sick and elderly paupers are found in small rural workhouse like the workhouses found in South East Kent.³⁶

Hodgkinson reveals that, as well as the Medical Officer caring for the sick, infirm and mentally ill; there were nurses. The nurses in workhouses were recruited from the inmates, usually

³⁰ Angela Negrine, 'Medicine and Poverty: A Study of the Poor Law Medical Services of the Leicester Union, 1867 – 1917' (2008).

³¹ *Ibid.* 103

³² *Ibid.* 80

³³ *Ibid.* 81

³⁴ M. C. Versluysen, 'Old Wives' Tales? Women Healers in English History', in *Rewriting Nursing History*, ed. Celia Davies (London: Croom Helm, 1980), 175–200.

³⁵ Brian Abel-Smith, *A History of the Nursing Profession* (London: Heinemann Educational, 1975), 47–48.

³⁶ Rosemary White, *Social Change and the Development of the Nursing Profession: A Study of the Poor Law Nursing Service, 1848-1948* (London: Kimpton, 1979), 17.

chosen because they were not fit to do any other type of work around the workhouse. The nurses were often unable to read medicine bottles, and in any directions, the doctors wrote down. They were sometimes paid by an alcohol allowance.³⁷ This was deemed wrong by campaigners like Florence Nightingale who, in 1868, set up a system to train nurses.

Michael Dean and Gail Bolton point out that the trained nurses were recruited from good middle- to upper-class families with religious backgrounds and beliefs. The harsh conditions of the workhouse's infirmaries shocked the newly trained nurse combined with bad living conditions and poor food supplied by the workhouse. The workhouses were in rural areas situated in the countryside miles from any large towns. This gave little time for the nurses to have a social life. The pay was poor (£25 a year) therefore, rural workhouses as found in the three unions of this study had great difficulty to recruit and keep qualified nurses.³⁸

The literature review illustrates differences in historical interpretation about the impact of the New Poor Law on workhouse healthcare. The study aims to engage with this debate by investigating the provision of healthcare to the poor in South East Kent. Perhaps surprisingly, the literature covering the position in Kent is quite sparse. Three chapters in the collection, '*Religion and Society in Kent 1640 – 1914*', (Chapter 6, Old Poor Law³⁹, Chapter 7, New Poor Law⁴⁰, Chapter 8, Epidemics and Public Health⁴¹ discuss the Poor Law and medical matters but do not discuss the question of medical care found in Kentish Unions. East Kent unions are cited by Hodgkinson and Crowther as examples of what healthcare provisions are available for the poor. They suggest there was an improvement in medical provision. Hodgkinson points out that in the Poor Law's first Annual Report, the Kent assistant commissioner, Sir Francis Head, reported that the medical relief was more efficient than previously and that in the twelve East Kent Unions there had been only seven deaths out of 2,200 cases.⁴²

³⁷ Hodgkinson, *Origins of the National Health Service: Medical Services of the New Poor Law, 1834-71*, 556–74.

³⁸ Gail Bolton and Michael Dean, 'The Administration of Poverty and the Development of Nursing Practice in Nineteenth Century England', ed. Celia Davies, *Rewriting Nursing History* (London : Croom Helm, 1980).

³⁹ P. Hastings, 'Old Poor Law', in *Religion and Society in Kent, 1640-1914*, ed. Robert Hume, Nigel Yates, and Paul Hastings (Suffolk: Boydell Press and Kent County Council, 1994), 112–53.

⁴⁰ P. Hastings, 'New Poor Law', in *Religion and Society in Kent, 1640-1914*, ed. Robert Hume, Nigel Yates, and Paul Hastings (Suffolk: Boydell Press and Kent County Council, 1994), 154–88.

⁴¹ P. Hastings, 'Epidemics and Public Health', in *Religion and Society in Kent, 1640-1914*, ed. Robert Hume, Nigel Yates, and Paul Hastings (Suffolk: Boydell Press and Kent County Council, 1994), 189–224.

⁴² Hodgkinson, *Origins of the National Health Service: Medical Services of the New Poor Law, 1834-71*, 1967, 12.

Margaret Crowther uses evidence from the Blean Union to draw a different conclusion. In 1855 the union Guardians bought a supply of trusses in bulk to save money, despite an objection made by the Medical Officer saying that they were not suitable and did not fit any patient who needed them. A year later, in 1856, the Blean Union doctor wrote that 60 patients were in an infirmary designed for 30 and that the sick were bedded throughout the workhouse, lacking proper care, this resulted in the spread of infection.⁴³

Was this typical of East Kent unions or did Guardians introduce all the changes demanded of them after inspections and orders issued by the Poor Law Commissioners? I will be investigating whether and when these changes occurred and what effect this had on the treatment of the sick. One of the main sources that will be of use are the correspondences between the Poor Law Commissioners and the unions. I will also see if there was an increase in medical negligence in the 1870s when there was a campaign in cutting outdoor relief, did this result in an increase into paupers being admitted to the workhouse or did the unions ignore this order? The Medical Officer was the key provider of medical care in the Poor Law, so I will investigate the Medical Officers of the three unions of this study. Did they have recognised, and appropriate qualifications required of them? Did they react to the advancements made by new understandings made in medical knowledge and did they respond to the changing demands made by the Poor Law authorities? To answer all these questions, the main research resources are the individual Poor law Union's records. These include Guardians Minute books which record the Guardians' meetings held each week discussing the management of the union, the hiring and firing of staff and complaints and disagreements which occurred. Another source to consult are the correspondences to the unions and received by them especially any communications between the Medical Officers and the Guardians. These communications are found in the Unions, in and out letters and the Poor Law Commissioners' correspondences with the unions situated at 'The National Archives at Kew'.

Throughout this study, 1834 to 1875, the understanding of public health was identified (clean environment, proper sanitation etc.), so I will examine the workhouses of the three unions which were not designed to provide care for the sick, old and mentally ill and had poor sanitary conditions. This was acknowledged by the Poor Law authorities, so when asked did the three unions of this study build new purpose facilities or alter existing ones? To investigate how important the yearly inspection of the union by the Poor Law inspector was and see how

⁴³ Crowther, *The Workhouse System, 1834-1929: The History of an English Social Institution*, 160–63.

significant the inspection by the independent visiting committees who inspected the workhouse on a regular weekly basis. Did the Guardians of the workhouses respond to the requests made by the Poor Law inspectors and the visiting committees? The main source of material to consult is the communications between the Poor Law Commissioners and the unions and the letters received or sent out by the unions to the Poor Law Commissioners. Another source is the Guardians Minute books which record the Visiting Committees comments made about their inspection of the workhouse.

The Bridgwater and Andover scandals had a fundamental influence on the Poor Law and the delivery of healthcare for the unions' poor, so I will examine both scandals. The Bridgwater scandal was an example of a Medical Officer's district being too large to administer, so orders were made for the districts to become more manageable, and limits were put on the number of inhabitants the Medical Officer had to attend. The Andover scandal was one of many that helped to remove the Poor Law Commissioners who managed the unions, replacing them with the Poor Law Board, which had a cabinet minister on its Board. Therefore, they were answerable and under control of the government. An investigation of the three scandals at Blean Union will give a unique view of the negotiations between local and national authorities. To do this by looking at the Guardians' minutes book which is an account of the Guardians' weekly meeting, reporting all proceedings of the union. In the minutes are complaints, scandals and communications from the Poor Law authorities. Some of the scandals and inquiries can be found in newspaper reports which shall be examined. In 1869 the Poor Law Board observed that there had been a large increase in expenditure on outdoor relief so they sent a circular to all unions saying that individuals and families who were receiving relief at home should be brought into the workhouse to save money.⁴⁴ This became known as the 'Longley Crusade'. I will examine how the unions responded to these orders by seeing if the number of workhouse inmates increased or decreased after the order was made by examining the six -monthly returns of inmates living in the workhouses.

I will show that the Medical Officers in this study gave good care to the sick, which was not the case with some unions, by examining communications and disputes between the Medical Officers and the Guardians. The Medical Officers gave treatment to their patients and then asked for payment for extra work carried out. They did not refuse to treat a person before

⁴⁴ Michael E. Rose, 'Local Government Board Circular on Outdoor Relief (1871)', in *The English Poor Law, 1780-1930* (Newton Abbot: David & Charles, 1971), 228–30.

getting any payment. I will then conclude and show how all three unions improved and gave better medical care to the poor over the first forty years of the New Poor Law. This occurred because of the professionalism of the Medical Officers and the new medical knowledge of how to treat the sick and the changes made so that the poor lived in healthier conditions which helped the prevention of illness. As part of this trend, it helped that there were newly improved workhouses and that the Guardians ignored the request to cut outdoor relief which, if obeyed, would have generated overcrowded workhouses resulting in poorer healthcare.

After the introduction of the 1834 Poor Law Act, the first thing the Poor Law authorities had to do was to establish the unions and their areas and build the workhouse. Therefore, the first chapter is on the building of the new workhouses and what care and facilities were made available for the old, sick, mentally ill.

2. Workhouse

2.1. Introduction

The new workhouses built after the introduction of the New Poor Law were not designed with any facilities for sick people. The infirm, old, insane, sick and able were placed together in an institution with the aim of discouraging the able-bodied from seeking support from the public authorities. In 1869 there were 50,000 sick and elderly patients found in rural workhouses, compared to 19,585 patients in general and special hospitals.⁴⁵ Brian Abel-Smith writes that voluntary hospitals used workhouses as dumps for the patients they had failed to cure and that patients were in effect sent to the workhouse to die.⁴⁶ In rural workhouses in one room could be found the old, sick, insane and inmates with contagious diseases. The workhouse Medical Officer was permitted to recommend the food, improvements in the sanitary conditions and the care of the patient, but the Guardians and the Master of the workhouse had the last say.⁴⁷

In the country, the public was becoming aware of the importance of having good sanitary conditions through the campaign led by Edwin Chadwick. He was a prominent promoter for the improvement in the nation's public health. From 1834 to 1847 he was secretary of the Poor Law Commissioners. In 1839 Chadwick instigated a report into the connection between disease and poverty. The report concluded that one-fifth of poverty in London stemmed from fever and stressed how the vicious circle of poverty contributed to disease and how disease often turned poverty into pauperism.⁴⁸ In 1842 Chadwick published his influential publication *Report on the Sanitary Conditions of the Labouring Population of Great Britain*.⁴⁹ To draw up this report, Chadwick gathered evidence from one thousand Medical Officers of Health. The report portrayed the inadequacy of the existing sewage systems, water supply and drainage and the overcrowding and these three elements led to various forms of epidemics and contagious diseases amongst the poor of the country. The report was widely circulated selling over 100,000 copies. This brought the problem to public attention including the Poor Law Authorities, Guardians of Unions, and Medical Officers and proved to be the start of a sanitation movement. The understanding how important hygiene, cleanliness and the avoidance of overcrowding

⁴⁵ Abel-Smith, *A History of the Nursing Profession*, 4.

⁴⁶ Abel-Smith, 3.

⁴⁷ Smith, *The People's Health, 1830-1910*, 389.

⁴⁸ Wohl, *Endangered Lives: Public Health in Victorian Britain*, 45.

⁴⁹ Edwin Chadwick, Great Britain. Home Office, and Great Britain. Poor Law Commissioners, *Report on the Sanitary Conditions of the Labouring Population of Great Britain. Made at the Request of Her Majesty's Principal Secretary of State for the Home Department* (London, Printed by W. Clowes and sons for H. M. Stationery off., 1843).

were to prevent the spread of diseases led to the delivery of better healthcare to the poor which benefited the whole country as it reduced the spread of contagious diseases. This forced the government to make legislative steps resulting in the Public Health Act of 1848. The Act established a Central Board of Health responsible for the provision of good drainage and water supply.⁵⁰

By 1867 the deficiencies in the design of, and care for, the sick in workhouses were recognised, and the authorities demanded changes to the amenities provided. These included new purpose-built infirmaries and sick wards that were better equipped, with improved ventilation and sanitary conditions. The sick in workhouse infirmaries were being nursed and attended by inmates, some being patients in the infirmary themselves, who provided care far below the expected level.⁵¹ The duties expected of a nurse were reiterated in 1848 by the Poor Law Commissioners, stating that the nurse was to attend the sick and give medicine according to directions from the Medical Officer. By 1850 there were 248 paid nurses in England and Wales, each earning an average salary of £14 per annum.⁵² Ruth Hodgkinson points out that before 1863 not a single trained nurse existed in the infirmaries in the provinces.⁵³

This chapter will argue that there was a steady improvement over the first forty years of the New Poor Law in provision and care for the sick who resided in the three workhouses of this study. This came about due to the recognition of the originally badly-designed workhouses with their lack of amenities for the sick and their inadequate sanitary arrangements. There were tensions, as will be seen, between the Guardians, wanting to save the ratepayers' money, and the Medical Officers wanting to improve the medical care in the workhouse. There was also conflict between the Poor Law Commissioners demanding the new improvements and the Guardians resisting the changes due to the money needed to carry out the alterations. The Guardians also did not like outsiders interfering being told how to run their workhouse. The main sources are the Guardian Minute Books, which are records of the Guardians' meetings held each week discussing the management of their union, the hiring and firing of staff, complaints about conditions in the workhouse (sanitation, staff disputes between Master, Guardians and Medical Officer, medical care). The communications from the Poor Law Commissioners to the workhouse which will show any requests made by the Poor Law

⁵⁰ Wohl, *Endangered Lives: Public Health in Victorian Britain*, 142–48.

⁵¹ Longmate, *The Workhouse: A Social History*, 2003, 205, 209.

⁵² White, *Social Change and the Development of the Nursing Profession: A Study of the Poor Law Nursing Service, 1848-1948*, 23–27.

⁵³ Hodgkinson, *Origins of the National Health Service: Medical Services of the New Poor Law, 1834-71*, 563.

Commissions to the unions to improve their facilities and the results of their yearly inspection that the Poor Law Inspector made.

I shall first give a brief account of the three workhouses, the design and conditions found in them for the sick, old, mentally ill and long-term sick. I then will show the duties of the workhouse Medical Officer. I will reveal the difficulties the Medical Officers had when performing their duties in the workhouses by looking at disagreements they had with their Guardians and Masters, which is shown in correspondences found in the Guardians' Minute Books, alongside the in- and out-letters of the union. I shall then look at the communications the Poor Law Commissioners had with the unions when introducing new regulations to improve the care for the sick in workhouses. In these records can be found reports of inspections made by Assistant Commissioners who inspected unions on their management and the conditions found in their workhouses. I shall ascertain if the facilities and care for the sick improved in the first forty years after the introduction of the New Poor Law by the measures the Guardians did or did not take. Better care by the workhouse staff, nurses, improvements in ventilation, drainage, better equipped infirmaries and sick wards, looking at whether cases of neglect or scandal in the workhouse increased or decreased over time.

2.2. Description of Workhouses

The healthcare provisions found in the Blean, Bridge and Eastry workhouses were very basic with a lack of amenities, minimal windows, drainage and ventilation. All three workhouses were built on a design made by Sir F B Head, brother of the Assistant Poor Law Commissioner, which allowed only 117 cubic feet of breathing space to each inmate. Even larger and better-contrived workhouses provided only 160 to 200 cubic feet for ordinary dormitories and 300 to 400 cubic feet in sick wards. At the same time, foreign writers were recommending 800 to 1,000 cubic feet for each hospital patient, and English prison inspectors allowed 1,000 cubic feet for each prisoner.⁵⁴ At Bridge union, they made minor alterations to the design to keep the cost down. This is seen in the Bridge minute book dated 21st May 1835 when the Guardians requested that only one window be placed in the infirmary instead of two.⁵⁵ It was cheaper to have one window instead of two windows, bricks are cheaper than glass and a window frame, but the consequences to the sick in the infirmary is the lack of sunlight which would have helped the recovery of the sick and when the sun shone the room would not heat up.

⁵⁴ Hodgkinson, 469.

⁵⁵ Bridge Union, Guardians' Minute Book, 21 May 1835, Kent History Library Centre (KHLC), G/Br/AM1.

Conditions in the workhouse were designed to discourage the poor from admitting themselves to them; also, the infirmaries had basic amenities. This included cheap beds, few blankets, no water, no cupboards and no chairs.⁵⁶ This was not so at Bridge; when the Bridge workhouse was built the Guardians equipped their infirmary with above-basic amenities as shown by the following example found in the Guardians' minute book. On 10 December 1835 they requested the new infirmary to be equipped with:

double and single bedsteads (round headed) with back posts for curtains, mattresses, bolsters & pillows pans for men and women, night chair, six arm chairs, small round table, small cupboard, one mantle, leaf under window, round high fender.⁵⁷

There seem to be mixed messages from Bridge Guardians when building the infirmary, they wanted to save money, but for the treatment and comfort for the sick in the infirmary they provided above basic beds, and chairs for the sick to use. The comfortable beds made the sick patients more relaxed in bed, and the chairs enabled the sick to leave their beds and not spend twenty-four hours in bed, risking bed sores.

A good description of the conditions for the sick and old inmates of the Bridge and Blean Unions are found in an article written on the 3rd October 1836 by an anonymous writer signing himself *S* in the *Champion* Newspaper. The *Champion* was a radical newspaper and an organ for Chartism and was only published for four years from 18th September 1836 to 26th April 1840. The Chartist movement stood for equal rights for the working people and opposed the oppression and harsh treatment which the poor received through the introduction of the Poor Law Amendment Act of 1834. At this time, the country was going through a depression and high unemployment, all of which affected the agricultural worker.

In the article, the reporter tells of a visit to the Kent countryside around Canterbury and the Bridge and Blean Union workhouses. He depicts the beauty of the county with corn fields, cattle, grazing woods, and hop plantations: 'all put together make it a scene that any one may look on in pride.' He then suddenly comes across the unsightly building of the new Bridge Union workhouse, 'five hundred yards from the London Road and near the pretty little village of Bridge 'in a valley well worth of such a village.'⁵⁸ He depicts the building being four-sided in half, or three quarters,

⁵⁶ White, *Social Change and the Development of the Nursing Profession: A Study of the Poor Law Nursing Service, 1848-1948*, 17.

⁵⁷ Bridge Union Guardians' Minute Book, 10 December 1835, KHLC, G/Br/AM1.

⁵⁸ *Champion* Newspaper, 2 November 1836.

of an acre with, at the front, an archway at the entrance with a room for the Guardians to meet, waiting rooms and lodging rooms for the keeper of the house. The only windows are above the archway, so that the occupants can view the inmates in the workhouse courtyard and the countryside. The inmates on the lower floor have no windows to view the beautiful Kent countryside. A sketch of the rear of the Bridge workhouse is at the front of the thesis.

The next day, the journalist went to Herne Bay where he met a woman who informed him that she has just lost her husband through long-term illness, leaving her with two young boys to maintain. She explained the only solution available to her was to place her two boys in the Blean workhouse, and this was why she was walking five miles; to visit them. When he reached Herne Bay, he visited the Blean workhouse. In one of the bedrooms, he came across some very old women in the corner, of whom one or two were blind, 'they were sitting in perfect silence, and perfect sullenness: the most piteous sight of all that I saw! Some looked dejected; but some looked soured even to savageness' He sums his visit up 'this place is a prison! ... solitary confinement is the most cruel punishment that can be inflicted.'⁵⁹ This is a good depiction of the conditions found in a rural workhouse in South-east England and confirms the conclusion that Ruth Hodgkinson came to that workhouses were being occupied by those who were going there to die, and that the infirmaries and sick wards were being occupied by the incurables and patients not accepted by the voluntary hospitals.⁶⁰

The workhouses were badly designed with little thought given to the sick. The sick could be found scattered all around the workhouse in rooms that lacked ventilation, sunlight, windows and running water. This was bad for the sick who were living in unhealthy conditions, which in many cases did not make them better and in some cases spread their illnesses to other inmates due to being in contact with them. One such case of bad sanitation occurred at the Eastry workhouse on the 17 November 1843 when there was an outbreak of colic amongst the girls of the workhouse. Within four days, twenty-two girls were affected and placed in the girls' infirmary. The Medical Officer, Mr Leggatt, stated it was not contagious and the treatment needed was a warm bath and medicine. This was immediately done, and the girls quickly recovered. On questioning Mr Leggatt, the Board discovered that he had not examined all new entrants to the workhouse which was part of his duties as Medical Officer to the workhouse. He was reprimanded for this. He was also asked to investigate the cause of the outbreak of colic and report back to the Board next week.⁶¹ Mr Leggatt reported back on the 28 November

⁵⁹ Ibid.

⁶⁰ Hodgkinson, *Origins of the National Health Service: Medical Services of the New Poor Law, 1834-71*, 544.

⁶¹ Eastry Union, Guardians' Minute Book, 21 November 1843, KHLIC, G/EA/AM5.

1843 stating that he had ascertained that the girls had been using drinking water from a tank of rainwater which passed through bad condition gutters. This had been immediately stopped, and they were now drinking from a spring water source.⁶²

The defective design in the layout of Francis Head's workhouses was noticed at Eastry workhouse in December 1844 when, after the Eastry Guardians' weekly meeting, one of the Guardians, Reverend Harvey, and Mr J Nethersole visited the men's infirmary. They met with the Master and the Medical Officer of the workhouse. The Master and the Medical Officer explained that when the boys in the workhouse went to the tailor shop for training, they had to pass through the boys' infirmary. They suggested an alteration so that the boys did not need to pass through the boys' infirmary, a door which was placed further up the balcony. The Board unanimously approved the alterations.⁶³ This shows what little consideration was put into the design and layout of the workhouse as the inmates had to pass through the dormitory daily.

Due to the lack of windows and poor ventilation at Eastry workhouse, nine boys had died of measles in early 1848. As a result of the deaths, Mr Karney, a Guardian of the Eastry workhouse, asked to consult the Medical Officer, Mr Leggatt, relating to the fatalities which had occurred amongst the boys. Mr Leggatt reported the following to the Board:

that there had been an outbreak of measles and nine boys had died. The character of the disease was worse in the workhouse than in the nearby village. and that the disease is of worse character than he had observed in the village, that the attendant character of the disease is confined to the lower house, where there is only a dark room used as an infirmary, that it is his opinion that the room is unfit to be used as a fever ward, as nearly all the cases have done badly in that room, and the pest house outside is occupied by small pox.⁶⁴

The Board of Guardians immediately set up a committee to consider this. They met instantly and directed that two windows are put in and two circular ventilators, placed according to the directions of the Medical Officer. This was done directly.

There was an outbreak of measles at the Bridge workhouse in February 1846. The Medical Officer informed the Board:

⁶² Eastry Union, Guardians' Minute Book, 28 November 1843, KHLC, G/EA/AM5.

⁶³ Eastry Union, Guardians' Minute Book, 24 December 1844, KHLC, G/EA/AM5.

⁶⁴ Eastry Union, Guardians' Minute Book, 4 April 1848, KHLC, G/EA/AM7.

that it is necessary that a room should be set apart for the accommodation of the sick children in the workhouse there being several at present ill with measles & fever. It was resolved that the partition between the rooms No1 & 2 occupied by the children be removed and a chimney erected under direction of the chairman.⁶⁵

These examples show some of the flaws in Sir Francis Head's design of the workhouse. At Eastry, the first example shows the lack of inadequate supply of clean and safe water. The second, the poor layout of the workhouse and third, the lack of ventilation in the room caused the spread of measles, a contagious disease. It also highlights how important it is to have an isolation room for contagious diseases. This highlights how badly designed the workhouses were for the sick and led to a deterioration of healthcare to the inmates of the workhouses. I shall show in a later section what measures were used to improve the healthcare conditions of the workhouses. This included building new infirmaries, altering the structure of the workhouse to improve the facilities, ventilation and sanitary conditions of the workhouse.

2.3. Medical Officers' duties in the workhouse

The duties of a workhouse Medical Officer were laid down by the 1842 Medical Orders. The duties state that the Medical Officer had to examine every case of admission of a pauper to the workhouse, classify the sick, perform surgical operations, report defects in sanitary arrangements in the building, keep up his paperwork (report books) and compile annual lists of the sick. See Appendix 1 for the full list of duties of the workhouse Medical Officer.⁶⁶ In practice, the Medical Officer may have little time to do the paperwork after treating the many patients in his care.⁶⁷

The workhouse's Master was appointed and responsible to the Guardians and managed the workhouse. The Matron (usually the Master's wife) was responsible for the female staff including nurses, caring for the female paupers, able and sick, cleanliness and hygiene of the workhouse and the laundry and cooking. The full duties of the Master and Matron can be found in the 1842 Medical General Order. There are twenty-six Master duties listed with two specifically relating to healthcare of the poor. Take, for instance:

⁶⁵ Bridge Union, Guardians' Minute Book, 13 February 1846, KHLC, G/Br/AM5.

⁶⁶ Great Britain Poor Law Commissioners, *8th Annual Report of the Poor Law Commissioners 1842*, 96–97.

⁶⁷ Smith, *The People's Health, 1830-1910*, 386.

No.14. To send for the Medical Officer for the workhouse in case any pauper is taken ill or becomes insane, and to take care that all sick and insane paupers are duly visited by the medical officer.⁶⁸

And provide necessary treatment as prescribed by the Medical Officer, or No. 24 which states,

to take care that the wards, rooms utensils and furniture thereof, be clean and in good order',⁶⁹

He also to inform the Guardians of any defect in the workhouse. There were also duties for the Matron which included the commitment that the beds were in a good state, to supervise and check the paupers in washing and drying of clothes and linen and supervise the nursing of the children and the sick paupers (see Appendix 2).⁷⁰ The Master, Matron and Guardians were not required to have any qualifications, but they had the last say on what happened in the workhouse. The Medical Officer could only advise on what medical treatment was needed for the inmates in the workhouse and could only request what sanitary improvements should be made to the workhouse. The Guardians and Master could ignore his recommendations, so this led to tensions between the Medical Officer and Guardians and Master.

2.4. Contagious Diseases

Contagious diseases caused suffering and fear amongst the population of Great Britain and when there was an outbreak of a contagious disease. Diseases know no barrier between the poor working class and the middle and upper class of society in the country, so it became the concern of everybody. Contagious diseases caused tensions in the workhouse due to the recognised treatment needed to treat them. This was to isolate the patients and keep them separate from the rest of the public to prevent the spread of the infection and provide good hygiene conditions by keeping everything clean. The main diseases were cholera, measles, typhus, smallpox, influenza, diphtheria, tuberculosis and scarlet fever and, in many cases, these resulted in death. To prevent the spread of contagious diseases, the Poor Law authorities started to request that the Poor Law unions should provide isolation wards in their workhouses and by 1879 in England and Wales, only one-fifth of the country had any facilities for contagious

⁶⁸ Great Britain Poor Law Commissioners, *8th Annual Report of the Poor Law Commissioners 1842*, 93.

⁶⁹ *Ibid.* 94.

⁷⁰ *Ibid.*, 92–96.

diseases. One of the main factors in the reluctance to provide isolation facilities was the cost which was high and was well beyond the means of rural unions.⁷¹

The lack of knowledge about contagious diseases also caused problems; a good example of this is found at Eastry on 2 March 1847. The Board of Guardians asked to see the Medical Officer, Mr Leggatt, concerning several deaths that had occurred over the last two weeks. Mr Leggatt replied that the deaths had occurred principally amongst old men. But he also mentioned a recent illness of a woman, named Elizabeth Wyborn:

who has been employed to shroud the dead, the woman is now very ill, and in his opinion will die....he is not warranted in saying that the disorder is contagious, but that lime washing and attention to cleanliness is desirable, and that during the continuance of the disorder a change of diet by the substitution of soup in lieu of the other provisions one or two days in the week amongst the old people would probably be serviceable.

The Board accepted the advice and complied with it.⁷²

Two weeks later, on 17 March 1847, Mr Leggatt reported back about illness in the workhouse and stated that no new cases had occurred. But he did suggest that the water closet in the old men's yard required ventilation.

The chairman requested the medical officer to give his attention to the subject of ventilation and favour the board with his suggestions at the next meeting.⁷³

The following week at the Guardians' meeting:

Mr Leggatt attended before the board and stated that the inmates are improving in health, and he thought the soup may be discontinued at the end of the quarter, he suggested additional air bricks in the men's fever ward.⁷⁴

This clearly shows the lack of medical knowledge on how to handle the bodies of those who had died of an infectious disease. This also illustrates the lack of ventilation and sanitation found in Sir Francis Head's rural workhouses and the piecemeal measures taken to rectify the problems.

⁷¹ Price, *Medical Negligence in Victorian Britain: The Crisis of Care under the English Poor Law, c.1834-1900*, 138.

⁷² Eastry Union, Guardian's Minute Book, 2 March 1847, KHLC, G/EA/AM7.

⁷³ Eastry Union, Guardians' Minute Book, 17 March 1847, KHLC, G/EA/AM7.

⁷⁴ Eastry Union, Guardians' Minute Book, 24 March 1847, KHLC, G/EA/AM7.

A case of the admittance of a sick person with an infectious disease occurred at Eastry when a vagrant, William Crip, was admitted to the workhouse on 17 December 1844, severely affected with smallpox. The Medical Officer, Mr Leggatt, advised the Board that the vagrant should be isolated in a room on his own. This was communicated to the Master and immediately done.⁷⁵ A week later, on 24 December 1844, William Crip died, and his body was immediately buried by order of the Medical Officer, Mr Leggatt, and the room where the vagrant had resided was fumigated and cleaned.⁷⁶ The importance of cleanliness, good hygiene and ventilation were recognised by the Medical Officer and being adhered to, so the medical care for the inmates in the workhouse was improving and the spread of infectious disease reduced by following the Medical Officer's recommendations.

The dilemma of not having any establishment in a rural area for people with a contagious disease except for the workhouse led to tensions between the Medical Officers and the Guardians of the unions. When a Medical Officer found a patient with a contagious disease, he had the choice of treating him at home or sending him to the workhouse. If the patient was treated at home, there was a strong likelihood that the infection would spread to their family and anyone in the household and close vicinity. The alternative was to send them to the workhouse, where the patient could be isolated in a single room, reducing the risk of the disease spreading.

The following example illustrates this when, on the 9 August 1849 at Blean, the Medical Officer, Mr Andrews, sent Robert Reason, a sick pauper, with cholera from Canterbury to the workhouse. The clerk was directed to write to Mr Andrews to inform him:

in the opinion of the guardians in removing paupers with cholera or even in doubtful cases as long a distance as from Canterbury to the union and that they must beg of him to conceive great caution for the future in recommending removals to the union in cases similar to that in which death has just so quickly occurred.⁷⁷

Another example happened at Eastry on 20 September 1842 when Mr Dixon, Medical Officer, issued a ticket for the safe removal of Caroline Adams, aged seventeen, to the workhouse. She came from the parish of Deal and described when admitted as suffering from 'sickness and destitution'.⁷⁸ Mr Dixon was asked to explain himself. He replied on 27 September 1842, stating

⁷⁵ Eastry Union, Guardians' Minute Book, 17 December 1844, KHLC, G/EA/AM5.

⁷⁶ Eastry Union, Guardians' Minute Book, 24 December 1844, KHLC, G/EA/AM5.

⁷⁷ Blean Union, Guardians' Minute Book, 9 August 1849, KHLC, G/BL/AM5.

⁷⁸ Eastry Union, Guardians' Minute Book, 20 September 1842, KHLC, G/EA/AM3.

that the patient had one symptom of Typhus fever, asking what he should have done. Directions were given to the clerk from the Board of Guardians to instruct him that if the Relieving Officer issued the ticket, they must be admitted to the workhouse. But in the case of the Medical Officer finding a patient with suspected typhus fever, the patient should be confined to their dwellings.⁷⁹

These two examples show the conflict which occurred when dealing with sick people with infectious diseases. They also illustrate the tensions and conflict between the Guardians and Medical Officer; the Guardians are wanting to keep contagious disease out of the workhouse and the Medical Officer wanting to protect the local community from infection. The solution was more isolation facilities, but this was hard to provide due to the high expense for the small rural unions.

At Blean in September 1872, there was an outbreak of smallpox with two cases in the workhouse. Due to the lack of isolation wards in the workhouse, the Guardians had to hire three cottages, which were 250 yards away from the workhouse, for one pound a week, to act as their isolation wards.⁸⁰ This continued until the 28 November 1872.⁸¹ Two years later, 19 February 1874, with the Poor Law Board's approval, the Blean Guardians built a new hospital for the workhouse which contained new sick and infectious wards for £3564.⁸² These examples illustrate how lessons were learnt, with first an ad-hoc solution being adopted, followed later with a longer-term investment in a new hospital.

2.5. Visiting Committees

One of the most important factors in improving the medical care in the workhouse was the Visiting Committees, who visited and inspected the workhouse weekly. The unions were also inspected by the Poor Law Board who had inspectors visiting them every year. The Poor Law Board divided the country into eleven districts with district two covering Kent. District two area included Buckinghamshire, Oxfordshire, Berkshire, Surrey, Sussex, Kent and Middlesex. Due to a large number of Poor Law Workhouses to visit and inspect, this gave the inspector little time to perform the task accurately.⁸³ Therefore, in 1849, the Poor Law Amendment Act

⁷⁹ Eastry Union, Guardians' Minute Book, 27 September 1842, KHLC, G/EA/AM3.

⁸⁰ Blean Union, Guardians' Minute Book, 11 September 1872, KHLC, G/BL/AM12.

⁸¹ Blean Union, Guardians' Minute Book, 28 November 1872, KHLC, G/BL/AM12.

⁸² Blean Union, Guardians' Minute Book, 19 February 1874, KHLC, G/BL/AM12.

⁸³ Price, *Medical Negligence in Victorian Britain: The Crisis of Care under the English Poor Law, c.1834-1900*, 76–80.

empowered the Poor Law Board to appoint Visiting Committees, whose duties were to visit and inspect the workhouses at least once a week and furnish a report in writing to the Guardians.⁸⁴ The Poor Law Board issued orders and rules for the Visiting Committees. These included the need to enquire and report weekly to the Guardians whether regular attendance was given by the Medical Officer, whether inmates of sick wards were properly tended and whether there were enough nurses to care for the sick.⁸⁵

Bridge and Eastry Guardians recognised the importance of the Visiting Committee and the desire of the union to avoid being embroiled in medical negligence cases, eight years before the 1849 Poor Law Amendment Act. These two unions complied with requests made by their Visiting Committees. An example is found at Bridge union on the 8 January 1841. The Visiting Committee asked that the stone floor have boarding placed on the floor in the men's infirmary and lying (birth) room. The reason that if any person falling over or falling out of bed would suffer less injury falling on soft wood rather than the hard-stone floor.⁸⁶ Another case involving requests made by the Visiting Committee can be found at Eastry on the 3 August 1841. The Visiting Committee recommended that five elbow chairs should be provided for the old and sick. The Committee also pointed out that the rainwater tank was defective, and an immediate replacement was needed. There was also broken glass in the boys' yard. The Guardians ordered that the water tank be replaced, and the boys' yard cleaned up and samples of elbow chairs to be seen at the next meeting.⁸⁷

The last example is when the Visiting Committee requested an immediate improvement in the ventilation of the lower wards of the Eastry workhouse on 16 March 1847.⁸⁸ I can find little mention of a Visiting Committee at Blean. The Guardians of Bridge and Eastry gave the Visiting Committee great importance. In the Guardians' minute books in their weekly report of the Guardians' meeting, one of the first pieces of discussion is the report made by the Visiting Committee and of any recommendations or observations made by them. In most cases, the actions requested by the Visiting Committee were obeyed. This shows the importance the Guardians showed for the Visiting Committee.

⁸⁴ Hodgkinson, *Origins of the National Health Service: Medical Services of the New Poor Law, 1834-71*, 457.

⁸⁵ Hodgkinson, 458.

⁸⁶ Bridge Union, Guardians' Minute Book, 8 January 1841, KHLC, G/Br/AM4.

⁸⁷ Eastry Union, Guardians' Minute Book, 3 August 1841, KHLC, G/EA/AM3.

⁸⁸ Eastry Union, Guardians' Minute Book, 16 March 1847, KHLC, G/EA/AM7.

2.6. Improvements

By 1856 it was clear to the Poor Law authorities, including their inspectors and Medical Officers, was how badly designed for the sick the workhouses designed by Sir Francis Head were, with their lack of sanitary arrangements and poor, overcrowded facilities for the sick. The need to improve the Blean Workhouse was apparent in February 1856 when the infirmary was overcrowded with the sick and the Medical Officer, Mr Evans, informed the Board of Guardians that the infirmary provided inadequate accommodation for the sick. The Guardians resolved to hold a special meeting to consider enlarging the infirmary.⁸⁹ On 21 February 1856, the Board discussed the alterations to increase the accommodation for the inmates in the hospital. They had been informed that recently Faversham Union had carried out extensive alterations to increase the capacity of their infirmary and it was resolved:

that the undermentioned do form a committee to inspect and report upon the same at the next meeting, for the guidance of the guardians in their future deliberations upon the above subject.⁹⁰

The following week they reported back, giving the following recommendations for improvements to the Blean Workhouse:

1st. That the present stone gallery to be done away with and all the dormitories be communicated by stairs under cover.

2nd That a better classification be obtained by placing the able-bodied men and women in the centre of the yard and enclosing these two wards by a wall, similar to that shown on the plan of the Faversham union workhouse.

3rd. That the building forming the two wards last named be raised upon sufficiently to afford room for a chapel and school room.

The committee further state their opinion although they will not positively recommend it without consultation with Mr Evans the medical officer and more consideration than they have been able to give to this point, that, hospitals for both sexes with a nurse room may be obtained by appropriating a portion of the present building now used as a girls' school room and adding another room of the same size which might be built in the garden.⁹¹

On 25 June 1856, the work was put out for tender.⁹²

⁸⁹ Blean Union, Guardians' Minute Book, 4 February 1856, KHLC, G/BL/AM7.

⁹⁰ Blean Union, Guardians' Minute Book, 21 February 1856, KHLC, G/BL/AM7.

⁹¹ Blean Union, Guardians' Minute Book, 28 February 1856, KHLC, G/BL/AM7.

⁹² Blean Union, Guardians' Minute Book, 25 June 1856 1856, KHLC, G/BL/AM7.

The Poor Law inspectors, even though they had no medical or architectural training, knew of the poor design of the ‘Francis Head workhouses’ and demanded improvements for the sick in all three workhouses, Blean, Bridge and Eastry. The report the Poor Law Inspector gave from his inspection of the Blean workhouse on 31 December 1866 stated that ‘this workhouse has been altered and added to till it has become a workhouse as its originally vicious construction will permit’.⁹³ Two years later in the inspector’s annual report of his inspection of the workhouse, the inspector made three recommendations for improvements in medical care in the Blean workhouse. Firstly, the infirmary (sick) ward was too small for its purpose, and the ward lacked washing and laundry facilities. Secondly, the drainage and privy accommodation was defective and inefficient, and lastly, the fever ward windows were too small (transcript below of report):

1st September 1868. Blean Union

Report of Lt. Colonel Ward

issued by Poor Law, on the above Union, after a visit on the 1st day September 1868,

1. Date of the last visit.

22nd September 1867 by Inspector I. Walsham

2. Is the workhouse generally in adequate state of the union in respect to internal arrangements

The present position of the sick ward is objectionable bad the wards conformity cond. There is no day room for the sick & no place for their clothes which are kept under the beds.

3. Is the provision for the sick infectious cases and sufficient:

No- In the fever wards the windows are too small and the wards themselves are objectionable bad and in a state the patient has commodes under the windows and the rooms are offensive.⁹⁴

The Guardians pointed out that, as recommended by the inspector two years ago, they had improved the sick wards for £3000. If they made the new improvements as recommended by the inspector, the ratepayers would refuse to comply with this recommendation due to the great cost. The Guardians stated that the drainage and privy accommodation had received the necessary attention. A new fever ward would be made available.⁹⁵

This shows the bad design of the workhouse and the effects of ad hoc alterations made to improve the facilities. The wards were too small and were spread all over the workhouse. There was no room in the workhouse to have day rooms which would have been beneficial for the sick and helped their recovery. Due to lack of space and the poor layout of the workhouse, the wash-house was placed under the female infirmary, which was not advantageous for the sick

⁹³ Blean Union, Poor Law Commissioners Correspondence, 31 December 1866, The National Archives (TNA), MH12/4824.

⁹⁴ Blean Union, Poor Law Commissioners Correspondence, 1 September 1868, TNA, MH12/4824.

⁹⁵ Blean Union, Poor Law Commissioners Correspondence, 5 December 1868, TNA, MH12/4824.

in the female ward. There were still no trained nurses being employed. But by 21 November 1870, the Guardians had yielded to the inspector's demands and had asked a local architect to prepare a plan and for an estimate for proposed alterations at the workhouse for a plan of a new and larger infirmary which would deliver better medical facilities and care for the inmates.⁹⁶

On 16 September 1868, the Guardians at Eastry union knew of the defects in their workhouse and asked Mr Leggatt, the workhouse Medical Officer, to make a report concerning the workhouse accommodations. Mr Leggatt recommended that all stone floors be boarded over, that improvements made to the toilets and washing facilities, and that ventilation and sanitary conditions should be improved. Mr Leggatt also requested for a full -time nurse for the workhouse. The Guardians set up a committee to look at the recommended improvements. They agreed to the changes and was completed by the end of the year. The only recommendation they did not agree was the employment of a full-time nurse. They stated 'The committee considers that the sick paupers are well nursed by the assistant Matron and the pauper nurses situated for the purposes'.⁹⁷ But three years later, in June 1871, after the building of a new infirmary, the Eastry Guardians changed their minds about employing trained nurses. The Guardians were proud of the new infirmary and the care it would give to the community and to help to provide top quality care they wanted to have two qualified nurses. To tell the community of the new facilities and the good care it would provide they placed an advertisement in the local papers for two paid nurses. The Guardians stated:

The persons elected to be man & wife, without encumbrance between the ages of 30 & 45, Salary £35 per annum, with the usual rations, washing & furnished apartments.⁹⁸

On the 12 July 1871 they selected Mr and Mrs Cook for the post. On the 19 July 1871, the Poor Law Board sent a correspondence questioning why a male nurse was required. The letter stated that:

it is the universal practice to appoint female nurses only, as it is found that the duties generally are more efficiently performed by them than the male nurses and that the wards are kept in a more cleanly & tidy condition, they, therefore, request the guardians will be good enough to reconsider the subject, with the view to the appointment of two female nurses in the new wards, instead of male & female nurse as proposed.⁹⁹

⁹⁶ Blean Union, Poor Law Commissioners Correspondence, 21 November 1870, TNA, MH12/4824.

⁹⁷ Eastry Union, Guardians' Minute Book, 16 September 1868, 'KHLC, G/EA/AM18.

⁹⁸ Eastry Union, Guardians' Minute Book, 21 June 1871, KHLC, G/EA/AM19.

⁹⁹ Eastry Union, Guardians' Minute Book, 12 July 1871, KHLC, G/EA/AM19.

In Reply:

Mr Farnall Poor Law inspector knew of the appointment and had no objection. The distance of the infirmary (50 feet) from the rest of the building makes it very important that some male person should reside in it and assist the women in lifting heavy patients when necessary and doing other work which females could hardly be expected to carry out.¹⁰⁰

At Bridge, on the 31 October 1867, the Poor Law inspector had disagreements with the Guardians, who had refused to make any alterations to the badly designed ‘Francis Head workhouse’.¹⁰¹ Three years later, on 22 April 1869, the Poor Law inspector was still complaining that the Guardians were not making the improvements required to the workhouse; better sanitary conditions, ventilation, more windows, a bigger infirmary. (see Appendix 3) The Guardians replied that this was due to the lack of money as the population was too small and to raise the money would mean a substantial and unreasonable charge on the poor rate.¹⁰² But by the end of the period of this study on the 21 February 1875 the Guardians yielded to the demands from the Poor Law Board and plans for improvements to the workhouse for the sick were approved.¹⁰³

The historian Derek Fraser points out that the quality of inspection depended on the individual personality of the Poor Law inspector.¹⁰⁴ Hodgkinson points out that the inspector was given no formal training and no instructions on how to inspect a workhouse. This is likely to have contributed to the vast variations in healthcare facilities found in workhouses all over England and Wales.¹⁰⁵ The Kent inspector of the three workhouses covered in this study, one Colonel Ward, seemed to do his work very conscientiously and visited the three workhouses annually and made a good comprehensive report on the short time he spent at each workhouse.

The alterations requested by him were undertaken at Blean and Eastry which brought about better healthcare provisions for the sick paupers of the two unions. The Bridge Guardians were the only union that did not yield to the inspector’s demands until 1875.

¹⁰⁰ Eastry Union, Guardians’ Minute Book, 19 July 1871, KHLIC, G/EA/AM19.

¹⁰¹ Bridge Union, Poor Law Commissioners Correspondence, 31 October 1867, TNA, MH12/4846.

¹⁰² Bridge Union, Poor Law Commissioners Correspondence, 22 April 1869, TNA, MH12/4846.

¹⁰³ Bridge Union, Guardians’ Minute Book, 21 September 1875, KHLIC, G/BR/AM11.

¹⁰⁴ Fraser, *The Evolution of the British Welfare State*, 53.

¹⁰⁵ Hodgkinson, *Origins of the National Health Service: Medical Services of the New Poor Law, 1834-71*, 460–62.

2.7. Summary

The three workhouses of this study were quickly built immediately after the introduction of the new 1834 Poor Law Act on a workhouse template of Sir Francis B Head, the brother of the Assistant Poor Law Commissioner for Kent. The new workhouses were constructed with no real thought for sick inmates. The sick infirmaries were an afterthought and lacked many amenities. Over the next forty years, this was recognised by the Poor Law Authorities, Guardians and Medical Officers and improvements were made piecemeal at the times when they were needed. In all three workhouses, there were improvements in the sanitary conditions, more windows, better ventilation and improvements in hygiene conditions due to the advancements made in medical knowledge. Two of the three workhouses, Blean and Eastry, extended or built new infirmary wards for the sick with improved sanitary, ventilation and hygiene facilities. Therefore, the provision of healthcare for the inmates improved in Eastry and Blean, but improvements were slower at Bridge due to the Guardians' refusal to improve their workhouse because of the lack of funds. The Poor Law Commissioners knew that to improve the Poor Law service there was a need for close inspection of all workhouses, so they sent out new Medical Orders with regulations requiring that a local independent Visiting Committee visit the workhouse weekly. At Blean and Eastry the Guardians were responding to requests made by their Visiting Committees eight years earlier in 1841. This was backed up by yearly inspections made by the Poor Law Inspectors. The only area which lacked improvement in medical care for the workhouse sick, old, mentally ill and infirm was nursing, as the nursing was carried out by other inmates of the workhouse who were not trained nurses. This is illustrated at Eastry in October 1868 when the Guardians considered that the sick paupers were well nursed by the Assistant Matron and the pauper nurses were suited for the purpose.¹⁰⁶ But by June 1871, when a new infirmary was built at Eastry, the Guardians wanted it to be staffed by two paid, trained nurses.¹⁰⁷ This is a good example of how the piecemeal improvements in healthcare provision in unions occurred.

The Guardians were always looking at ways of saving money and this led to conflicts and disagreements with the Medical Officers as will be seen in the next chapter.

¹⁰⁶ Poor Law Commissioners Correspondence with Eastry Union, 15 October 1868 TNA, MH12/5000

¹⁰⁷ Eastry Union, Guardians' Minute Book, 21 June 1871, KHLC, G/EA/AM19.

3. District Medical Officers

3.1. Introduction

The duties of the Medical Officers in a Poor Law Union under the 1834 Act were to attend and treat the sick of the union under the management of the Board of Guardians. Previously, under the Old Poor Law system, the vestry had limited supervisory authority over the doctor and the treatment they gave to the sick. This led to vast differences in treatment received by patients throughout the country. The other duties of the Medical Officers were to attend the long-term sick, visiting them at regular times, and committing the mentally ill to asylums. Another task they performed was to coordinate dealing with outbreaks of diseases, such as typhoid and cholera, when they occurred in their union.

The Poor Law 1842 Medical Orders tightened up the regulations for qualifications of the Officers and made the medical districts of the unions more manageable, and the number of inhabitants that they had to minister to was regulated. This led to more Medical Officers being employed. In 1837, 2,091 Medical Officers were serving in the Poor Law Unions, but by 1870 this had nearly doubled to 3,950.¹⁰⁸ The 1858 Medical Act stated that all practitioners' public appointments in Great Britain had to register on the Medical Register.

The medical care for the sick poor changed vastly during the first forty years of the New Poor Law due to advances in medical knowledge and the increase in awareness of what healthcare provisions were needed. Medical Officers were at the forefront of these changes and responsible for delivering these improvements to the sick. This chapter will examine the Medical Officers' role in the union and how they carried out their duties in the three unions in Kent. This chapter will show that the medical care provided under the New Poor Law, as administered by the Poor Law Commissioners and the Guardians of the unions and delivered by Medical Officers, caused tension between the Guardians and the Medical Officers. Due to the ever-increasing recognition of the causes of illnesses and new ways to treat and look after the sick, triggered an ever-increasing rise in the cost of medical care to the sick. But with Guardians trying to keep costs down combined with a rise in status of the Medical Officers, this caused disagreements between the Guardians and Medical Officers. These tensions exposed in several cases of medical negligence and arguments about how the sick should be treated. These can be found in correspondences which include the Guardian Minute Books, the

¹⁰⁸ Hodgkinson, *Origins of the National Health Service: Medical Services of the New Poor Law, 1834-71*, 424.

unions' in- and out-letters, and correspondences from the Poor Law Commissioners to the unions. I will also assess the finances and qualifications of their Medical Officers and look in detail at some cases of neglect of duty and disagreements between officials and the Medical Officers.

It is, firstly, necessary to make some points on how the Poor Law operated by giving a brief description in how a Poor Law Union was administered and how the sick received medical treatment. I shall describe the care the sick received under the Poor Law regulations and guidelines, as laid down by the Poor Law Commissioners in the three rural unions. I shall then look at the 1842 Medical Orders which were issued by the Poor Law Commissioners to tighten up the regulations on providing medical care to the sick poor. I shall concentrate on regulations which affected the medical treatment given to the sick in rural unions. I will then show the rural situation and status of the three unions, Bridge, Blean and Eastry and the duties of their Medical Officers by giving a brief description of the three unions and then analysing the individual Medical Officers employed by the unions, looking at their qualifications, time in service and pay. I shall investigate the relationship between the Medical Officers and Guardians, looking at tensions and disagreements with a view to understanding how this changed over time. I shall look at the recognition by the authorities of the importance of the Medical Officer and his medical knowledge and how it could help in the running of the union. I shall also investigate the relationship between the Medical Officers and patients by examining complaints made to the Guardians in the Minute Books and in letters to the union. I shall discuss the impact of advances in medical practices had on the three unions.

3.2. New Poor Law

The New Poor Law Unions were administered and governed by a Board of Guardians. Ratepayers annually elected them based on property ownership of ten pounds value. The unions consisted of parishes, and at least one elected Guardian represented each parish. The unions were divided into districts. Each district had a Relieving Officer whose duties were to evaluate and authorise applications for poor and medical relief. Ursula Henriques argues that under the New Poor Law the medical attention was higher than formerly because the Union Relieving Officer was being paid an annual salary, whereas under the Old Poor Law medical care was provided by an unpaid and unwilling parish overseer.¹⁰⁹ Each district had a Medical Officer who attended the sick in the neighborhood. If a person was ill and could not pay for

¹⁰⁹ Henriques, 'How Cruel Was the Victorian Poor Law?', 366.

medical treatment, they had first to see the Relieving Officer. The Relieving Officer would ascertain if the person required medical treatment and did not have the means to pay for it him- or herself. If the applicant met these requirements, they received a doctor's ticket. They then presented the ticket to the Medical Officer and received medical treatment.

3.3. The 1842 Medical Orders

The Poor Law authorities quickly discovered that many applicants for the Medical Officers posts lacked appropriate qualifications to treat the sick. An example of this was when, in 1841, a position became vacant in the Lambeth workhouse for a Medical Officer. There were 1,830 applicants, of whom 320 had not been examined in surgery, 323 had never taken an exam in medicine, and 233 were completely unqualified.¹¹⁰ This is one of many cases of the difficulty in finding appropriately qualified medical men to fill the Medical Officer's post. This led the Poor Law Commissioners to introduce regulations that tightened up on the qualifications needed by a Medical Officer. The 1842 Medical Orders introduced the new rules. The Medical Officer was required to have recognised medical knowledge and encouraged to know surgical techniques. The qualifications had to be from a recognised professional institution like the Royal College of Surgeons or from a University of England, Scotland or Ireland that was legally authorised to grant a degree. The other accepted institute that could give qualifications was the Society of Apothecaries who provided a certificate to practice.¹¹¹ See Appendix 4 for all the acceptable requirements needed for a Medical Officer in England and Wales. Margaret Crowther argues that the introduction of this regulation was the start of purging the Poor Law system of unqualified men and laid down the foundations for a professional body.¹¹² Kim Price points out that in the 1841 Census for England and Wales, there can be found, 33,339 medical practitioners. But between 1841 and 1855 the medical profession became dedicated to excluding from its number of unqualified doctors (quacks). In 1845 a Medical Directory was produced which listed all doctors practising in England and Wales who had qualifications from recognised authorities. This became the acknowledged way to find an appropriate doctor practising in the country if one was needed. By 1853 the number of practitioners was 11,808,

¹¹⁰ Price, *Medical Negligence in Victorian Britain: The Crisis of Care under the English Poor Law, c.1834-1900*, 27.

¹¹¹ Hodgkinson, *Origins of the National Health Service: Medical Services of the New Poor Law, 1834-71*, 70-72.

¹¹² Crowther, *The Workhouse System, 1834-1929: The History of an English Social Institution*, 156.

a reduction of 21,531 which must have included many unqualified people no longer working as medical practitioners.¹¹³

The Medical Order also required the Medical Officer to reside in the district he attended. The Commissioners anticipated that finding a person duly qualified in a rural union would be difficult. So, in clauses 4 and 5 they state that if the applicant had one of the four qualifications and lived in the district and the Guardians knew him as a competent medical man, and there was no other applicant with the appropriate skills, then the Guardians could ask the Commissioners for their approval to employ the applicant. Examples are found in correspondences in the Guardians' minute books and out-letters relating to asking for permission of the Medical Officers, as well as the letters between the Commissioners and Guardians approving.

The 1842 Medical Orders also abolished the appointment by tender for contracts to the lowest bidder. The Commissioners stated that it was more important that the candidate:

should turn upon the respective characters and skill, and not on the sum at which they may be severally willing to undertake the office.¹¹⁴

Examples of the difficulties of finding suitably qualified applicants and long-term contracts of Medical Officers will be seen below in the section on service records of Medical Officers of all three unions.

3.4. Blean, Bridge and Eastry Poor Law Unions

The three unions are in a rural setting with many of the inhabitants involved in agriculture. The Board of Guardians who controlled and administered the unions had many farmers on the board who wanted to keep costs down and pay as little poor rate as possible. The paupers and sick managed by the union were primarily agricultural workers.

In 1841, Blean and Bridge were divided into four medical districts and Eastry into five districts (see Appendix 5). Due to the large area of the medical districts and population growth in Bridge and Eastry, these two unions each subsequently added another district. This occurred due to

¹¹³ Price, *Medical Negligence in Victorian Britain: The Crisis of Care under the English Poor Law, c.1834-1900*, 26.

¹¹⁴ England Poor Law Board and England Poor Law Commission, *Official Circulars of Public Documents and Information: Directed by the Poor Law Commissioners to Be Printed Chiefly for the Use of the Boards of Guardians and Their Officers.*, vol. II, 1842, 248.

the 1842 Medical orders when the Poor Law Commissioners tried to tackle the problem of large regions by putting a limit on the sizes of area. ‘it shall not be lawful for the Board of Guardians to assign to any medical officer, to be by them, hereafter appointed, a district which shall exceed in extent the area of 15,000 statute acres, or which shall contain a population exceeding the number of 15,000 persons.’¹¹⁵

Page Ref.	Union	Town	Population	No.	Surgeons
					Name
221	Blean	Herne	3,041	4	William Evans, Thomas Hunt, Thomas Rideout, John Stokes
335		Whitstable	2,255	1	Jason Edward Williams
234	Bridge	Bridge	817	1	Amelius Sicard
343		Wingham	1129	2	J S Green, Frederick. Hen. Sankey
315		Chartham	974	1	William Sankey
605		Barham	1,151	1	Edward Long
336	Eastry	Ash	2,077	2	Edward Elgar, John Sladden
369		Deal	6,688	7	Geo. Carter, John Dixson, Geo. Mason, Wm. Hulke, Ths. Mercer, Edw. Morse, TWatt
309		Sandwich	6,906	3	Rich. Emmerson, Henry Pettman, William. Henry Weekes
281		Eastry	1,629	1	Richard Shocklidge Leggatt
216		Walmer	2,170	2	William Watt, Rich. Gibbon Davey
137			Canterbury	15,435	18
	History Gazeteer & Directory of Bagshaw Kent Vol. 2 1847				

Table 1: Principal towns in the three unions ¹¹⁶

Table 1 above shows the principal towns and villages found in all three unions giving the population, number of surgeons and their names as seen in 1847. Bridge has no large settlements, only one township, Wingham, with two resident surgeons. One of the surgeons, J S Green, cannot be found in the Medical Register from 1845 to 1900, so he might not have any recognised qualifications to be a Medical Officer or he might have died. The other surgeon living at Wingham, Frederick Henry Sankey, had a recognised qualification from the Society of Apothecaries and was employed as a Medical Officer at the Bridge union. Only three other surgeons were residing in the Bridge union. Therefore, we can conclude that the union employs all surgeons in the Bridge union district as Medical Officers. But in Blean, there are two towns with a population higher than 2,000, Whitstable and Herne, with four surgeons residing in

¹¹⁵ Great Britain Poor Law Commissioners, *8th Annual Report of the Poor Law Commissioners 1842*, 248.

¹¹⁶ Samuel Bagshaw, *History, Gazetteer, and Directory of the County of Kent: Comprising a General Survey of the County, and of the Sees of Canterbury and Rochester; with a Variety of Historical, Statistical, Topographical, Commercial, and Agricultural Information ...* (Samuel Bagshaw, 1847).

Herne. This led to disagreements between the surgeons and the Guardians of the Blean union, as will be seen later. Eastry had two large towns of over 5,000 inhabitants, Deal, with seven surgeons, and Sandwich, with three surgeons. So, when the post of Medical Officer became vacant, there was more competition for the position.

Union	District	Name	Appointment Date	Age	Salary	Qualification	Left Post	Reason	Years of service
	workhouse	William Dunbar	April 1834	39	£30		May 1843	forced to resign	9
	1	William Evans	March 1840	36	£50	M.R.C.S.England 1815; L.S.A. n 1815	Dec 1863	Death	23
	2	James Edward Mitchell Williams	March 1841	47	£20	M.R.C.S. England and L.S.A. 1832	1870	Resigned job in Hospital	29
Blean	3	William Jameson	March 1850	49	£40	M.R.C.S. England 1822, L.S.A. 1821	1875	Death	25
	4	Thomas Andrews	March 1843	38	£40	M.R.C.S. England 1827	1861	Old age ill health	18
	workhouse	Amelius Sicard	March 1843	34	£40	M.R.C.S. Eng. 1831; L.S.A. 1831	1880	Death	37
	1	Frederick Harvey Sankey	March 1843	40	£40	M.R.S.C. Eng.1856, L.S.A. 1824	1860	Death	17
Bridge	2	Robert Cooper Kersey	March 1842	26	£40	M.R.S.C. 1839; L.S.A. 1840	1860	Resigned to London Hospital	18
	3	Edward Long	April 1836	32	£30	M.R.S.C. 1824; L.S.A. 1823 (Dover union)	1880	Death	44
	Eastry	Richard Shocklidge Leggatt (Senior)	April 1836	51	£21	in practice prior to 1815	1844	retired replaced by son	4
	& workhouse	Richard Shocklidge Leggatt (Junior)	March 1844	22	£21	M.R.S.C. Eng.1841 L.S.A. 1842	1890	retired	49
	Sandwich	Richard Emmerson	April 1836	53	£43	M.R.S.C. 1806	1866	retired	30
	Walmer	Richard Gibbon Davey	April 1836	28	£18	M.R.S.C Eng. 1858, L.S.A. 1830	1860	magistrate to cinque port	24
Eastry	Deal	John East Dixson	March 1841	36	£55	M.R.S.C Eng. 1829, L.S.A. 1826	1860	Harley St. London	19
	Eythorne	George Elgar	April 1836		£16	M.R.S.C Eng1828 L.S.A. 1832	1843	Moved away	7
	Eythorne	Frederick Augustus Chalk	April 1843	30	£16	M.R.S.C. Eng. 1822 L.S.A. 1832	1867	ill Health	24
	Ash	John Sladden	April 1842	33	£29	M.R.S.C Eng. 1834 L.S.A. 1834	1870	Death	28
	Wingham	Frederick Harvey Sankey	April 1842	40	£23	M.R.S.C. Eng.1856, L.S.A. 1824	1860	Death	18
						M.R.C.S. Member of Royal College of Surgeons			
						L.S.A. Licentiate Society of Apothecaries London			

Table 2: Medical officers of Blean, Bridge and Eastry unions

Table 2 above shows the Medical Officers employed by the three unions of this study. It gives each one's name, medical district, age, date of appointment and salary. The Medical Officers' qualifications, dates of leaving employment and the reasons for doing so are given. The final column gives the years of service of each Medical Officer. The Medical Officers' name, districts, salaries and the reason for leaving their post are from the Guardians' minute books which record the Medical Officers' annual contracts and the reason they give for their resignations. The Medical Officer's qualifications and date of leaving service are from the UK & Ireland, Medical Directories, 1845-1942,¹¹⁷ I ascertained the ages of the Medical Officers by finding them on the England and Wales Census Returns for 1851 - 1871.¹¹⁸

Twelve of the twenty practitioners (surgeons), as seen in Table 2, left their posts of Medical Officers due to ill health, retirement or death. One case of ill health occurred at Eastry Union, where Mr Chalk, Medical Officer of Eastry Union, was forced to retire due to ill health. This was due to tensions between the local community and the union. Mr Chalk had a mental breakdown and tried to commit suicide on the 16 December 1866 after the death of his wife. He was sent to the Peckham Lunatic Asylum for a few weeks. In a letter to the Poor Law Commissioners, the clerk John Rigden states that:

Mr Chalk has since returned, and the sick poor he attends will not take his medicine, therefore the Board of Guardians have called upon the two medical officers to continue their attendance on the poor in his district.

The board of guardians will thank Your honourable board to instruct them How to act in this case.¹¹⁹

The local community seems to have lost confidence in Mr Chalk, so the Board of Guardians had to remove Mr Chalk and advertise for a replacement due to the pressure from the local community.

A case of resignation occurred at Blean when William Dunbar was forced by the Guardians to resign his post. The reason for his departure was that he had improper sexual behaviour with the Master's sixteen-year-old daughter.¹²⁰ Fifteen out of the twenty Medical Officers stayed in their posts from seventeen to forty-nine years. Two of the Medical Officers moved to

¹¹⁷ 'UK & Ireland, Medical Directories, 1845-1942', accessed 31 July 2018, <https://search.ancestry.co.uk/search/db.aspx?dbid=61053>.

¹¹⁸ 'UK Census Collection - Ancestry.co.uk', accessed 2 August 2018, <https://search.ancestry.co.uk/search/group/ukicen>.

¹¹⁹ Poor Law Commissioners Correspondence with Eastry Union 1867-1871, 24 January 1871, TNA, MH12/5000.

¹²⁰ Blean Union, Guardians' Minute Book, 18 May 1843, KHLC, G/BL/AM3.

London, Robert Cooper Kersey from Bridge Union to take up a position in a London Hospital, and John East Dixson set up in private practice in Harley Street.

Of the three unions, Bridge is the most rural, agriculture being the main occupation and there are no large settlements.¹²¹ The four Medical Officers employed by the union stayed in their posts from seventeen to forty-four years. One of the reasons they occupied the position of Medical Officer is that the rural setting did not have the population to support the practice of a private practitioner economically. The post of Medical Officer guaranteed an income and payment at regular times, avoiding the need to chase individual patients for payment.

3.5. Qualifications

It was hard to find an applicant for the position of Medical Officer both living in the medical district of a rural union and having the appropriate skills. Michael Rose points out that a doctor who applied for a Medical Officer position in a Poor Law union would tend to be a young doctor anxious to improve his status and conditions of work against a Board of Guardians who wanted his services as cheap as possible.¹²² The doctors who practised in rural areas were not ambitious and needed the income from the Medical Officer's salary.¹²³

The Medical Officers who were employed by the three unions under discussion here were local men who also needed a private practice to earn enough money to live on (see Table 2). In Eastry, Richard Leggatt (Senior) was practising medicine before 1815. When the new Medical Orders required two qualifications, the Eastry Guardians asked the Poor Law Commissioners for their approval of the appointment of Richard Shocklidge Leggatt (Senior). The Guardians asked their clerk on the 7 March 1843 to write a letter to the Poor Law Commissioners declaring that:

¹²¹ Edward Hasted. "Parishes: Boughton under the Blean," in *The History and Topographical Survey of the County of Kent: Volume 7*, (Canterbury: W Bristow, 1798), 2-19. *British History Online*, accessed August 31, 2018, <http://www.british-history.ac.uk/survey-kent/vol7/pp2-19>. Edward Hasted.

"Parishes: Bridge," in *The History and Topographical Survey of the County of Kent: Volume 9*, (Canterbury: W Bristow, 1800), 286-290. *British History Online*, accessed August 31, 2018, <http://www.british-history.ac.uk/survey-kent/vol9/pp286-290>. Edward Hasted.

"Parishes: Eastry," in *The History and Topographical Survey of the County of Kent: Volume 10*, (Canterbury: W Bristow, 1800), 98-121. *British History Online*, accessed August 31, 2018, <http://www.british-history.ac.uk/survey-kent/vol10/pp98-121>.

¹²² Rose, *The English Poor Law, 1780-1930*, 25.

¹²³ Bolton and Dean, 'The Administration of Poverty and the Development of Nursing Practice in Nineteenth Century England', 84.

Mr Leggatt although of long standing in his profession is not either a member of the Royal College of Surgeons or licentiate of the Apothecaries company, it would, therefore, be necessary for the Board to state the reasons for appointing Mr Leggatt under the circumstances stated in the special minute to enable him to complete the returns required by the Poor Law Commissioners. ¹²⁴

The Board asked the Commissioners for their approval and received approval on 28 March 1843. ¹²⁵

The problem of finding appropriate qualified Medical Officers residing in the medical districts in Bridge Union was still occurring in 1867. On 28 March 1867, the Board of Guardians wrote to the Poor Law Commissioners asking permission to employ Mr Henry Kennett of Chilham to be engaged in district 2 of the union. Chilham is a parish that borders on district 2 but lies outside it. In the 3rd Medical district at Bridge, they requested the appointment of Mr Henry George Walter, a surgeon who lived in the City of Canterbury. The third district borders on the south area of Canterbury. (see Appendix 5)

Through the period 1834 to 1870, the Guardians of the three rural unions of Blean, Bridge and Eastry faced challenges finding appropriate applicants for the Medical Officers' posts in their medical districts. As shown by the above examples, but this was not the case in urban areas. As clearly shown by the example at Lambeth referenced in Section 3.3 when there were 1,830 applicants for one post. The number of unqualified practitioners working after the 1845 Medical Directory was published, listing all doctors and surgeons with recognised qualifications, was dramatically reduced by two thirds as mentioned in Section 3.3. ¹²⁶

3.6. Districts

In some cases, in rural areas, there was poor medical care due to distances that the doctor or patient had to travel for treatment. The patient had to find the Relieving Officer to get the doctor's ticket and then deliver it to the Medical Officer for treatment.

An example of this is found at Kingsthorpe in rural Northamptonshire, when a villager wanting the attendance of the Poor Law Medical Officer had to walk five miles for an order, timing his arrival to coincide with the time when the Relieving Officer was available. He then had to find the doctor who came to treat the patient and, if he was prescribed medicine, had to go to the

¹²⁴ Eastry Union, Guardians' Minute Book, 7 March 1843, KHLC, G/EA/AM3.

¹²⁵ Eastry Union, Guardians' Minute Book, 28 March 1843, KHLC, G/EA/AM3.

¹²⁶ Price, *Medical Negligence in Victorian Britain: The Crisis of Care under the English Poor Law, c.1834-1900*, 27.

doctor's surgery to obtain the medicine.¹²⁷ In the case of Blean, Bridge and Eastry, the districts' widths were ten miles but to travel these distances on foot on unmade rural roads would be hard and take a long time.

An example is found at Bridge, on 26 March 1841. A complaint was made by the patients residing at a distance from the Medical Officer's house, which used as a dispensary for medicine. Dispensaries became established from the late 1840s and meant the doctor spent less time going around the district giving prescriptions and had more time for his private practice.

¹²⁸ At the weekly Guardians' meeting at Bridge, the following entry states:

A complaint having been made that patients residing at a distance from the medical officer's house, experience great inconvenience in having to send for their medicine by 9 o'clock in the morning.¹²⁹

In answer to this, the Board met on 22 April to discuss this with the Medical Officer and concluded that the Board were quite satisfied that no alteration in the time of attendance for medicine could be made.¹³⁰ This was the only dispensary in the district, so the patients had to start early in the morning to attend the dispensary by nine o'clock. The Poor Law Commissioners tried to tackle the problem of large districts in the 1842 Medical Orders by putting a limit on the sizes of the districts. The Poor Law Commissioners considered that 15,000 acres was a more manageable area for a Medical Officer's district and 15,000 people a reasonable number for him to attend.¹³¹

3.7. Low Wages.

The wages paid to a Medical Officer were so low that he had not the means to support himself or a family if he had one. Due to the low pay from private practice, two surgeons in Suffolk who served as Medical Officers received £30 and £40 per annum. They stated that the money did not cover the cost of the horse let alone any drugs needed for any treatment. One young doctor in his first six months earned £4 18s, and one year later this had increased to £16 9s 9d.¹³² In the three unions of this study, the wages of the Medical Officers are between £16 and £55. The salary depended on the population of the medical district, so the rural communities with few villages paid low wages. In Eastry, Eythorne has a small community so the Medical

¹²⁷ Smith, *The People's Health, 1830-1910*, 357.

¹²⁸ Loudon, *Medical Care and the General Practitioner, 1750-1850*, 245-46.

¹²⁹ Bridge Union, Guardians' Minute Book, 26 March 1841, KHLC, G/BR/AM4.

¹³⁰ Bridge Union, Guardians' Minute Book, 22 April 1841, KHLC, G/BR/AM4.

¹³¹ Great Britain Poor Law Commissioners, *8th Annual Report of the Poor Law Commissioners 1842*, 131.

¹³² Loudon, *Medical Care and the General Practitioner, 1750-1850*, 246.

Officer was paid sixteen pounds a year. The medical districts with larger populations with towns like Deal, with a population of 6,688, paid sixty-two pounds per year and Sandwich, with a population of 6,906, paid fifty pounds in 1842.¹³³

Almost all Medical Officers used the Poor Law post as a pathway to a profitable private practice or to dissuade competition from entering their patch. This was known by the Poor Law authorities, so they could keep the wages low and still fill the posts. This, combined with the lousy working conditions, meant that generally, vacancies did not attract high calibre applicants.¹³⁴ Margaret Crowther argues that in the 1840s the medical profession was highly competitive, and the Poor Law doctor's prestige suffered because he was employed by laymen, the Guardians. Only failed doctors would seek employment in the Poor Law.¹³⁵ An example of a surgeon associated with a Poor Law Union occurred in Canterbury on the 16 February 1846. There was a report in the *Kentish Gazette* of an inquest on Thomas Hayward in which stated that a surgeon called W. Cooper, who also worked at the workhouse, had attended. Such a report obviously alarmed another Canterbury surgeon of the same name, who immediately wrote to the paper saying that he had no connection to the place.¹³⁶ His response is indicative of his concern regarding his reputation as a surgeon and the likely damage this would cause to his practice and shows that Canterbury as a city had market forces amongst its surgeons. As seen in Table 1, of surgeons found in towns, Canterbury had seventeen practising surgeons.

Rosemary White argues that due to the poor wages of the Medical Officer the treatment from them was variable. There was good treatment from skilled doctors, but due to the bad pay, there was low standard treatment from unskilled doctors, newly qualified or not qualified.¹³⁷

An example of a rural doctor struggling to have enough income from his private practice and his employment as a Medical Officer in a union occurred at Blean. On 4 August 1842, Mr J.

¹³³ Samuel Bagshaw, *History, Gazetteer, and Directory of the County of Kent: Comprising a General Survey of the County, and of the Sees of Canterbury and Rochester; with a Variety of Historical, Statistical, Topographical, Commercial, and Agricultural Information ...* (Samuel Bagshaw, 1847).

Eastry Union, Guardians' Minute Book, 6 April 1841, KHLC, G/EA/AM3.

¹³⁴ Price, *Medical Negligence in Victorian Britain: The Crisis of Care under the English Poor Law, c.1834-1900*, 35.

¹³⁵ Crowther, *The Workhouse System, 1834-1929: The History of an English Social Institution*, 158.

¹³⁶ *Kentish Gazette* 23 February 1846, Page 3, British Newspaper Archive.

¹³⁷ White, *Social Change and the Development of the Nursing Profession: A Study of the Poor Law Nursing Service, 1848-1948*, 197.

D. Cavely, Medical Officer, wrote a letter to the Board of Guardians. He requested that they pay his salary monthly as they had just altered the arrangements to the payment to be quarterly:

My family's illness with the decease of my wife left me in a very critical situation I am in arrears of the amount of £20 & upwards it has been with strict monthly payments that I have sustained credit & with a little assistance otherwise to decrease in some measure the debt. The proposals to my creditors to be paid in future three months' indulgence does not in any way meet their approbation on the other hand, would they do so. ...The wants of seven in the family as you gentlemen are aware, must be continual & require some attention. A great saving would accrue to one was I permitted to receive the same weekly."¹³⁸

Mr Cavely's private practice was not giving him sufficient income and his additional income from being a Medical officer in the Blean Union was not adequate to support himself and his family. Loudon points out that the practitioner could not make an adequate living from private practice.¹³⁹ This is where I agree with Loudon, who says that the Medical Officer's post was a guaranteed payment and needed in practices found in rural areas, whose income from private practice proved inadequate.¹⁴⁰ In this case, even the pay for being a Medical Officer does not seem to be sufficient income for Mr Cavely.

Another example of low pay and inadequate salary from private practice in a rural area is found with the practitioner Frederick Harvey Sankey. He lived at Wingham in the Eastry Union and occupied the post of Medical Officer for the Wingham District of the Eastry Union and was paid twenty-three pounds a year. This is a rural area, and he seemed to be not getting enough income from his private practice, so is this why he takes up the post of Medical Officer at Bridge union in the nearest neighbouring medical district to his home.¹⁴¹ This gives him a combined income of sixty -three pounds from both unions. These are two examples of the struggle that practitioners had in earning a living in rural areas and the lengths to which they had to go to make enough to survive in agricultural unions.

3.8. Disagreements between Board of Guardians, Relieving Officer and Medical Officer

Michael Rose argues that the Medical Officer would typically be a young doctor anxious to improve his status and condition of work. The young doctor tried to deliver good healthcare to his patients, but this could cause expense for the union's Guardians trying to save money which

¹³⁸ Blean Union, Guardians' In-Letters, 4 August 1842, KHLc, G/BL/ACa4.

¹³⁹ Loudon, *Medical Care and the General Practitioner, 1750-1850*, 232.

¹⁴⁰ Loudon, 239.

¹⁴¹ *London and Provincial Medical Directory 1855*, 355.

could result in conflicts.¹⁴² One way the Guardians found to save money was by cutting the wages of the Medical Officer and cutting the payment for some of the contract services he provided. One such case is at Bridge when on 5 March 1840, the Board offered the position of workhouse Medical Officer on the terms of a salary of fifty pounds plus twelve shillings per case of attendance to any out-door patient and fourteen shillings for every midwifery case.¹⁴³

But, on 16 April 1847, Mr Long, Medical Officer, refused the terms offered to him for the year by the Guardians. To save money, they had reduced the fee for attending the long-term sick from ten shillings (this is a reduction of two shillings from 1840) to two shillings and sixpence per case per year. The position was advertised in three Canterbury newspapers.¹⁴⁴ Only one Doctor applied, but he lived in Elham, ten miles away, and was not in the union and he had no recognised qualifications. The Guardians asked the Poor Law Commissioners to approve his appointment, but the Commissioners rejected their request and suggested that the old terms of last year should be offered. This was done and accepted by Mr Long.¹⁴⁵ The Guardians tried to save money by reducing the remunerations to the Medical Office, Mr Long refused the reductions and resigned his post as a Medical Officer. The position was advertised in the local paper with the new terms of remuneration, and the only applicant was a doctor who had no recognised qualifications. This shows the problems of recruiting adequately qualified applicants for a Medical Officers' position in rural unions.

Another way to save money, which caused tension between the Medical Officers and the Guardians, came about when the Guardians refused payment when treatment was given without the proper authorisation. An example of this occurred at Blean on 7 October 1841 when the Board directed the clerk to write to Mr Williams, Medical Officer, stating that they had just received a bill for his attendance to a pauper. This had not been sanctioned by a Relieving Officer, which it should be, and he must not do this again.¹⁴⁶

Another case of tension between the Guardians and Medical Officer occurred at Eastry on the 25 September 1848 when Mr Chalk, Medical Officer, made a claim for five pounds for attending Daniel Holliday who had broken his leg. Daniel Holliday was a member of the Barham Downs Medical Society, which was an organisation whose members paid a fee for the

¹⁴² Rose, *The English Poor Law, 1780-1930*, 25.

¹⁴³ Bridge Union, Guardians' Minute Book, 5 March 1840, KHLC, G/BR/AM4.

¹⁴⁴ Bridge Union, Guardians' Minute Book, 16 April 1847, KHLC, G/BR/AM6.

¹⁴⁵ Bridge Union, Guardians' Minute Book, 24 June 1847, KHLC, G/BR/AM6.

¹⁴⁶ Blean Union, Guardians' Minute Book, 7 October 1841, KHLC, G/BL/AM2.

cover of illness or accident. The society paid out for the illness or accident and paid a weekly income until recovery by the member. Therefore, the Guardians of the Eastry Union refused to pay, saying that the Barham Downs Medical Society was liable for the fee and there had been no communications from Daniel Holliday with the Relieving Officer in his district requesting treatment.¹⁴⁷ Mr Chalk insisted on his claim for five pounds and payment from the union.¹⁴⁸ On 7 November a letter was written on behalf of Daniel Holliday stating that he had stopped paying his subscription to the Barham Downs Medical Society since July, so they would not pay out for his broken leg. Daniel Holliday's mark signs the letter as a signature.¹⁴⁹ This is an excellent example of the lengths to which the Guardians would go to save five pounds, and although a lot of time was wasted on the claim, the Guardians did not pay.

The above examples of tensions between the Guardians and Medical Officers found in all three unions illustrate the lengths to which Guardians went to save money for the ratepayers of the three unions. They were also showing their authority over the Medical Officers and keeping them in line and the rules and regulations given to them by the Poor Law Act. This also reveals how professional the Medical Officers were in all three unions, taking care of the sick and treating them, rather than refusing or waiting to attend to them until they had been guaranteed payment. As will be shown later in other Poor Law Unions in Kent, there were cases when the Medical Officers refused treatment, knowing the Guardians of their unions would not pay them.

The Guardians had been given the authority by the New Poor Law Act to define who was eligible for poor relief including the sick, even though they had no medical training. This led to conflicts and tensions with the Medical Officers over medical treatment. One example is at Blean on the 15 March 1842, when the Medical Officers questioned the Guardians on requests for medical relief to some paupers who the Medical Officers considered did not need medical aid. The Board of Guardians instructed the clerk to reply:

I am instructed to state that the board of guardians in every instance the judge of pauperism and that there is no power in the medical officers to dispute their decision upon the question, whether the pauper was entitled for medical relief.¹⁵⁰

¹⁴⁷ Eastry Union, Guardians' In-Letters, 30 October 1848, KHLC, G/EA/Aca15.

¹⁴⁸ Ibid. 6 November 1848, KHLC, G/EA/Aca15.

¹⁴⁹ Ibid. 7 November 1848, KHLC, G/EA/Aca15.

¹⁵⁰ Blean Union, Guardians' Out-Letters, 15 March 1842, KHLC, G/BL/ACb1.

This correspondence was sent to all four Medical Officers of the Blean Union, and they were asked if they would carry on in their posts on similar terms as last year. The Medical Officers accepted the terms and conditions on the 17 March 1842.¹⁵¹

The Relieving Officer also did not have any medical training even though he was authorised to evaluate if a sick person needed medical treatment. This caused disagreements and tensions between the Relieving Officers and Medical Officers over medical treatment. The Relieving Officer could object to the treatment given by a medically trained Medical Officer and could refuse treatment against the opinion of the Medical Officer. One such case is at Eastry on the 6 April 1841, when Mr Dixon, Medical Officer, questioned the refusal of the Relieving Officer to make a monetary allowance to Elizabeth Archer and her son in a letter to the Board of Guardians. Elizabeth Archer was refused any relief because she was earning ten pounds a year.¹⁵²

Another dispute happened at Blean on 4 January 1855 when the Board disagreed with treatment that Mr Andrews, Medical Officer, gave to a woman named Bosworth. In the Guardians' opinion, she was not a 'lunatic' according to the Lunatic Asylum Act 1853. He had charged 2/6d for attending Bosworth as an alleged lunatic.¹⁵³ The Guardians disagreed with Mr Andrews' assessment of the woman, and their decision would have saved them spending 2/6d.

The Medical Officer was not guaranteed payment from any extra work which he performed if it was not covered in his contract.¹⁵⁴ The Guardians could refuse to pay for treatment which was not authorised by them and was not in the Poor Law regulations. This could cause disputes and tensions between Guardians and Medical Officers.

One such example is when more than one officer was working in the same district when a sudden illness or an accident occurred and required immediate medical attention. It was common practice that the nearest surgeon attended the patient. In Eastry union, there is the town of Deal with seven practising surgeons (see Table 1), so any one of them could attend an accident and treat a person who needed emergency medical attention. The problem would appear when it came to paying for the surgeon's services if the patient was unable to pay for

¹⁵¹ Blean Union, Guardians' Minute Book, 17 March 1842, KHLC, G/BL/AM2.

¹⁵² Eastry Union, Guardians' Minute Book, 6 April 1841, KHLC, G/EA/AM3

¹⁵³ Blean Union, Guardians' Minute Book, 4 January 1855, KHLC, G/BL/AM7.

¹⁵⁴ White, *Social Change and the Development of the Nursing Profession: A Study of the Poor Law Nursing Service, 1848-1948*, 197.

their treatment. The only authorities the surgeon could turn to for payment of his services were the Poor Law Union. The Medical Orders did not regulate for this. Therefore, when the surgeon sent his bill to the Guardians of the union, they could refuse payment stating that the case had not gone through the proper channels, which would involve asking for a ticket from the Relieving Officer for medical attendance by a surgeon who was a Medical Officer of the union.

An example of this took place on the 10 March 1846 at Deal. Thomas Mercer attended Mr Wilds, who had deep cuts on his throat. After three hours, his life was saved. Mr Wilds could not pay the doctor's fee. Mr Mercer then asked whether the Guardians would pay for his services. They refused, saying they were not authorised to pay for treatment carried out by a medical man, not in the employment of the union.¹⁵⁵ This also happened again, on 29 September 1846, when a man seriously injured his arm working on the pier at Deal and was treated by the nearest surgeon. When the surgeon sent the bill to the Guardians, they refused to pay, stating that they were not authorised to do so.¹⁵⁶

The predicament of a surgeon attending an emergency and treating a pauper who is unable to pay and the authorities incapable to reimburse the surgeon for his time was taken up by a journalist of the London Evening Mail. On 18 January 1848, an article was published using letters written by Thomas Mercer to the Eastry Guardians two years earlier about the case of Mr Wild's cut throat. The paper campaigned against the cruelties of the Poor Law. The reporter points out that if a medical practitioner ignored a severely injured person, there would be a great outcry in his neglect, and it was unjust that he did not receive any remuneration for his services. He suggested that the Poor Law authorities should pay for his services if the victim could not.¹⁵⁷

Another case occurred on the 25 April 1850 at Bridge when Mr Long, Medical Officer, wrote a report on the matter of Mr Vanson of Barham. Mr Long stated:

This case is the result of starvation, recently confined, and herself and family subsisted upon turnip greens for eleven days, the husband was refused work, and relief. The money for my attendance would have been better applied in supplying nourishment, and the medical attendance obviated.

¹⁵⁵ Eastry Union, Guardians' Minute Book, 10 March 1846, KHLC, G/EA/AM5.

¹⁵⁶ Eastry Union, Guardians' Minute Book, 29 September 1846, KHLC, G/EA/AM7.

¹⁵⁷ Evening Mail, 19 January 1848.

It was resolved that the case must be investigated, and the board were not satisfied with Mr Long's report and request his attendance at the board next meeting to explain himself.¹⁵⁸

A week later, 1st May 1850, Mr Charles Ovenden, Relieving Officer for the Barham Parish showed some inaccuracies in Mr Long's report:

The family had not been "subsisting on turnip tops for eleven days" or for any number of days ... With respect to Mr Long's concluding account that his attendance would have been unnecessary if the notice of the medical order had been given in food, I will merely show that in this, as in many of the cases for which he allows orders, the money is completely thrown away, owing to the unsatisfactory attention and medicine received by the patient. In the present case of the woman suffering from disability as he says, through bad and insufficient food, it would have been more consistent with that idea, to have given an order for some meat and to have furnished her (as should have been on treatment), with four bottles of her best sherry as medicine instead of giving her, in return for his medical order of two little bottles of pills. "to be taken occasionally": each containing salt. Unless improvement takes place in the general attendance upon the poor, I shall feel it be my duty to make a formal complaint to your board. I do not at all desire to depose Mr Long of the attendance, but I do want to see him attend better. The importance of this subject must plead my excuse for this letter.¹⁵⁹

Mr Ovenden expressed his opinion that the issuing of pills containing salt does not give medicinal relief to the patient. He had not relieved by the treatment that Mr Long, Medical Officer, gave to Mrs Vanson and in his mind, the answer was a medical order for food and alcohol which at this time was the standard treatment. An example of this is found at Eastry Union on the 29 August 1843 in the Guardians' Minutes when it is noted that two gallons of gin and two gallons of brandy are required for the sick.¹⁶⁰ The Poor Law Authorities also held the mistrust of the medical treatment that the Medical Officer gave. The Kent's Assistant Commissioner, Edward Carleton Tufnell, wrote in 1842 of the Medical Officer:

like all men with a little smattering of learning, they are exceedingly fond of using the hardest names the dictionary can supply. they deceive the guardians into ordering enormous quantities of mutton, wine, arrowroot etc. – an evil which is now daily increasing.. and is adding to the amount of pauperism and the poor rate.¹⁶¹

Mr Long, the Medical Officer, felt that the cause of Mrs Vanson's illness was the lack of food and the cure would be to give her money to purchase more food but the Relieving Officer, Mr

¹⁵⁸ Bridge Union, Guardians' Minute Book, 25 April 1850, KHLC, G/BR/AM6.

¹⁵⁹ Bridge Union, Guardians' Minute Book, 1 May 1850, KHLC, G/BR/AM6.

¹⁶⁰ Eastry Union, Guardians' Minute Book, 29 August 1843, KHLC, G/EA/AM3.

¹⁶¹ Crowther, *The Workhouse System, 1834-1929: The History of an English Social Institution*, 159.

Ovenden, says that it would be unlikely that Mrs Vanson would spend her money on food. But when Mrs Ovenden was given pills containing salt, it would have been better to prescribe her four bottles of sherry and food. At this time alcohol and food were conceived to be the best treatment for many common illnesses. The patient would be relieved of pain through the alcohol and felt better but in most cases was not cured.

The cause of most disagreements was that the Guardians were trying to save money, either by refusing treatments or refusing to pay for treatment which, in their eyes, was not needed or was not allowed under Poor Law regulations. The Guardians also wanted to stamp their authority on the staff employed by the union. This included the Medical Officers as illustrated in the above cases, and the lack of medical training and knowledge of the Guardians and Relieving Officers did not stop them disagreeing, and causing tensions, with the Medical Officers. They had been given the authority by the Poor Law regulations to determine who was entitled medical relief and, as has been seen by the above examples, this caused tension between them and their Medical Officers. They could even decide who was a 'lunatic' or not according to the 1853 Lunatic Asylum Act. They could use the Poor Law regulations to refuse to pay for emergency medical accidents which were attended by the nearest surgeons. As has been seen by the above cases, these caused severe tensions between the Guardians and Medical Officers.

3.9. Summary

By 1845 the Medical Officers employed by the three unions in this study had at least one recognised qualification and had a long-term contract with their union. The above evidence shows, with a few exceptions, that the Guardians were content with the professionalism and the quality of service that the Medical Officers provided. The districts of the Medical Officers in all three unions became more manageable due to the increase in the number of medical districts in response to the 1842 Medical Order. Over the period covered in this study, 1834 – 1875 there was great difficulties in finding Medical Officers who resided in the medical districts of their unions who had recognised qualifications. But according to the evidence, I have gathered the Guardians of all three unions employed Medical Officers having at least some recognised qualifications and in the Guardians' opinion were skilled and competent Doctors. This will be shown later when I shall show that there was a decline in complaints made by inhabitants of the unions against any medical ill-treatment. In these three rural unions, the Guardians would typically attend the private practice of their Medical Officers when they required medical attention. The patient of private practice in remote rural areas, as found in all

three unions, had no choice but to attend the nearest surgeon. A choice was only available in large towns with two or more practising surgeons, like Canterbury that had seventeen surgeons to choose from. Therefore, Guardians in less populated areas had a close relationship with the Medical Officers, being his patients and, in some cases, his friends. Examples of this are found in correspondences of the Guardians requesting the approval of Medical Officer's appointments without the appropriate qualifications. The Eastry Guardians refer to 'Mr Leggatt's skills and long standing in his profession'.¹⁶² This shows that the Guardians know that Mr Leggatt, Medical Officer, was in their opinion a proficient and skilled surgeon.

The Guardians were always looking at ways of saving money, and this led to conflicts and disagreements with the Medical Officer, as the above examples show. In the next chapter, I shall show how the unions responded to cases of scandals and medical negligence and see if this helped the unions to provide better healthcare.

¹⁶² Eastry Union, Guardians' Minute Book, 7 March 1843, KHLC, G/EA/AM3.

4. Scandals and Medical Negligence

4.1. Introduction

After the introduction of the New Poor Law Act of 1834 the anti-poor law movement (Chartists, Tories who opposed centralisation and radicals who fought the inhumanity of the 'poor law Bastilles')¹⁶³ campaigned against the introduction of the Act and sought to expose the flaws in the Poor Law operations including medical care. One way to do this was to report every case of medical negligence and scandal that occurred in Poor Law Unions. David Roberts argues that newspapers played an important part in this, reporting true, exaggerated and false cases.¹⁶⁴ Roberts analysed the reports of cruelty in Poor Law unions found in *The Times* between 1837 and 1842 from all around the country. There were fourteen cases of overcrowding in the workhouse, twenty-four cases of inadequate diet, and ten cases of poor conditions in the workhouse. Outside the workhouse, he found forty-two cases of inadequate outdoor relief for the old and infirm and three instances of emergency relief refused, all within only five years. Roberts argues that the reports in *The Times* newspaper made public opinion force the government and Poor Law authorities to investigate any cases of medical negligence and scandal found in Poor Law unions and made them take appropriate action to stop the bad publicity the union received.

Peter Dunkley suggests there were cases of abuse before 1834, but because the New Poor Law was centralised, local union problems assumed national importance.¹⁶⁵ One of the first scandals which influenced how unions provided medical care was the 1837 Bridgwater Scandal. The significance of this scandal was overlooked by most historians until 2013 when Samantha Shave investigated the scandal and the resulting inquiry.¹⁶⁶ The Bridgwater scandal centres upon the suicide of the Medical Officer, William Lakin Caswell, the deaths of three sick paupers and the workhouse Medical Officer, John Rodney Ward, who had no medical qualifications. It was found that having too many patients and a large medical district to attend to, the Medical Officer, Mr Caswell, took his own life due to being overworked. There were also three deaths of sick paupers who were refused medical treatment by the Relieving Officer. The inquiry also discovered that the workhouse Medical Officer was not a qualified doctor,

¹⁶³ Nicholas C. Edsall, *The Anti-Poor Law Movement, 1834-44* (Manchester, Eng., Totowa, N.J: Rowman & Littlefield, 1971).

¹⁶⁴ Roberts, 'How Cruel Was the Victorian Poor Law?', *The Historical Journal* 6, no1(1963): 97-107

¹⁶⁵ Peter Dunkley, 'The "Hungry Forties" and the New Poor Law: A Case Study', *The Historical Journal* 17, no. 2 (1974): 329-46.

¹⁶⁶ Shave, 'The Bridgwater Union Scandal and Policy Change', (Kindle Locations 4911). .

having submitted false qualification certificates to the Guardians. The Bridgwater Inquiry was one of the main factors contributing to the 1842 Medical Orders. The Orders made the Medical Officer's district more manageable (15 square miles) limited the number of inhabitants that he had to oversee (15,000) and required recognised qualifications for doctors from medical professional institutions (Royal College of Surgeons, Society of Physicians, Society of Apothecaries). Samantha Shave's study into the Bridgwater Scandal shows how bad some of the earliest Poor Law workhouses were, run without any proper authority coming from the Poor Law Commissioners.¹⁶⁷ Another national scandal which had great consequence for the new Poor Law was at Andover when, in 1845, when the starving inmates were forced to eat the marrow on the bones that they were meant to be crushing. The Poor Law Commissioners did not deal with the scandal and resolve the ill-treatment as promptly as they should, as it continued over eight years, 1838 – 1845 at the Andover Union. Due to public pressure from reports of the scandal in newspapers, the government was forced to hold a public inquiry into the Andover Scandal in August 1845. The investigation found that there was too close a relationship between the Poor Law authorities and the Guardians of the union and that the Poor Law Commissioners did not have enough power to improve matters by demanding changes, such as dismissing staff who maltreated the poor in their charge or dealing with the adverse conditions in the workhouse. The Andover Scandal is one of the main contributing factors which brought about the downfall of the Poor Law Commissioners who were replaced by the Poor Law Board who were given greater power and authority over the unions.¹⁶⁸ Shave points out that every case of medical negligence or scandal reported and responded to provides the historian with an critical understanding of how the Poor Law authorities dealt with complaints and how this helped the development of the New Poor Law. The cases of scandal and negligence also give the historian a unique view of the negotiations between local and national relief authorities.¹⁶⁹ Stephen King argues that these scandals can also provide more detailed information about the sick paupers and Poor Law staff, Guardians, Relieving Officers and Medical Officers and their attitudes, working relationships, and medical knowledge at a local level, and form a more accurate picture of how medical relief was provided to the sick and how it changed over time. He writes:

¹⁶⁷ Shave, (Kindle Locations 4630-5123).

¹⁶⁸ Crowther, *The Workhouse System, 1834-1929: The History of an English Social Institution*. Peter Gurney, 'The Andover Cannibalism': popular entitlement and the New Poor Law in *Wanted and Having, Popular Politics and Liberal Consumerism in England, 1830 – 70*, (Manchester University Press, 2015)65-104

¹⁶⁹ Shave, 'The Bridgwater Union Scandal and Policy Change', (Kindle Locations 5094-5098).

Welfare scandals do not just provide us with insights into the maltreatment and neglect suffered by the vulnerable or with examples from which we can judge how cruel a system of welfare was. The Bridgwater case tells us that the early welfare scandals impacted policy development and, because of the centralization of poor relief from 1834, formed an early and essential feedback mechanism by which experiences of policy could become general knowledge and acted on. Of course, this was not a clear-cut or straightforward process, but neither was the control and management of the New Poor Law in the first instance.¹⁷⁰

To investigate the scandals and cases of medical negligence I shall use the Guardians' Minute Books which record the Guardians' weekly meeting and all matters that occurred in the union which include complaints and scandals. Some of the allegations and cases of ill-treatment, the Guardians of the unions asked for advice or were investigated by the Poor Law Board, so I shall look at the communications between the Poor Law Board and the unions. Cases of ill-treatment and scandals that occurred in the unions were reported in newspapers, so I shall be consulting papers.

4.2. Medical Negligence in Blean

Between December 1840 and April 1844 there were three cases of poor practice which led to scandals at the Blean Union. The first two cases are of two deaths of John Moyes, and Thomas Knowles whom both died in the workhouse infirmary and their bodies were in a deplorable state. The third case is of the ill-treatment of a ten-year-old girl, Emma Hearden who was locked in a room where a dead body lay because she had wet her bed. Did the Poor Law authorities, after their investigations into the three scandals, find any culprits or was it a case of mistreated or was caused by medical negligence, and did they take any action by dismissing or reprimanding them and were changes made to the care system of the workhouse? The Blean Guardians, at the outset of each incident, rejected the allegations and found no blame to attach to the workhouse staff; Master, Matron, Schoolmistress and Medical Officer. However, only in one case, when the Assistant Poor Law Commissioner for Kent investigated the death and the ill-treatment of a ten-year girl, was the blame placed at the door of the workhouse staff. As reported in the newspaper, some of the blame was placed on the Blean Union.

I shall show that the case of the ill-treatment of the eleven-year-old girl and the resulting inquiry at the Blean union brought about the dismissal of the vital personnel of the workhouse. The key staff, the Master and Matron, were administering the workhouse poorly and were dismissed

¹⁷⁰ Stephen King, *Poverty, Medicine, and the Workhouse in England in 18th Century and 19th Century e*, *Medicine and the Workhouse* (University of Rochester Press, Rochester, NY, 2013). (Kindle Location 6605-6810),

and replaced by more competent staff which resulted in improved medical care for the workhouse inmates. After 1844, when a new Master and Matron were appointed, there were no reports of scandals or medical negligence to be found in any Poor Law material or newspapers. For each incident, I shall describe how the union reported it in the Guardians' weekly minute report and what action they intended to take to discover the truth of the scandal or case of medical negligence. I will then show what investigation and action the Poor Law Commissioners took by examining the communications between the Poor Law Commissioners and Blean Union and any in- or out-letters which refer to the given case. The final sources I will consult are the newspapers which report on the incidents, and I conclude with what actions were taken, if any, in each case. In the cases of the two deaths, there were coroner's reports which were reported in the local paper, the *Kentish Gazette* and then taken up and reported in the *London Evening Mail*. The combination of the statements found in all three sources portrays a more accurate and authentic account of the event.

4.3. The death of John Moyes

The first case is of the death of John Moyes, aged 73, who was admitted by his family to the workhouse as they could no longer care for him at home on 30 November 1840. Four weeks later, on 23 December 1840, John Moyes died in the workhouse infirmary in an 'unpleasant injurious condition'. An inquest was held on 29 December 1840, and a report of the inquest is found in the Guardians' minute book in the entry for the weekly meeting held on 4 February 1841. The reason the Board of Guardians asked for a detailed account of the inquest was that John Moyes's son, Samuel, had written a letter to the *Kentish Herald* blaming the Blean Union for his father's death. The minute's state:

Mr Samuel Moyes the writer of the letter came voluntarily before board & stated that the charge made in that letter were not made from facts actually within his own knowledge but from information he had received from other parties. ¹⁷¹

To sort out what transpired the Board of Guardians requested a transcript of the inquest held by the Coroner, Mr Delasaux, and then they would hold a special meeting on the following Thursday when the board had the possession of the facts proved before the jury. On the following Thursday, on 4 February 1841, the clerk writing the minutes of the Guardians' meeting about the coroner's inquest into John Moyes's death only records the

¹⁷¹ Blean Union, Guardians' Minute Book, 28 January 1841, KHLC, G/BL/AM2.

details which portray the union and its staff in a good light. The first witness was William Dunbar, the Medical Officer of the union. William Dunbar stated that:

I saw nothing about him (John Moyes) to make me suppose that his health was not good considering his age but as his intellect was disabled and as I had been informed that he was troublesome to the other old men in the house. ... He was placed in a room by himself ...it did not strike me as being necessary to have a fire in the room. During the time I attended him before he was placed in the Infirmary there was always a man (Thomas Couch) in care of him. I feel quite satisfied with the treatment of the man and his health did not appear to suffer. ¹⁷²

John Moyes was admitted on 30 November 1840 at the time of year when there are low temperatures and rooms need heat, so why did William Dunbar not think the room where John Moyes was placed required heating? More details are found in the newspaper transcript of the Coroner's inquest below. William Dunbar, Medical Officer, stated that every time he visited the workhouse, he would see John Moyes and he states:

I did not observe any blood about the floor. Whatever marks of filth that might have been I think in all probability were brought about by the filthy habits of a man named Glover who had previously occupied the room.¹⁷³

On the 11 February 1841, the Board of Guardians requested the clerk to send a letter to the *Kent Herald* to deny that they were to blame for John Moyes's death and to state that there was no ill-treatment.¹⁷⁴ The Guardians appear only to have observed the facts of the inquest that put the union in a good light and ignored any evidence that might suggest that they were in any way responsible for John Moyes's death.

There is a more detailed account of the Coroner's inquiry in the *London Evening Mail* on 1 March 1841. The paper details what the Master of Blean Workhouse stated at the inquest:

John Moyes entered the house on 30th November and his wife said he should not be left alone. I dressed him in workhouse clothes, but he kept trying to remove them and the other men objected to his presence. I put Thomas Couch in charge of him. He was well fed and kept warm.

The Jury of the inquest asked to see the body:

¹⁷² Blean Union, Guardians' Minute Book, 4 February 1841, KHLC, G/BL/AM2.

¹⁷³ *Ibid.*

¹⁷⁴ Blean Union, Guardians' Minute Book, 11 February 1841, KHLC, G/BL/AM2.

and noticed marks on forehead and temple, feet in a bad state, gangrene, insteps stripped of flesh, toe nails gone. One juryman said they were frostbitten.¹⁷⁵

The coroner argued that the doctor knows better as he is a professional man and persuaded the jury to agree. The room was inspected by the jury, and they found marks on the floor in shape of a foot. They asked to speak to Thomas Couch, but he was not available so was not summoned. One jury man refused to sign the verdict which was a verdict of Natural Death.

The report in the paper shows that if the condition of John Moyes's body was how the jury found it, then the Medical Officer, William Dunbar, did not perform his duties correctly. It is hard to believe that Mr Dunbar saw John Moyes on every visit he made to the workhouse, as he had claimed at the inquest according to the report of it in the Guardians' minute book. If William Dunbar had attended John Moyes, he would have observed the marks on John Moyes's body and noticed the poor state of his feet. The Medical Officer, the Master and Guardians, cannot have been performing their duties well if, according to a juryman, John Moyes's feet were frostbitten. If this was true, then John Moyes was kept in a freezing environment, and he was admitted to the workhouse on 30 November. When Samuel, John Moyes's son, gave evidence he stated that:

his father was locked in a room for eight days, and nine nights without any fire or any one with him in the room, the weather was very severe, which I am sure this was more than any human could bear.¹⁷⁶

It is hard to reconcile this with William Dunbar's statement to the inquiry that 'it did not strike me as being necessary to have a fire in the room.'¹⁷⁷ The Coroner, Mr Delasaux, does not appear to have wanted to present an accurate and accountable inquiry as he refused permission for the jury to cross-examine Thomas Couch who had nursed John Moyes in the workhouse. The Coroner did not require Thomas Couch to attend the inquest to answer the jury's questions. The Coroner also directed the jury not to blame the workhouse by pointing out that they must not contradict the statement made by William Dunbar, Medical Officer, who was a professional surgeon. The outcome of the Coroner's inquest was 'Natural Death', and the Coroner made no comment against the treatment that John Moyes had received in the workhouse. There was no action by the workhouse or the authorities to hold anyone to account for John Moyes's death.

¹⁷⁵ Evening Mail, Monday 01 March 1841, British Newspaper Archive.

¹⁷⁶ Ibid.

¹⁷⁷ Blean Union, Guardians' Minute Book, 11 February 1841, KHLC, G/BL/AM2.

4.4. The death of Thomas Knowles

The next scandal as reported in the *London Evening Mail* appears in the same article that stated John Moyes's death. It described the death through malnutrition on 24 January 1841 of an eighteen-year-old blind boy called Thomas Knowles. Thomas did not eat meat, and his death was heard of by the Constable of Herne (location of Blean workhouse) who informed the Coroner. The workhouse had not informed the authorities or Coroner of the death of Thomas Knowles. Were they trying to cover it up? The report in the paper stated that:

the deceased had been placed in his coffin, and was screwed down, and was to have been buried on the very day that notice from the coroner to prepare for such an inquiry arrived at the workhouse.¹⁷⁸

The Inquest was held four days later 28 January 1841. The jury asked to see the body and found it in a sorry state and was astonished at finding it in a coffin that had been screwed fast down. One of the jury men compared the body:

to the picture of the "Living skeleton," which he had seen in London some years ago. Every rib and bone, and joint was prominently developed; the body was greatly elongated.. another juryman declared, that he could lay his fingers between every rib.¹⁷⁹

This clearly shows that Thomas Knowles died of malnutrition and was in a deplorable state. Thomas Couch, an inmate of the workhouse (and nurse to John Moyes in the previous case), was the first witness examined. He stated that the deceased was admitted to the infirmary on 7 December 1840.

He would not eat meat which was part of the workhouse diet and Couch said that Dunbar (workhouse Medical Officer) denied him anything extra or a substitute. On the 18th January, he quit the hospital by his own request due to the poor attention and diet given to him by the Doctor and nurses. By the 20th his stomach was rejecting any food. John Knapping(inmate) showed him to a Guardian Mr Ramell, who agreed the body was in a bad state. He said he will mention it at today's board meeting. John Culmer(inmate) heard Ramell talking to the master saying the deceased left because he wanted the doctor to increase his diet. Dunbar saw Ramell and objected to him going behind his back and complained.¹⁸⁰

Thomas Knowles was readmitted to the infirmary. A year earlier Thomas Knowles had been beaten cruelly by the Schoolmaster of the workhouse. The Schoolmaster was the workhouse Master's son and due to the beating was dismissed from his post. This could have turned the

¹⁷⁸ Evening Mail, Monday 01 March 1841, British Newspaper Archive.

¹⁷⁹ Ibid.

¹⁸⁰ Evening Mail, Monday 01 March 1841, British Newspaper Archive.

Master against Thomas Knowles. The jury wanted to return a verdict of manslaughter but were persuaded not to by the Coroner. The jury at length returned the following conclusion:

That the deceased, Thomas Knowles died from debility, and we are of opinion that such debility arose from the want of further and better nourishment at an earlier period of his illness, which nourishment should have been ordered by the surgeon attending the workhouse or furnished by the master thereof without such order. ¹⁸¹

After this case, no action was taken against anyone.

In both cases of medical negligence, William Dunbar, Medical Officer, and Thomas Couch, an inmate of the Blean workhouse, were the key individuals at the coroner's inquests. In the inquiry into the death of Thomas Knowles, William Dunbar refused to give alternative nourishment to Thomas other than the workhouse meat diet. In both cases, William Dunbar, Medical Officer, was not performing his medical duties and there is evidence that some members of both juries felt that he was at least partly to blame. There is little reference to the death of Thomas Knowles in the union records, Guardians' minute books or correspondences. Thomas Couch was put in charge of John Moyes and Thomas Knowles, being their principal carer or nurse, and this demonstrates the poor care which could be given by pauper nurses, but the union took no disciplinary action against him or anyone else.

The *London Evening News* reported these two scandals at Blean because of the terrible conditions of the two bodies and the circumstances that led to the deaths of John Moyes and Thomas Knowles and the fact that they were inmates of Blean workhouse. William Dunbar, one of the key personnel involved in the two scandals, was only removed from his post as Medical Officer when he took improper liberties with the sixteen-year-old daughter of the Master of the workhouse. This happened on 11 May 1843 when the Master complained to the Board that Mr Dunbar had taken improper liberties with his eldest daughter, a girl about 16 years of age. The clerk examined the daughter in the presence of the Vice Chairman, and the deposition was read at the meeting. Mr Dunbar admitted that he kissed her several times:

that he promised her a ring that he pulled her about but denied having exposed his person to her the clerk was directed to summon a special board to be held at 12 o'clock after the ordinary meeting on

¹⁸¹ Ibid.

Thursday, next to consider the above charge with the depositions of the girl and to decide upon the course to be pursued in reference to the matter.¹⁸²

On 18 May 1843, William Dunbar resigned his post.

4.5. The case of Emma Hearden

The last case study into a scandal at Blean Union is the case of a ten-year-old girl named Emma Hearden, who had been locked up in a room where a dead body was placed for two or three nights. Her father complained of the treatment given to his daughter and blamed the Master of the workhouse for the ill-treatment. The charge that Emma Hearden had been locked in a room for three nights at Blean Union workhouse was reported in two London papers, the *Weekly Despatch* on 25 February 1844 and the *Lloyd's Weekly* on 23 February 1844. On 27 February 1844, the Guardians of the Blean Union received a correspondence from the Poor Law Commissioners requesting an explanation of the charge. The Guardians held an investigation into the allegations and directed the Clerk to write to the Poor Law Commissioners and stated that they had questioned Emma Hearden who told them that she was never locked up in a room which contained a dead body. They also asked the Poor Law Commissioners for Emma Hearden's father's address, as he had deserted his family and the union had to pay for their upkeep. On 3 March 1844 the Clerk of Blean Union was instructed to write to the *London Weekly Dispatch* and the *Lloyd's Weekly* newspapers informing them that their report of 25 February on the Guardians of Blean Union, of their ill-treatment and locking-up of Emma Hearden in a room for three days where a corpse lay, was incorrect. The clerk stated that the papers had falsely charged the Blean Union with this offence and demanding them to inform their readers that their article had made false allegations. In their correspondence with the *Weekly Dispatch* the Guardians' Clerk stated:

The 13 guardians immediately on hearing the charge brought under their attention initiated an inquiry into the case and the following is the result of such inquiry. The girl stated to the board that she had never been locked up on any occasion in any apartment of the union house & that she had never been within the walls of the dead house day or night and the guardians are perfectly satisfied such are the facts..._In fairness to the guardians of the union who have been so falsely charged with the offence set out in the statement contained in your paper. I am sure you will give this communication insertion in your next publication.¹⁸³

¹⁸² Blean Union, Guardians' Minute Book, 11 May 1843, KHLC, G/BL/AM3.

¹⁸³ Blean Union, Guardians' Out-Letters, 3 March 1844, KHLC, G/BL/ACb1.

The union's investigation into the charges concluded that they were false and that nobody in the workhouse was to blame and that the two papers should correct these false allegations.

On 14 March 1844, Richard Hall, Assistant Poor Law Commissioner, wrote to the Guardians of Blean Union to state that the Poor Law Commissioners had directed him to make an inquiry into the charge made against the Master of Blean workhouse 'of having shut up in the dead house, a little girl named Emma Hearden, a punishment for a trifling Offence.'¹⁸⁴ The inquiry was to happen on 22 March 1844 and Richard Hall asked to have Emma Hearden, her sister Elizabeth and the Board of Guardians and Master of the workhouse attend. The inquiry was reported in the *Kentish Observer* on 2 April 1844. The report concluded that:

the evidence given before the Poor Law Commissioner was contradictory and leaves it undecided whether the child was actually shut up with a corpse by the workhouse authorities or not. The opinion of the commissioner is not yet known. ¹⁸⁵

The conclusion from Mr Hall's inquiry was that the schoolmistress had shut Emma Hearden up in the dead room more than once. The Poor Law Commissioners sent a letter to the schoolmistress and Master of the workhouse. The letters stated that the schoolmistress was guilty of inflicting inappropriate punishment, locking up Emma Hearden in a room on more than one occasion, but that the Master knew nothing of her conduct. In their opinion, if the Master of the workhouse was doing his job properly, he should have known what was happening in his workhouse.¹⁸⁶ On 25 April 1844, John Bailey resigned his post as Master of the workhouse along with his wife, Matron of the workhouse and the schoolmistress was sacked from her post.¹⁸⁷

The case of Emma Hearden, if left to the union Guardians, would have resulted in no punishment for the guilty parties and the good name of the union upheld. This is the outcome the Guardians would have wanted. But in this case of misconduct, the Poor Law Commissions insisted on a thorough inquiry, which resulted in the removal of the offending staff, schoolmistress, Master and Matron. The Master and Matron are the key personnel who administer to the inmates of the workhouse, which includes healthcare, care of the old, sick and infirm. Removing the Master and replacing him with a competent replacement resulted in better care for the inmates. In all the Poor Law records of the Blean Union after 1845, there are

¹⁸⁴ Blean Union, Guardians' In-Letters , 14 March 1844, KHLC, G/BL/ACa4.

¹⁸⁵ Kentish Gazette, Tuesday 02 April 1844, British Newspaper Archive.

¹⁸⁶ Blean Union, Guardians' In-Letters from the Poor law Commissioners, 24 April 1844, KHLC, G/BL/ACa51.

¹⁸⁷ Blean Union, Guardians' In-Letters , 25 April 1844, KHLC, G/BL/ACa4.

no more reports in the Guardians' Minute Books or newspapers of any scandal or cases of gross medical negligence.

4.6. Evolution of Poor Law Governance

In 1847 the Poor Law Commissioners were replaced by the Poor Law Board, which gave the government greater control over the implementation of the Poor Law. On the Poor Law Board were four senior ministers and Edward Chadwick, secretary of the Poor Law Commissioners, was removed. The Board was given more power and was more under the control of the government. The Poor Law Board's report did not reference individual scandals, and Sidney and Beatrice Webb said the intention was to avoid controversial issues becoming public.¹⁸⁸ The Poor Law Board was succeeded in 1871 by the Local Government Board, responsible for both health and poor relief. In most cases, the President of the Local Government Board was a member of the cabinet.¹⁸⁹

As part of these administrative reforms, the Medical Officer had permanency of office (no tenders for a contract on a yearly basis), fixed salaries, additional fees for surgery, midwifery etc., recognised qualifications, medical districts reduced in size and Guardians were supplying drugs from the 1860s. Hodgkinson points out that, due to the lack of power the Poor Law Board held over local unions, there were vast differences throughout the country.¹⁹⁰

4.7. Cholera Outbreaks

Kim Price draws attention to the fact that there was a national obsession about health by 1850, due to the outbreaks of cholera epidemics which affected everyone.¹⁹¹ In the period between 1845 and 1854 in Kent there were two significant outbreaks of cholera, the first being in July 1849 when, at the Kent and Canterbury Hospital, they treated 675 cholera patients between July to November 1849. The next outbreak was in 1854 when there were 186 cases in the 30 parishes of Eastry Union.¹⁹² These outbreaks involved the three unions who spent a significant amount of their time and money dealing with outbreaks of cholera from this date. The first

¹⁸⁸ Great Britain. Royal Commission on the Poor Laws and Relief of Distress et al., *The Minority Report of the Poor Law Commission* (London : Printed for the National committee to promote the break-up of the Poor law, 1909), 3, <http://archive.org/details/b28121168>.

¹⁸⁹ Longmate, *The Workhouse: A Social History*, 2003, 134–35.

¹⁹⁰ Hodgkinson, *Origins of the National Health Service: Medical Services of the New Poor Law, 1834-71*, 680–92.

¹⁹¹ Price, *Medical Negligence in Victorian Britain: The Crisis of Care under the English Poor Law, c.1834-1900*, 56–60.

¹⁹² Hastings, 'Epidemics and Public Health', 189.

cholera outbreak was at Eastry when the Guardians were very concerned about the spread of cholera, and they took immediate action as shown by the next case. On 28 August 1849:

the chairman read the 5th notification issued by the General Board of Health dated the 17th instant, in which it is recommended that all cases of cholera or of premonitory symptoms should be attended at once without a relieving officer note, and arrangements should be made accordingly. It was unanimously resolved.¹⁹³

Due to the new understanding of how to treat cholera and stop it spreading, the Eastry Guardians were demanding that a patient must be treated immediately if suspected of having cholera, without going through the procedure of getting a doctor's ticket from the Relieving Officer. This was on the basis that, if the person had cholera, they could be treated and isolated immediately, which would prevent the spread of the disease.

The next outbreak of cholera struck Blean on 4 of October 1849 when the Medical Officer, Mr Evans, reported to the Board:

that a district known by the name of St. Giles at Herne Bay in the parish of Herne is severely attacked with cholera there having been 6 cases of Asiatic cholera and 25 cases of diarrhoea within the last week as appears by a written statement now produced by him to the board also further reporting that the street drains and dwellings are in a filthy condition and require cleaning.

Resolved that the clerk write to the Commissioners of pavement at Herne Bay and urge upon them the necessity In pursuance of the rules and regulations of the general board of health of promptly acting upon any certificate of a medical officer of this union and cause the same to be cleansed.¹⁹⁴

The Guardians were very concerned by the outbreak and the risk it might spread, so they acted. They were asking for the affected area to be cleaned and this was due to the new understanding of the importance of a healthy environment, and that cleanliness would help stop the spread of cholera.

After a severe outbreak of cholera and diarrhoea on 26 October 1854 at Blean Union, the Guardians paid bills to three of their Medical Officers (Mr Williams, Mr Andrews and Mr Jameson) for their services to the outbreak. The Guardians' minutes state that:

Mr Williams bill shows that he provided medicine for 508 cases and it now appears by communication from Whitstable that 168 of such cases were people capable of paying for it.

¹⁹³ Eastry Union, Guardians' Minute Book, 28 August 1849, KHLC, G/EA/AM7.

¹⁹⁴ Blean Union, Guardians' Minute Book, 4 October 1849, KHLC, G/BL/AM5

Resolved unanimously that Mr Williams be paid 1/9 per case for the remainder numbering 340 amounting to £29. 15. 8.

Mr Andrews and Mr Jameson appeared personally, before the board and it was resolved and agreed that they should be paid as follows: - Mr Andrews 180 cases at 1/9 per case £15. 15. 0. Mr Jameson 90 cases at 1/9 per case £7.16.6. And a severe case of cholera as charged in his bill for Mr Rowlands £2.1.6. Total £9.19.0.”¹⁹⁵

The three Medical Officers attended 778 cases in this outbreak and seemed to have given proper medical care to their patients. This is illustrated, in the case of Mr Rowlands, by a severe case of cholera which needed extra attention from Mr Williams, who received £2 1s 6d for his services. This shows how professional the doctors were, performing their duties without guaranteed payment for their services. In some other unions, the Medical Officers would refuse to do the work without pay, as some examples will show below.

The steps that Blean and Eastry Guardians took show superior medical care for inhabitants in their unions who contracted cholera or contagious disease. Between 1845 and 1871 in all three unions, I can find no records of gross medical negligence or scandals reported in local, national papers or *The Lancet* and in the Unions’ records, but the same cannot be said of other unions found in East Kent.

4.8. Scandals in other Kent Unions

The first case is of a report in the *Kentish Gazette* on 19 August 1856 into the death of a three-year-old child, a daughter of William Tree who had died at Elham Workhouse after being in the Dover workhouse and receiving no treatment for her illness. The family had spent the last week in the vagrants’ ward at Dover. They were discharged and went to Folkestone to gain admittance to Elham workhouse. At five o’clock, when they were being transferred by cart from Folkestone to the workhouse, the three-year-old child died. While at the Dover, the child suffered from diarrhoea and they asked for medical attention from the Relieving Officer, but none was given. They took the child to a doctor in Dover who said he had nothing to do with the child and refused to look at her. Finally, at the workhouse, the doctor saw the child twice but gave no treatment. She was examined after her death at the Elham workhouse and found to have ulcers all over her body which had been untreated. The report states:

¹⁹⁵ Blean Union, Guardians’ Minute Book, 26 October 1854, KHLC, G/BL/AM7.

the general appearance of the child would induce him (surgeon at Elham) to think that it had been much neglected; indeed, almost starved.¹⁹⁶

The jury gave a verdict of ‘Natural Death’ but said the death of the child ‘was accelerated by the neglect of the Relieving Officer and the Medical Officer of the Dover Union Workhouse.’¹⁹⁷

This case shows a lack of medical care given in Dover by the doctor of the town and the union from its Relieving and Medical Officers.

The next case is at Canterbury on 22 October 1870, involving the death of a child of Harriett Harwood, born prematurely in a hop field in Steeling Lodge Farm. Elham workhouse was seven miles away, and a Medical Officer of that establishment was sent for when Harriett Harwood went into labour. The Medical Officer refused to attend and told them to take her to the Canterbury workhouse. They took her by cart, but it took three hours, and on arrival the child was stillborn. The Canterbury Guardians sent a letter to the Poor Law Board saying there should be an investigation at Elham about this. The Canterbury Guardians felt strongly that medical treatment should have been given by a Medical Officer from the Elham Union. In November, Herbert Beadles, Elham Medical Officer, objected to the report in the *Kentish Gazette* which criticised his lack of treatment in this case, saying that the woman said she was from Canterbury and wanted to go into the city’s workhouse. The paper said it was pleased to allow the ‘correspondence an opportunity of correcting misstatements’ but it upheld its criticism of Herbert Beadle’s lack of treatment and the inhumane interpretation of his duty.¹⁹⁸ The paper maintained that Herbert Beadles, Medical Officer of Elham Union, should have attended Harriett Harwood. This case illustrates how important it is to have a good and conscientious professional doctor as a Medical Officer and seems to show a contrast in behaviour compared with that of the Medical Officers in the three unions of this study.

4.9. Medical Negligence in Eastry

I can find no evidence of any gross medical ill-treatment in all three unions until 23 August 1871 when at Eastry two paupers complained of the lack of medical treatment they received from the Medical Officer, Mr Leeson. He had also completed the weekly medical returns stating he attended the two patients weekly, but he had not. The complaints were investigated by the Eastry Guardians who requested the Poor Law Board investigate the charge of neglect

¹⁹⁶ Kentish Gazette, Tuesday 19 August 1856, British Newspaper Archive.

¹⁹⁷ Ibid.

¹⁹⁸ Kentish Gazette, Tuesday 04 November 1870, British Newspaper Archive.

against Mr Leeson. The first complaint is of Charles Adams who was suffering from ‘chronic rheumatism’ and was ill in bed. He received medicine for a short- time, but this was stopped because Mr Leeson stated:

he could do him no good, as he was suffering from chronic rheumatism, and would not get better until the warm weather came.

Mr Leeson did not attend Charles Adams again even though his:

suffering became so acute that a friend gave him a dispensary ticket which secured the attendance of Mr Mercer the medical officer of the dispensary under whose treatment Adams was relieved from his suffering and left his bed for three days.¹⁹⁹

The second case is of William Simpson who was suffering from ‘a very painful disease’, and no medicine was supplied to him for five weeks. The inquiry stated that:

in this case the clergyman from the parish (Mr Griffith) gave him a dispensary ticket, and Mr Mercer attended the pauper, and after injection of morphine and blistering in a short time the man’s suffering was relieved.²⁰⁰

Mr Leeson was present at the inquiry and admitted to putting the letter ‘s’ in the medical return book even if though he had not attended the two patients and he did not deny the charges of lack of attendance to Charles Adams and William Simpson. The guardians sent a transcript of their inquiry to the Poor Law Board and requested ‘that the charge may be thoroughly investigated by your honourable board.’²⁰¹

On the 11 October 1871, Mr Leeson submitted his resignation.²⁰²

This demonstrates how the unions were handling cases of ill-treatment. The Eastry union made a thorough investigation and did not hesitate to blame the Medical Officer for the poor treatment he gave in these two cases. They did not try to deal with the scandal themselves but asked the Local Government Board to do so. There was a positive result from the inquiry; the resignation of the Medical Officer, Mr Leeson.

¹⁹⁹ Eastry Union, Guardians’ Minute Book, 6 September 1871, KHLC, G/EA/AM19.

²⁰⁰ Ibid.

²⁰¹ Ibid.

²⁰² Eastry Union, Guardians’ Minute Book, 11 October 1871, KHLC, G/EA/AM19.

4.10. Summary.

The campaign carried out by some newspapers, like the *London Weekly Dispatch* and the *Lloyd's Weekly*, to highlight scandals and cases of medical negligence, produced public pressure on the government and Poor Law authorities to react and take appropriate actions. This is not the case with the first two deaths, of John Moyes and Thomas Knowles, which happened at the Blean Union within a month of each other, 24 December 1840 and 24 January 1841. The Blean Union made its inquiry into the two deaths and found no blame on its union staff. This was not the case when it comes to the independent investigation made by the Coroner's inquest. The jury delivered a verdict with some of them blaming the Union staff. In the case of John Moyes's death, a juryman refused to sign the decision, despite the pressure the Coroner put on the jury to return a verdict of Natural Death. In the case of the death of Thomas Knowles, the jury wanted to return a verdict of manslaughter, but the Coroner persuaded them not to. The verdict for Thomas Knowles said that if alternative food was given and not denied to him by the Medical Officer, William Dunbar, or given by the Master without asking for an order, there could have been a better outcome. There was no blame or any action taken against any member of the union by the Guardians or the Poor Law authorities. These two deaths occurred three years before the Andover Scandal, and the Poor Law Commissioners had neither the desire nor a system with which to conduct an appropriate inquiry and take suitable action in response to the scandals, other than using local Poor Law Assistants, who had a close relationship with the Guardians of the unions. It took the misconduct with the sixteen-year-old daughter of the Master to remove William Dunbar, Medical Officer of the workhouse, from his post even though he was performing his duties well below the standards required.

In the third case of Emma Hearden being locked in a room which had a dead body in it, a letter sent by her father to the Poor Law Commissioners compelled the Poor Law Commissioners to respond to the scandal. There were also reports in papers about this, and this happened after the Andover report had been published. This may be why when the Blean Guardians replied to the Commissioner stating that they had made their inquiry and found the allegations to be false and there was no blame on the workhouse staff. The Poor Law Commissioners instigated their inquiry which was more thorough, resulting in the dismissal of the Master, Matron and Schoolmistress. Only this last case contributed to the improvement of care provided by unions following newspaper reports which produced public pressure on the authorities to make changes to the system.

With the introduction of the Local Government Board with members of the Government on it and the recognition of the importance of fair inquiries made by the authorities into cases of medical negligence, a mechanism to handle cases of neglect came into existence. This might explain why, when the Eassey Guardians received the two complaints of medical negligence, they did not instigate an in-house inquiry. But asked the Local Government to perform the investigation and decisive steps were taken to deal with the misconduct by the Medical Officer, Mr Leeson, who had not attended the two patients but entered in the report book that he had. Mr Leeson was dismissed from his post as Medical Officer. This also illustrates the importance of finding a competent doctor to fill the role of Medical Officer and how a complaint by the public resulted in the dismissal of a doctor who was not performing his work to approved standards. As no more complaints or inquiries can be found in all three unions of this study, one must presume the Medical Officers were giving proper medical care to their patients, and this is better than some other unions in the country and county. As shown by examples found in Folkestone, Dover and Canterbury.

5. Longley Crusade

5.1. Introduction

In the late 1860s, the country's economy went into recession. This led to the unions having less money to spend, forcing them to find new ways of saving money. One idea was not to give money to the long-term sick for care in their homes. If they needed medical care by the Poor Law authorities, they had to enter the workhouse. From 1868 until 1871, Mr G.J. Goschen was President of the Poor Law Board. In 1870 the Poor Law Board asked the Poor Law Inspectors to enquire into the question of outdoor relief and the provision of extras (food and alcohol). Inspector Farnall reported in the Eastern Counties (including Kent) that 55.4% of those receiving outdoor relief were not able-bodied.²⁰³ A circular about outdoor relief was issued in 1871 by the Local Government Board which did not alter the regulations but asked the Guardians to scrutinise applications for relief applied for by the old and sick.²⁰⁴ At the forefront of the campaign was a Local Government Board inspector called Henry Longley, who went about the country lecturing on the benefits of reducing outdoor relief. The battle for cutting outdoor relief became known as the Longley Crusade. Lynn Hollen Lees shows that outdoor relief fell by thirty-three per cent in 1871, but from 1876 slowly increased again.²⁰⁵ Kim Price argues that the increase in the sick, old and mentally ill who entered the workhouse led to pressure on the staff. The infirmaries and sick wards were becoming overcrowded, being administered by overworked Medical Officers. The sick, old and mentally ill were nursed by untrained and uncaring inmates who had been allocated the task of nursing the infirmaries and sick wards by the Master and Matron of the workhouse. Kim Price argues that these factors led to a deterioration in medical care in the Poor Law Unions.²⁰⁶ Robert Humphrey points out that the strict restrictions placed on out-relief that Goschen, Longley and the Poor Law Board asked, was not applied universally and from 1870 around ninety per cent of the Poor Law Unions disregarded any circular and order made to restrict outdoor relief.²⁰⁷ Kim Price uses a table to show the increase in doctors who left their posts between 1860 and 1910. Between 1860 and

²⁰³ Hodgkinson, *Origins of the National Health Service: Medical Services of the New Poor Law, 1834-71*, 274.

²⁰⁴ Rose, *The English Poor Law, 1780-1930*, 229.

²⁰⁵ Lees, *The Solidarities of Strangers: The English Poor Laws and the People, 1700-1948*, 266.

²⁰⁶ Price, *Medical Negligence in Victorian Britain: The Crisis of Care under the English Poor Law, c.1834-1900*, 103-51.

²⁰⁷ Robert Humphreys, *Sin, Organized Charity and the Poor Law in Victorian England* (Basingstoke: Macmillan, 1995), 29.

1869, 172 Medical Officers resigned for various reasons, but when the crusade started, it increased to an average of 400 per annum between 1870 and 1900.²⁰⁸

On 2 December 1871, the Local Government Board sent out circular to all Poor Law Inspectors stating that outdoor relief had increased over the last few years from £2,862,753 in England and Wales in 1860 to £3,633,051 an increase of £770,308. The Guardians were discouraged from granting outdoor relief to able-bodied women and to scrutinise the relief for the aged and sick. These were measures trying to reduce outdoor spending.²⁰⁹

I shall show how the three unions in this study, Blean, Bridge and Eastry Unions, responded to the requests to cut spending through the curtailment of outdoor relief for the sick, old and mentally ill, forcing them to enter the workhouse. To ascertain if the three workhouses in this study did take such measures. I shall look at the conditions of all three workhouses before or at the time of the Crusade by looking at Poor Law records and studying the 1861 national survey which requested the names of all long-term sick paupers who had been inmates in workhouses in England and Wales for five years or more. I will then look at the Orders sent out by the Poor Law Commissioners requesting the unions to adhere to them in their correspondences and replies that the unions made to ascertain whether the unions took any measures to reduce outdoor relief.

5.2. The state of the three unions

By the middle of the 1870s, the medical facilities of the three workhouses of Blean, Bridge and Eastry had been improved by the building of new infirmaries or by alterations and improvements in ventilation and sanitary conditions made to their old infirmaries and the employment of full-time trained nurses. The first at Eastry Union, with the building of a new infirmary at the cost of £4,497 which had been approved by the Poor Law Board on 21 June 1871 and was supported by two trained nurses.²¹⁰ Three years later, at Blean on 19 February 1874, a tender was accepted for £3,564 to build a new sick and infectious diseases ward.²¹¹ A

²⁰⁸ Price, *Medical Negligence in Victorian Britain: The Crisis of Care under the English Poor Law, c.1834-1900*, 121.

²⁰⁹ Rose, *The English Poor Law, 1780-1930*, 228–30.

²¹⁰ Eastry Union, Guardians' Minute Book, 21 June 1871, KHLC, G/EA/AM19.

²¹¹ Blean Union, Guardians' Minute Book, 19 February 1874, KHLC, G/BL/AM12.

year later, on 24 September 1875, alterations to the workhouse at the Bridge union were approved.²¹²

The unions found that long-term sick patients were occupying the sick wards and infirmaries in the workhouse. In 1861 there was a national survey showing that twenty per cent of the sick in workhouses had been there for at least five years.²¹³ The review came about due to an order made by The House of Commons on 29 June 1860 requesting that the names of every adult pauper who had been an inmate of a workhouse during a continuous period of five years. The survey asked for time that each pauper had been in the workhouse, the reason assigned why the pauper in each case was unable to maintain themselves, and whether the pauper had been brought up in a district or workhouse school. An example is at Blean as shown in Appendix 6.

214

As can be seen in the appendix, at Blean workhouse seven paupers had been in the workhouse for between seven and twenty years, with five of them of old age, one old age and imbecile, and a mother with two illegitimate children. At the Bridge Union, there were twenty-one paupers who had been in the workhouse for five years or more, with twelve of them old age and infirm. Four were classed as infirm, two were blind, and three classed as idiots.²¹⁵ They had been in the workhouse for a period of between five and twenty-five years. Twenty-five years ago, was 1836, which was when the workhouse was first established. At the Eastry Union, there was thirty-three long term sick, with fourteen classed as infirm, ten classed as idiots, three blind and six classed as infirm. They had been inmates of the Eastry workhouse for between five and eleven years.²¹⁶ The workhouses used inmates to care for the long-term sick, and as seen in the description of the Bridge workhouse reported in *The Champion*, the old inmates received little or no care, similar to the treatment that could be given to the long-term sick.²¹⁷

²¹² Bridge Union, Guardians' Minute Book, 24 September 1875, KHLC, G/BR/AM11.

²¹³ Norman Longmate, *The Workhouse: A Social History* (London: Pimlico, 2003). 197.

²¹⁴ England and Wales, Long-Term Workhouse Inmates, 1861, Ancestry.co.uk - England and Wales.

²¹⁵ England and Wales, Long-Term Workhouse Inmates, 1861, 47, Ancestry.co.uk - England and Wales.

²¹⁶ England and Wales, Long-Term Workhouse Inmates, 1861, 49–50, Ancestry.co.uk - England and Wales.

²¹⁷ *Champion Newspaper*, 2 November 1836.

5.3. Outdoor relief in the three unions

To ascertain how spending on out-relief was being performed by the Poor Law unions a letter from Mr F.B. Farnall, Poor Law Inspector was sent to all Kent unions in December 1870 stating:

that Mr Gochen (President of The Poor Law Board) had directed Mr Wodehouse (Assistant Poor Law Inspector) to visit certain unions in order to make enquires into the administration of out relief & that he purposes attending the Meeting of guardians on the 5th January next When he (Mr Farnall) hoped to accompany him. ²¹⁸

In all the correspondences and records of the three workhouses, there is no mention of a visit made by Mr Wodehouse or Mr Farnall on the matter of out-relief. To keep costs down on outdoor expenditure, the Poor Law Board sent out an order on medical relief on 25 May 1871. The order stated:

All orders for medical relief granted as a loan if the person can pay for it. That all medical Relief be reported by the relieving officer to the board of guardians and they decide if It is a loan or a payment.²¹⁹

This resulted in the following correspondence on this subject at Blean Union on the 22 June 1872:

Mr Fielder, Relieving Officer reported that he had declined to allow on the Medical Officer recommendation 3 half pounds of mutton and one pint of brandy to Emma the wife of Daniel Neame he being in the position to provide nourishment out of his own earnings. and the board decided that the relieving officer acted properly in the matter. ²²⁰

This is by the order issued on 25 May 1871 on providing out-door relief when the patient had the means to pay for it.

Mr Farnall, the Poor Law Inspector of Kent, was keeping a close eye on the outdoor expenditure of all Poor Law Unions in Kent. On 14 September 1871, he sent a letter to the Bridge Guardians asking why there a substantial increase in outdoor relief. In 1870 the sum spent on outdoor relief was £907, but in 1871 it had more than doubled to £2,103. Could the Bridge Guardians explain the substantial increase in outdoor expenditure and what steps were they taking to

²¹⁸ Bridge Union, Guardians' Minute Book, 22 December 1870, KHLC, G/BR/AM11.

²¹⁹ Bridge Union, Guardians' Minute Book, 25 May 1871, KHLC, G/BR/AM11.

²²⁰ Blean Union, Guardians' Minute Book, 22 June 1872, KHLC, G/BL/AM12.

prevent this from happening in the future?²²¹ In correspondences from the Bridge Union in the in- and out-letters, the Bridge Guardian Minute books and the communications from the Poor Law Board to Bridge Union, there is no mention of any steps the Guardians took to reduce the expenditure, nor is there any explanation for the significant increase.

To determine if the unions cut their outdoor relief and sent more paupers into the workhouse, I shall look at the number of inmates in the workhouse from the years 1871 to 1875. Every year the Poor Law Board asked the unions how many inmates were in their workhouses. At Bridge in 1872 there were 107 inmates in the workhouse but in 1873 this had increased by 14 to 131.²²² The next year, on 23 April 1874, there were 112 inmates in the workhouse, a reduction of 19.²²³ On 22 April 1875, the number of inmates in the workhouse had reduced by another 17 to 95.²²⁴ The decrease in workhouse inmates suggests that the Guardians were not admitting more poor and sick paupers to the workhouse. Were they ignoring the Poor Law Board order to admit more to cut down on outdoor relief? This would confirm what Robert Humphreys says, namely that ninety per cent of the unions ignored this order.²²⁵ The Guardians of Eastry union were questioned by Mr Farnall on 17 January 1872 on the increase over ten years in outdoor expenditure. Mr Farnall:

called the attention of the guardians to the increase of out-door relief in the last ten years, and stated that the Local Government Board were anxious on the subject of relief by offering the house to all doubtful cases, and that the relieving officers be called upon to enquire into cases by visiting the paupers, weekly & monthly both permanent & casual cases, he also condemned the non -resident relief It being doubtful relief on account of them not being visited.²²⁶

Five days later, the Eastry Union had 320 inmates in the workhouse, a decrease of 112 paupers in the workhouse compared with the year before (1871).²²⁷ The Guardians did not reply to this letter and seemed to have ignored the request to cut outdoor relief as at Bridge union.

The Blean Guardians also seem to have ignored requests to send long-term sick paupers into the workhouse, as there was no increase in workhouse inmates. At Blean workhouse, in 1871,

²²¹ Bridge Union, Guardians' Minute Book, 14 September 1871, KHLC, G/BR/AM11.

²²² Bridge Union, Poor Law Commissioners Correspondence, 23 April 1873, TNA, MH12/4847.

²²³ Bridge Union, Poor Law Commissioners Correspondence, 23 April 1874, TNA, MH12/4847.

²²⁴ Bridge Union, Poor Law Commissioners Correspondence, 22 April 1875, TNA, MH12/4847.

²²⁵ Humphreys, *Sin, Organized Charity and the Poor Law in Victorian England*, 29.

²²⁶ Eastry Union, Guardians' Minute Book, 17 January 1872, KHLC, G/EA/AM18.

²²⁷ Eastry Union, Poor Law Commissioners Correspondence, 22 January 1872, TNA, MH12/5001.

there were 105 inmates, and in 1872 this had increased to 118.²²⁸ In 1873 the number of inmates in the workhouse was 116, but by 9 July 1874, there were only 87 inmates in the workhouse.²²⁹ All three workhouses were seeing a decrease in the number of inmates, and from 1874 there were no scandals or cases of negligence found in their workhouse or in the areas they ministered. This indicates that, at least in these three unions, there was not an increase in admissions to the workhouse but a decrease which would mean the workhouse's staff could have more time to attend the inmates and give better care.

5.4. Summary.

In late 1870, the Poor Law Board tried to cut the cost of out relief. On the 22 December 1870 the Poor Law Board asked the Poor Law Inspectors to visit some unions about the administration of their outdoor relief, but they did not attend the three unions in this study.²³⁰ On the 25 May 1871, an order on medical relief was sent to all unions stating that if the recipient of outdoor relief or their family had means to pay for treatment they must be made to make payment, this could be made in loans.²³¹ This order was obeyed at Blean on 22 June 1872 in the case of Emma Neame who was prescribed food and alcohol as treatment for her ailment, and her father was made to pay.²³²

The evidence of this chapter shows that the numbers of inmates in all three union workhouses decreased between 1871 and 1875, strongly suggesting that the Guardians of all three unions did not obey the Poor Law Board request to cut outdoor relief. When Mr F.B. Farnall questioned Bridge and Eastry unions about the increase in their outdoor expenditure and asked them to explain why and indicate the steps they would take to reduce it, they gave no response. There is no evidence that there was an increase in long-term sick admitted to all three workhouses. In all the documents that were consulted, I could not find any evidence of overcrowded sick rooms or infirmaries in the three workhouses. This supports Robert Humphrey's conclusion that ninety per cent of Poor Law Unions disregarded any circular and order made to restrict outdoor relief. This combined with the improved facilities for the sick in all three workhouses with new or enhanced infirmaries and sick wards and in the case of Eastry,

²²⁸ Blean Union, Poor Law Commissioners Correspondence 13 August 1872, TNA, MH12/4825.

²²⁹ Blean Union, Poor Law Commissioners Correspondence 9 July 1874, TNA, MH12/4825.

²³⁰ Bridge Union, Guardians' Minute Book, 22 December 1870, KHLC, G/BR/AM11.

²³¹ Bridge Union, Guardians' Minute Book, 25 May 1871, KHLC, G/BR/AM11.

²³² Blean Union, Guardians' Minute Book, 22 June 1872, KHLC, G/BL/AM12.

the Guardians' employing two full time trained nurses, could have led to improved healthcare for the inmates.

6. Conclusion

This study shows that in the three unions of Blean, Bridge and Eastry over the period between the introduction of the New Poor Law in 1834 and 1875 there was an improvement in the healthcare the unions provided. This included care provided inside the union workhouses which improved their facilities and sanitary conditions. When the workhouses were first built, there was little consideration for the sick, old and mentally ill. Francis Head's poorly designed workhouses lacked essential amenities, running water, ventilation and windows, and the infirmaries became overcrowded with patients being ministered to by uncaring inmates of the workhouse. In all three workhouses in this study the design faults were identified through the yearly thorough inspections carried out by the local Poor Law inspectors. The improved checks were the result of scandals in Bridgwater and Andover Union, when the inmates were ill-treated in the workhouse and the Poor Law authorities did not take any appropriate action (see Section 4.1). In the case of these three unions, they had proficient Poor Law Inspectors, Mr Ward and Mr Farnall, who visited the unions on an annual basis and made constructive reports on how to improve the facilities of the workhouses. In 1849 Poor Law Amendment Act recommended that an independent Visiting Committee should visit the workhouse weekly and make any recommendations that were needed to give good healthcare to the inmates.²³³ These recommendations eventually included better cleaning, making repairs and improving sanitation provisions (see section 2.5). The Bridge and Eastry Unions had also instigated Visiting Committees eight years earlier in 1841 and in the Guardians' weekly meetings they carried out most of the recommendations made by the Visiting Committees. This supports the conclusions of Norman Longmate that the Visiting Committees materially contributed to improvements in workhouse care.²³⁴

The introduction of the 1842 Medical Orders introduced several important medical policies in how Medical Officers delivered care to their patients. These include recognised qualifications for doctors and fixed fees for procedures. The Medical Officer's district was restricted to a more manageable area, and the number of inhabitants that they had to minister was regulated. In 1842, Eastry and Bridge added an additional medical district to apply to this order, making the areas more manageable for the Medical Officers. The order also stated that the Medical Officer should reside in the medical district to which he ministered, but in rural areas, it proved difficult to find an appropriately qualified practitioner living within the medical district.

²³³ Hodgkinson, *Origins of the National Health Service: Medical Services of the New Poor Law, 1834-71*, 457.

²³⁴ Longmate, *The Workhouse: A Social History*, 2003, 209.

Therefore, some of the Medical Officers employed by all three unions either did not live in the medical district they administered or they had none or only one of the two qualifications needed to serve as a Medical Officer of the union. The Board of Guardians had to get permission to employ a Medical Officer who did not have the appropriate qualifications or lived outside the district. One such case was at Eastry, where Richard Shocklidge Leggatt (Senior), who was practising medicine before 1815 and had no recognised qualifications, was employed by the union as a Medical Officer (see page 41-42). The Medical Officers employed by all three unions in this study seem to have been skilled and conscientious doctors who cared for the sick and other than Mr Leggatt had the appropriate qualifications. When Bridge Union on the 17 June 1847 attempted to appoint a doctor, who had no recognised qualifications the Poor Law Commissioners refused to confirm the appointment.²³⁵ The three unions seemed to have employed experienced qualified Medical Officers who treated their sick patients even though they might be refused payment afterwards, as seen by correspondences made by them to the Guardians demanding reimbursement for their services. This was not the case in other unions, like Dover and Elham, where there was evidence that the Medical Officer refused to treat the sick patient treatment (see section 4.8).

There were scandals and cases of medical negligence in the Poor Law in England and Wales which when reported in newspapers did sometimes instigate reforms and improved healthcare provision. Blean is the only Union in the 1840s and 1850s which reported any cases of ill-treatment or medical negligence which led to scandals. The first two cases involved the deaths of two inmates of the workhouse John Moyes and Thomas Knowles, which happened within a month of each other, 24 December 1840 and 24 January 1841. The Blean Union made its inquiry into the two deaths and found no blame to attach to its union staff. It was only some of the jury in the coroner's inquest into both cases that placed some responsibility onto the union. (see Sections 4:3 to 4:5). In both cases, Thomas Couch, an inmate of the workhouse placed in charge of caring for the patients. This is an excellent example of the poor care that a pauper nurse could give to the sick and elderly who were resident in the workhouse. In a third case Emma Hearden was locked in a room which contained a dead body and only when the Poor Law Commissioners instigated their inquiry was there any blame put onto the union and its staff. The outcome was the dismissal of the Master, Matron and Schoolmistress. By the 1860s cases of medical misconduct were regularly being investigated by the Poor Law Board. One

²³⁵ Bridge Union, Eastry Union, Guardians' Minute Book, 17 June 1847, 24 June 1847, KHLC, G/BR/AM6.

case is at Eastry when in 1871 two complaints were made against Mr Leeson and resulted in him being dismissed from his post after a Poor Law Board inquiry. The outcome was that the Medical Officer was removed because he was incompetent and executing his work below the level required. (see section 4.9)

One of the primary sources of ill-health in the mid-eighteenth century was cholera with the unions at the forefront of dealing with outbreaks and treatment of the disease. Between 1845 and 1854 in Kent there were two significant outbreaks of cholera, the first being in July 1849 when, at the Kent and Canterbury hospital, they treated 675 cholera patients between July to November 1849. The next outbreak was in 1854 when there were 186 cases in the 30 parishes of Eastry Union.²³⁶ The unions took measures to stop the spreading of cholera by treating the patient immediately without going through the official procedure of demanding every ill person needing to provide a doctor's ticket from the Relieving Officer before he received treatment. (Eastry union, see section 4:7) They also tried to prevent the spread of disease by making sure the dwellings of the inhabitants of their unions were clean and had adequate sanitary conditions. (see Blean union, Herne Bay, section 4:7) The cholera outbreaks also illustrate the professionalism of the Medical Officers in the three unions. A excellent example can be found at Eastry when three of the Medical Officers attended 778 cases of cholera and diarrhoea.²³⁷ They treated all cases without a guaranteed payment but asked for reimbursement afterwards. In other unions, in South-east Kent, there are cases of the unions and doctors refusing to treat the sick. One example is the case of the death of a three-year-old girl who received no treatment by the Dover union.

Hodgkinson points out that, because of the different ways that the Guardians instigated the many orders issued by the Poor Law authorities, there were vast differences throughout the country. In some areas, the Guardians were ahead of the Poor Law Board.²³⁸ A good example of this is when in 1841 Blean and Eastry instigated the Visiting Committees for their workhouses. The Guardians in the three unions of this study also ignored orders or requests made to them in the 1870s to cut their outdoor relief spending, which had increased in all three unions. If the rules and requests had been obeyed, the residents of the workhouses would have increased resulting in the Guardians having to find ways of caring for the paupers brought into

²³⁶ Hastings, 'Epidemics and Public Health', 189.

²³⁷ Blean Union, Guardians' Minute Book, 26 October 1854, KHLIC, G/BL/AM7.

²³⁸ Hodgkinson, *Origins of the National Health Service: Medical Services of the New Poor Law, 1834-71*, 680–92.

the workhouse. This could have led to a deterioration in the care for the sick and old who were in the workhouses already. The improvements in medical care in all three unions were achieved step-by-step over time, and the unions seem to have been fortunate to have good competent Medical Officers who performed their duties to a high standard. Kim Price argues that medical care in workhouse infirmaries can be judged almost entirely by the standards of their Medical Officer.²³⁹ To prevent condemnation, the Guardians developed better facilities in the workhouses for the old, sick, mentally ill and insane but this occurred slowly and depended on the circumstances of the individual unions. At Blean, on 25 June 1856 alterations to the workhouse to improve the facilities were put out to tender.²⁴⁰ But by 21 September 1874, these improvements were no longer adequate for the Blean workhouse, and the Board of Guardians approved a new tender to build a hospital with sick and infectious wards costing a total of £3,564.²⁴¹ At Bridge union on 21st February 1875, the Poor Law Board approved plans for alterations to the workhouse.²⁴² At Eastry Union, the Board of Guardians approved a tender submitted by Messrs Adcock and Rees of Dover for £4,497 to build a new infirmary, which was in turn approved by the Poor Law Board on the 29th June 1870.²⁴³ This shows the improvements that the Guardians of all three unions made to their workhouses despite the high costs, £3,000 to £4,500 but changes were slow in coming. But when made, the facilities brought about an improvement in medical care for the inmates which included the sick, old and mentally ill.

There are even signs of better nursing when, at Eastry Union in July 1871, the Guardians placed an advertisement in the local papers for two paid nurses instead of using inmates of the workhouse. I conclude that the healthcare provisions in these three unions improved due to the slow professionalism of the Medical Officers, the many individual improvements made by the Guardians and the application of new medical understanding and knowledge of practices that could prevent or control the spread of illnesses and disease. The medical care provided by three workhouses of this study suggests uneven but real improvements in quality and provision in the first forty years improvements which occurred because of many factors including regulations, better medical knowledge, qualified Medical Officers and the how the Guardians

²³⁹ Kim Price, 'A regional, quantitative and qualitative study of the employment, disciplining and discharging of workhouse medical officers of the New Poor Law throughout nineteenth-century England and Wales', (PhD thesis, Oxford Brookes University), 2008, 336.

²⁴⁰ Blean Union, Guardians' Minute Book, 25 June 1856, KHLC, G/BL/AM7.

²⁴¹ Blean Union, Guardians' Minute Book, 19 February 1874, KHLC, G/BL/AM12.

²⁴² Bridge Union, Guardians' Minute Book, 21 September 1875, KHLC, G/BR/AM11.

²⁴³ Eastry Union, Guardians' Minute Book, 29 June 1870. KHLC, G/EA/AM18.

responded to the requests for improvements made by the Poor Law authorities. There remains a need for further local studies to see what actual healthcare was provided in Poor Law unions to confirm or contradict the finding of research based on statistics and confirm whether the healthcare in other rural unions also improved in the first forty years of the New Poor Law.

Appendix 1. Duties of the workhouse Medical Officer.

Duties of the Workhouse Medical Officer.

Art. 78. The following shall be the duties of the medical officer for the workhouse :—

- No. 1. To attend at the workhouse at the times fixed by the Board of Guardians, and also when sent for by the master, matron, or porter of the workhouse, in cases of sudden illness, accident, or other emergency; and at all such other times as the state of the sick or insane patients within the workhouse may render necessary.
- No. 2. To examine the state of the paupers on their admission into the workhouse; to examine the state of the patients in the sick wards; and also the state of any sick or insane pauper in the other wards.
- No. 3. To give all necessary directions as to the diet, classification, and treatment of the sick paupers, and paupers of unsound mind, and to report to the Board of Guardians any pauper of unsound mind in the workhouse whom he may deem to be dangerous.
- No. 4. To report in writing to the Board of Guardians any defect in the diet, drainage, ventilation, warmth, or other arrangement of the workhouse, or any excess in the number of any class of inmates, which he may deem to be detrimental to the health of the inmates.
- No. 5. To give all necessary directions as to the diet of the children, and to vaccinate such of the children as may require vaccination.
- No. 6. To make a weekly return to the Board of Guardians in a book prepared according to the Form C., hereunto annexed, and to insert therein the date of every attendance, and to make an annual index to the same, with the names arranged alphabetically, according to the Form D., hereunto annexed, and to deliver the same when completed to the Guardians.
- No. 7. To enter in his weekly return the death of every pauper who shall die in the workhouse, together with the apparent cause thereof.
- No. 8. To give to the Guardians, when required, any reasonable information respecting the case of any pauper under his care; to make any such written report, relative to any sickness prevalent among the paupers in the workhouse, as the Board of Guardians, or the Poor Law Commissioners, may require of him; and to attend the Board of Guardians when summoned by them.

244

²⁴⁴ Great Britain Poor Law Commissioners, *8th Annual Report of the Poor Law Commissioners 1842*, 96–97.

Appendix 2. Duties of the Workhouse Master and Matron.

Duties of the Workhouse Officers.

Art. 73. And we do hereby define and specify the duties of the said several officers, and direct the execution thereof to be as follows :—

Duties of the Master.

- No. 14. To send for the medical officer for the workhouse in case any pauper is taken ill or becomes insane, and to take care that all sick and insane paupers are duly visited by the medical officer, and are provided with such medicines and attendance, diet, and other necessaries, as the medical officer or the Guardians shall in writing direct, and to apprise the nearest relation in the workhouse of the sickness of any pauper; and, in the case of dangerous sickness, to send for the chaplain and any relative or friend of the pauper, resident within a reasonable distance, whom the pauper may desire to see.
- No. 24. To take care that the wards, rooms, larder, kitchen, and all other offices of the workhouse, and all the utensils and furniture thereof, be kept clean and in good order; and as often as any defect in the same, or in the state of the workhouse, shall occur, to report the same in his journal to the Guardians at their next ordinary meeting.

Duties of the Matron.

Art. 75. The following shall be the duties of the matron of the workhouse :—

- No. 8. To see that every pauper in the workhouse has clean linen and stockings once a week, and that all the beds be kept in a clean and wholesome state.
- No. 9. To take charge of the linen and stockings for the use of the paupers, and the other linen in use in the workhouse, and to apply the same to such purposes as shall be authorized or approved of by the Board of Guardians, and to no other.
- No. 10. To superintend and give the necessary directions concerning the washing, drying, and getting up of the linen, stockings, and blankets, and to see that the same be not dried in the sleeping wards or in the sick wards.
- No. 11. To take care, with the assistance of the nurses, of the children and sick paupers; and to provide the proper diet for the children and the sick paupers, and to furnish them with such changes of clothes and linen as may be necessary.
- No. 12. To assist the master in the general management and superintendence of the workhouse, and especially in—
Enforcing the observance of good order, cleanliness, punctuality, industry, and decency of demeanour among the paupers;—
Cleansing and ventilating the sleeping wards and the dining hall, and all other parts of the premises :—
Placing in store and taking charge of the provisions, clothing, linen, and other articles belonging to the Union.

245

**Appendix 3. Mr Longley, Poor Law Inspector's report on Bridge
Workhouse 22 April 1869.**

1869.
UNION.

28732
69
INSPECTOR

REPORT of *Mr Longley*,
on the Laws on the above Union, after a Visit on the 22nd day
April 1869.

Date of last previous visit. 3rd Sept^r. 1868. (see wards last visit.)

Is the Workhouse generally adequate for the wants of the Union, in respect of its internal arrangement?
No. There is no claspiration whatever, other than of males & females. The wards are too small & low; and the position of the wash-house immediately under the female infirmary is most objectionable.

Is the provision for the sick and infirm sufficient?

Are the wards in a good place, ^{and} ~~so that~~ they can only be reached through the whole length of the building?
yes, but they are most inconveniently placed, ^{and} ~~so that~~ they can only be reached through the whole length of the building.

Is the School well attended?
46.
Examined the Schools. The children are fairly taught the ordinary subjects.

246

²⁴⁶ Mr Longley, Poor Law Inspectors report on Bridge Workhouse, 22 April 1869 TNA, MH12/4846

Appendix 4. 1842 Medical Orders. Qualifications for a Medical Officer.

Qualification.

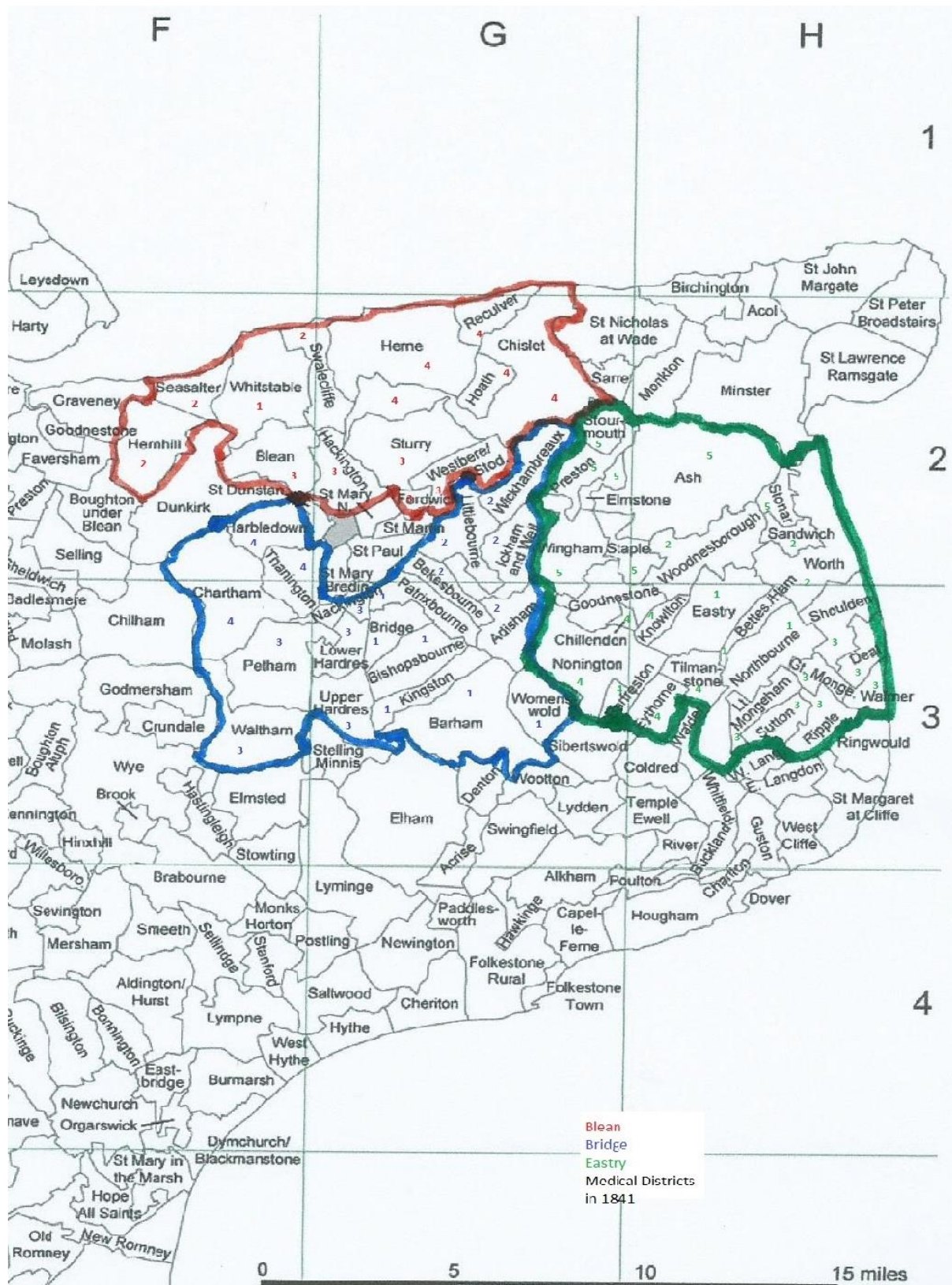
Art. 3. It shall not be lawful for any of the said Boards of Guardians to appoint any person to be a medical officer, unless such person, at the time of his appointment, shall possess one of the four following qualifications ; that is to say,—

1. A diploma from the Royal College of Surgeons in London, together with a degree in medicine from an university in England legally authorized to grant such degree, or together with a diploma or license of the Royal College of Physicians of London.
2. A diploma from the Royal College of Surgeons in London, together with a certificate to practise as an apothecary from the Society of Apothecaries of London.
3. A diploma from the Royal College of Surgeons in London, such person having been in actual practice as an apothecary on the 1st day of August, 1815.
4. A warrant or commission as surgeon or assistant-surgeon in Her Majesty's Navy, or as surgeon or assistant-surgeon, or apothecary in Her Majesty's Army, or as surgeon or assistant-surgeon in the service of the Honourable East India Company, dated previous to the 1st day of August, 1826.

Art. 4. Provided always, that if it shall not be practicable for the Board of Guardians to procure a person residing within or near the district in which he is to act, and duly qualified in one of the four modes recited in Art. 3, to attend on the poor in such district, or that the only person resident in or near such district, and so qualified, shall have been dismissed from office under the seal of the Poor Law Commissioners, or shall be judged by the Poor Law Commissioners to be unfit or incompetent to hold the office of medical officer, then and in such case the Board of Guardians shall cause a special minute to be made and entered on the usual record of their proceedings, stating the reasons which in their opinion make it necessary to employ a person not qualified as required by Art. 3, and shall forthwith transmit a copy of such minute to the Poor Law Commissioners for their consideration ; and the Poor Law Commissioners may, if they think fit so to do, permit the employment by such Board of Guardians of any person duly licensed to practise as a medical man, although such person shall not be qualified in one of the four modes required by Art. 3.

Art. 5. Provided also, that it shall be lawful for the Board of Guardians, with the consent of the Poor Law Commissioners first had and obtained, to continue in office any medical officer duly licensed to practise as a medical man already employed by any such Board of Guardians, although such medical officer may not be qualified in one of the four modes required by Art. 3.

Appendix 5. Blean, Bridge and Eastry Unions, Parishes and Medical Districts.



Appendix 6. 1861. Long term inmates in the workhouse.

WHO HAVE BEEN INMATES DURING A CONTINUOUS PERIOD OF FIVE YEARS. 47					
NAME OF COUNTY AND UNION.	The Name of every Adult Pauper who has been an Inmate of the Workhouse during a continuous Period of Five Years.	The Amount of Time that each of such Paupers shall have been in the Workhouse.	The Reason assigned why the Pauper in each Case is unable to maintain Himself, or Herself.	Whether or not the Pauper has been brought up in a District or Workhouse School.	
		Yrs. ms.			
ENGLAND—continued.					
KENT—continued.					
Ashford, West	William Skee	20 0	Idiot		
	Mary Russell	9 0	ditto		
	Ann Bourne	14 0	ditto		
	William Pemples	8 0	ditto		
	John Pope	12 0	Nearly blind		no.
	Richard Hillman	14 0	Old and infirm		
	Thomas Weston	6 0	ditto		
Blean	Edward Ambrose	10 0	Old age		
	John Harvey	7 0	ditto		
	Thomas Warner	11 0	ditto		
	Sarah Russell	16 0	ditto		neither.
	William Feakins	11 0	ditto		
	Mary Carter	20 0	Old age and imbecility		
	Ann Page	13 0	Two illegitimate children		no.
Bridge	William Marsh	10 3	Aged and infirm		
	Catharine, his wife	10 7	Infirm		
	Mary Bentley	18 9	Aged and infirm		
	Henry White	7 4	Blind		
	Matthew Williams	25 0	Aged and infirm		no.
	Mary Terry	7 3	ditto		
	Abraham Abbott	16 7	ditto		
	Daniel Dawkins	5 9	ditto		
	Ralph Terry	18 9	ditto		
	Harriet Hollands	14 10	Blind		
	George Pettit	17 8	Infirm		yes.
	Thomas Brice	22 8	Infirm, being a cripple		
	Arthur Hayward	8 6	Infirm		
	Thomas Harlow	10 8	Very infirm		
	Sarah Smith	21 2	Idiot		
	Thomas Fox	17 10	Aged and infirm		no.
	James Hodges	9 9	ditto		
	Thomas Austen	13 9	ditto		
	Charlotte Rye	16 4	Weak intellect		
	Henry Ansley	13 9	Aged and very infirm		
	Sidney Fox	11 2	Idiot		
Eastry	John Brenchley	7 0	A cripple		no.
	Thomas Hook	24 0	Blind		
	Thomas Jordan	5 0	Idiot		
	Edward Jordan	5 0	ditto		workh.
	Elizabeth Jane Jordan	5 0	ditto		
	Thomas Curling	10 0	Rheumatism		
	Ann Hoile	24 0	Intellect slightly impaired		
	John Hall	24 0	Blind 30 years		
	Harriot Knight	6 0	Intellect slightly impaired		
	Margaret Lemon	9 0	A cripple		
	Mary Minter	10 0	Lame		
	William Norris	8 0	Rheumatism		
	Thomasine Drury	17 0	A cripple		
	Harriot Spain	15 0	Idiot		
	James Shroesbury	9 0	Crippled hands		
	Stephen Walker	13 0	Infirm		no.
	Mary Goble	6 0	Infirmity		
	Ann Shilling	6 0	Weakly constitution		
	Samuel Casswell	10 0	Lame		
	Peter Richard Casswell	6 0	Infirm		
	Mary Kemp	12 0	Lunatic		
	John Eastone	8 0	A cripple		
	Jehoiakim Capp	5 0	Infirmity		
	Thomas Husstep	5 0	ditto		
	Elizabeth Ladd	20 0	Impaired intellect		
	William Dixon	5 0	Infirmity		
	Harriot Arnold	5 0	Considered by medical officer unfit for service.		
	Ann Finch	25 0	Idiot		workh.
	Elizabeth Page	8 0	Infirmity		no.
0.5.		6 3			(continued)
ENGLAND—continued.					
Eastry—continued.	Henry Nash	24 0	Idiot		
	William Pemples	19 0	Idiot		
	William Mills	7 0	Lunatic		

²³⁰ England and Wales long-term workhouse inmates 1861, Page 47 – 50, accessed 12 February 2018 <https://search.ancestry.co.uk/search/db.aspx?dbid=61439>,

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Kent History Library Centre, KHLC

Blean Workhouse	Guardians' Minute Books	1835 – 1837	G/BL/AM1	
	Guardians' Minute Books	1837 – 1842	G/BL/AM2	
	Guardians' Minute Books	1842 – 1846	G/BL/AM3	
	Guardians' Minute Books	1846 – 1848	G/BL/AM4	
	Guardians' Minute Books	1848 – 1851	G/BL/AM5	
	Guardians' Minute Books	1851 – 1854	G/BL/AM6	
	Guardians' Minute Books	1854 – 1857	G/BL/AM7	
	Guardians' Minute Books	1857 – 1860	G/BL/AM8	
	Guardians' Minute Books	1860 – 1863	G/BL/AM9	
	Guardians' Minute Books	1863 – 1866	G/BL/AM10	
	Guardians' Minute Books	1866 – 1870	G/BL/AM11	
	Guardians' Minute Books	1870 – 1874	G/BL/AM12	
	In-Letters	1839 – 1844	G/BL/ACa4	
	In-Letters	1845 – 1848	G/BL/ACa5	
	In-Letters	1849 – 1850	G/BL/ACa6	
	In-Letters	1866 – 1867	G/BL/ACa11	
	In-Letters	1870 – 1873	G/BL/ACa12	
	In-Letters	1874 – 1876	G/BL/ACa13	
	Out- Letters	1836 – 1845	G/BL/ACb1	
	Out- Letters	1846 – 1848	G/BL/ACb2	
	Out- Letters	1854 – 1859	G/BL/ACb4	
	Out- Letters	1858 – 1863	G/BL/ACb5	
	Out- Letters	1863 – 1869	G/BL/ACb6	
	Out- Letters	1869 – 1877	G/BL/ACb7	
Bridge Union	Guardians' Minute Books	1835 – 1836	G/BR/AM1	
	Guardians' Minute Books	1840 – 1843	G/BR/AM4	
	Guardians' Minute Books	1843 – 1847	G/BR/AM5	
	Guardians' Minute Books	1847 – 1851	G/BR/AM6	
	Guardians' Minute Books	1865 – 1870	G/BR/AM10	
	Guardians' Minute Books	1870 – 1876	G/BR/AM11	
		In-Letters	1848 – 1854	G/BR/ACa1
		In-Letters	1854 – 1857	G/BR/ACa2
		In-Letters	1862 – 1865	G/BR/Aca4
	Out-Letters	1843 – 1855	G/BR/ACb1	
	Out-Letters	1855 – 1865	G/BR/ACb2	

Eastry Union	Guardians' Minute Books	1835 – 1835	G/EA/AM1
	Guardians' Minute Books	1841 – 1843	G/EA/AM3
	Guardians' Minute Books	1843 – 1846	G/EA/AM5
	Guardians' Minute Books	1846 – 1850	G/EA/AM7
	Guardians' Minute Books	1871 – 1873	G/EA/AM19
	Guardians' Minute Books	1873 – 1876	G/EA/AM20
	In-Letters	1837 – 1853	G/EA/Aca15
	In-Letters	1863 – 1871	G/EA/Aca17

The National Archives Kew (TNA)

Poor Law correspondence with Blean Union.

MH12/4820	1837 – 1838
MH12/4820	1847 – 1850
MH12/4822	1855 – 1861
MH12/4824	1867 – 1871
MH12/4825	1871 – 1874

Poor Law correspondence with Bridge Union.

MH12/4841	1835 -- 1837
MH12/4843	1843 – 1848
MH12/4844	1849 – 1855
MH12/4846	1867 – 1871
MH12/4847	1871 – 1876

Poor Law correspondence with Eastry Union

MH12/4993	1840 – 1842
MH12/4994	1843 – 1846
MH12/5000	1867 – 1871
MH12/5001	1871 – 1872
MH12/5002	1873 – 1874

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Kentish Chronicle	1859 – 1867
Kentish Gazette	1835 – 1874
Kentish Independent	1843 – 1875
Kentish Mercury	1834 - 1875

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