Public Healthcare in Nottingham 1750 to 1911

by

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CONTENTS

ABSTRACT

The thesis is a study of the General Hospital, the General Dispensary and the Poor Law system in Nottingham, to evaluate the nature of the public healthcare provision each offered , the way in which they complemented one another and the extent to which they provided comprehensive cover of the healthcare needs of the sick poor and of the pauper sick and geriatric. The types of patients admitted or excluded by each institution and the recommendation systems which operated for the two charities are described. In-, out- and home patient numbers over time are quantified, and comment made in relation to population growth. An analysis and comparison of patient costs is made between the three Nottingham institutions and with comparative data from elsewhere. A major study of the General Hospital finances is made, analysing its management and showing the growing secularisation of funding. The Dispensary finances are also examined. The organisation of the Dispensary, the expansion of its medical districts and medical officers, and its provision of drugs are discussed. The healthcare provision under the Poor Law system is traced from its parochial days until the arrangements made from 1836 when the Union was founded, and the subsequent developments as the Poor Law system had increasingly to address the needs of the pauper sick and geriatric rather than the ablebodied unemployed. Topics treated are accommodation, medical officers and medical districts, drug dispensing and costs, care of imbeciles and those with infectious diseases, vaccination and nursing. The thesis attempts to evaluate the positive aspects of the healthcare provided by each institution while drawing attention to the shortcomings.

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REFERENCES -- ABBREVIATIONS

Nottingham University Archives.

NUA	Nottingham University Archives
Uhg R	Nottingham General Hospital Annual Reports
Uhg Ru	Nottingham General Hospital Statutes / Rules
Uhg M1	Nottingham General Hospital, Minutes of Monthly Board Meetings
Uhg M2	Nottingham General Hospital, Minutes of Weekly Board Meetings (later House Committee)
Uhg M3	Nottingham General Hospital, Minutes of Finance Committee
ACC 1309	Nottingham General Hospital Expenditure Statements 1850 - 51, in NUA
Nh/M/1	Minutes of the Nottingham Hospital Saturday Committee
PLC AR	Poor Law Commissioners' Annual Reports
PLB AR	Poor Law Board Annual Reports
LGB AR	Local Government Board Annual Reports
NOT3 L44 NOT	Bk .No. 81699 University of Nottingham Papers - Nottingham Union Miscellaneous Bound Papers

Nottinghamshire Archives

DD ND 1	Nottingham Dispensary Committee Minute Books
DD ND 6	Nottingham Dispensary Annual Reports
DD ND 27	Nottingham Dispensary Rules
DD ND 28	Nottingham Dispensary List of Subscribers
DD ND 33	*Short History of the Dispensary*, (Centenary year,1931)
DD ND 35	Nottingham Dispensary: Hyson Green Branch photographs
STM CA	St. Mary's Archives
STM PR	" " "

STN PR	St. Nicholas' Archives
STN M	" " "
STP PR	St. Peter's Archives
PUO	Nottingham Union Archives
SO HO	General Lunatic Asylum Nottingham Annual Reports
SO MO	General Lunatic Asylum Nottingham House Committee Minutes

Leicestershire Record Office

LRO

Public Record Office

PRO

Newspapers

CBNJ	*Cresswell and Burbages Nottingham Journal*
NR	*Nottingham Review*
NJ	*Nottingham Journal*
NDG	*Nottingham Daily Guardian*
NDE	*Nottingham Daily Express*

Chapter 1. Introduction.

One of the most important social, economic and political issues confronting society in this country from mediaeval times onwards has been how to make public provision of healthcare for the large sector of society too poor to buy treatment and care on a private basis. This applied to physical diseases and accidents, to mental illness and to the diseases and feebleness of old age. This thesis attempts to describe and evaluate the major forms of public healthcare provision made in Nottingham during the period 1750 to 1911, focusing on the Poor Law system, the Nottingham General Hospital and the Nottingham General Dispensary.

To produce a thesis rather than an encyclopaedia it has been necessary to establish some arbitrary bounds for the study. Geographically the investigation concentrates on the Borough, and from 1897 the City of Nottingham , where the Nottingham Poor Law Union and General Dispensary are concerned. The majority of the General Hospital's patients also came from within these boundaries but because its catchment area included the whole County this has had to be taken into account for this institution. It is for this reason that in the chapter addressing patient numbers and costs for the General Hospital the discussion on population covers not only that of the Borough/City, including the large boundary extension in 1877, but the County figures as well.

The starting date for the study of 1750 has been chosen as a convenient departure point for research into healthcare provision under the Old Poor Law in the three Nottingham parishes of St. Mary's, St. Peter's and St. Nicholas, each of which had established workhouses in the late 1720s. The surviving vestry records, though scant, combined with the local press, enable a picture to be built up from that time of the healthcare provided under that regime, until the landmark of the 1834 Poor Law Amendment Act and the major changes brought about by that and subsequent legislation. 1750 offers a further convenience in that Deering's book published a year later gives an overview of many aspects of Nottingham at that time. (1)

The termination of the study in 1911 has a strong rationale as this was the year of Lloyd George's National Insurance Act when the state for the first time took over responsibility for partly funding, managing and controlling a major part of healthcare for

t he masses. The years between 1750 and 1911 saw progressive change within the Poor Law system which had great importance for healthcare in the community. Until 1834 in Nottingham organisation was on a parish basis through the Vestries and its Overseers with funding by ratepayers. After that year ratepayer funding continued to the end of the study period but management was in the hands of Guardians who in Nottingham ran the Poor Law Union in operation from 1837 following the merging of the Parishes for Poor Law administration purposes. Now there was frequent intervention, central reporting and central government control exercised up to 1848 by the Poor Law Commissioners, from then until 1870 by the Poor Law Board, and from then onwards by the Local Government Board. An overriding trend from 1834 to 1911 of concern for this thesis was the growing change in the Poor Law system from its early preoccupation with unemployed fit paupers to increasingly providing treatment and care whether in the workhouse or on an outdoor relief basis for the pauper physically and mentally sick, disabled, feeble and senile. By around the mid 1860s the workhouse might be more truly described as a pauper infirmary and in fact when the new Poor Law Institution at Bagthorpe opened in March 1903 it was described as the 'Nottingham Workhouse and Infirmary'. It was in effect the municipal hospital and the precursor of the City Hospital. Hand in hand with this trend went the gradual development of medical services: a Workhouse and District Medical Officers, Dispensary service, and eventually trained nurses from the late 1860s. The 1911 Act was an evolutionary step in the provision of healthcare at the public expense.

From the time of Deering's writing onwards Nottingham saw rapid industrial change. 1780 to 1800 saw a boom in cotton spinning. It was also the heyday of the hosiery industry, while machine lace manufacture developed as a major industry from the early 1800s. These fashion industries were particularly vulnerable to cycles of boom and depression. Rapid population growth was also a feature. Later in the century, in the 1880s onwards, new major industries developed: Boots (pharmaceuticals and retail chemists shops), Raleigh (cycles) and Players (tobacco). It is not a purpose of the thesis to describe the history of trade and manufacture in Nottingham. Suffice it to say that Nottingham was an important industrial town with a large proletarian population subject to variations in employment and remuneration levels. The Poor Law system attempted to cope with the needs of the pauper unemployed, sick, orphaned and geriatric. But manufacturing and trade

fluctuations meant also that there were substantial numbers of poor but not destitute people. The Poor Law institutions were the last resort of the indigent. The 'less eligibility' principle led to harsh treatment, poor living conditions, discipline and regimentation, separation of family members, disenfranchisement and social shame. There was a great need for medical provision for the sick poor who could not afford private medicine but who were not so destitute as to have recourse to the workhouse. This need in Nottingham was met in the first case by the General Hospital and later by the General Dispensary as well.

In contrast to the Poor Law provision which was funded by a compulsory levy of rates, both the Hospital and Dispensary were charitable foundations funded by a variety of voluntary means from annual subscriptions, donations and legacies to forms of public collections as well as income from invested capital. Both foundations were part of national movements and when the General Hospital opened its doors to patients in 1782 and the General Dispensary began to treat patients in 1831 many templates had already been established elsewhere in the country. Both institutions were founded and administered for a mixture of motives: genuine philanthropy; to do good and to be seen to do good was a strong motivation in a community with a very active and energetic Nonconformist as well as Anglican basis; the economic motive, to cope with the ever present problem of the sick poor in the most cost effective way possible was also prominent. The General Hospital had the highest status of the charitable medical institutions. It was designed for in-patients but also treated growing numbers of out-patients. It had a major capital investment in buildings ever expanding to meet growing patient numbers, and growing investment in equipment as medical science advanced over time. For the medical community to be appointed to the honorary staff as Physician or Surgeon or to the permanent staff as Apothecary/Surgeon/House Surgeon offered great social cachet in the community. With the best medical resources the most serious cases were treated in the General Hospital. But as will be addressed at length later, the Hospital had severe limitations as to the types of patients it was willing to admit. In sum it treated short term acute cases; it refused to treat long term chronic cases or those suffering from infectious disease. It became the principal rôle of the General Dispensary to complement that of the General Hospital.

The General Dispensary had no beds and no in-patients. It treated those who could come to its doors for diagnosis and medicines. Unlike the General Hospital which offered

no home visiting, its medical staff visited at home those too sick or immobile to come to the Dispensary itself. Furthermore, in contrast to the General Hospital, it ministered to the chronically sick, to those terminally ill, patients with diseases of old age and those with infectious diseases. The Dispensary's honorary Physicians and Surgeons had an important standing in the community. To be on the Permanent Staff as the Resident Medical Officer or District Medical Officer offered the opportunity to establish a public reputation which could open the way to a career in private practice or to a promotional move to another institution. Both the General Hospital and the General Dispensary, with the exception of accidents and emergencies operated recommendation systems for the admittance of patients.

The core of this thesis is the examination in turn of the General Hospital, the General Dispensary and the Poor Law system in Nottingham, in order to analyse and compare the nature of the public healthcare provision each offered, to identify the way in which they complemented one another, and the degree to which they provided comprehensive cover of the healthcare needs of the sick poor and of the pauper sick and geriatric in the Nottingham community. An analysis of the patient universe each covered is made in terms of the types of patient treated or excluded. The numbers of patients each treated and whether in house, on an out-patient basis or at home is described and compared. An analysis and comparison of patient costs is also attempted. An important part of the study is devoted to the finances of the General Hospital and of the General Dispensary and to the ways in which the funding elements changed over time, and where the General Hospital is concerned, how funding became increasingly secularised. Regarding the above subjects some comparisons are made with institutions outside of Nottingham. A duplication of Jacob's work on the origins, organisation , medical staffing and history of the General Hospital is deliberately avoided. (2) However, as very little has been researched or published about the Nottingham Dispensary and Poor Law system and Union, where it is germane to healthcare, information is given on origins, accommodation, medical staffing, dispensary and drug costs and development and changes over time.

In working upon the thesis I have been fortunate in the rich abundance of original source material. The University of Nottingham Library holds in its Department of

Manuscripts and Special Collections the large body of surviving records of the Nottingham General Hospital. The Nottinghamshire Archives hold the records of the Nottingham General Dispensary which are prolific. The same institution holds the surviving records of the three Nottingham Parishes whose vestries administered the Poor Law and its provisions for the sick, and of the Nottingham Poor Law Union (which are scant). These however are supplemented by the information contained in the Nottingham local newspapers which cover the study period, which are held in the University Library department referred to above, and in the Nottinghamshire Local Studies Department. They are a rich source of information on the Poor Law system and after 1834 not only reported in detail on the Nottingham Board of Guardians' meetings but reported, often verbatim, the correspondence between the Board and the Poor Law Commissioners and subsequent controlling bodies. The Annual Reports of the central bodies have also been a valuable source.

It is important to delineate those subjects which this thesis does not address, many of which could form subjects for future research in their own right. Private medicine paid for by individuals and not at the public expense or through charity is excluded. This comprehends all forms of orthodox private medicine as well as irregular/alternative medicines and family remedies. (3) It also covers the wide range of patent medicines or formulations that could be bought over a pharmacist's or druggist's counter from the beginning of the period to the days of Jesse Boot, or from an itinerant quack. Medical provision arranged through Friendly Societies, Sick Clubs and Benevolent Societies are also excluded as they were largely funded on a contributory basis. (4)

The question of public provision for mental health patients is only treated to some extent in the discussion of the Poor Law system which comprehended care of the mentally as well as physically ill whether inside the workhouse or at home under the supervision of District Medical Officers. Mentally and physically sick patients' interests were interwoven within the Poor Law system so it seems illogical to try to exclude one from the other. To complete this part of the study, including the cost aspect, the transfer of the Union's violent mental patients to the specialised care of Lunatic Asylums has been addressed. But although considerable archival materials are available within the

Nottinghamshire Archives the thesis does not attempt to study the healthcare of lunatics in the Sneinton and later Mapperley Asylums of the town/city, or of the new Saxondale County Asylum or of the Coppice Asylum for private patients.

Boundaries have also been drawn to exclude from this thesis other medically related topics which could provide study subjects in their own right. There is within the General Hospital and to a lesser extent within the General Dispensary archives considerable material on classification of diseases, incidence, cure rates and mortality. This is an area fraught with difficulties of diagnosis and definition because throughout the length of the study period the progress, often slow, of medical science meant that the ability to diagnose correctly was limited and constantly changing as medical knowledge grew. This is well illustrated by the nosology work of the Registrar General, William Farr, and those who have studied and evaluated his work. (5) Another difficulty in using the 'improvement, cured' and mortality data of the General Hospital, for instance, is that the charity had a vested interest in presenting the most optimistic data possible to demonstrate success and in this way to stimulate financial support for the institution. The thesis also avoids any attempt to assess the quality of the medical practitioners and the quality of the treatment given by all three institutions because of the lack of constancy of medical training, the limitations of diagnostic possibilities and their application, the progression over time of clinical and surgical knowledge and the discovery and application of drug therapy.

Although a number of dietaries have survived for the General Hospital and the Nottingham workhouse, to assess their nutritional values is a specialist area outside the scope of this study. Equally, without the nutritional evaluation no attempt has been made to relate adequacy of diet to proneness to disease, a correlation which in any case would be fraught with difficulties.

Public Health in Nottingham would be a sufficient subject for a thesis in its own right. The First and Second Reports of the Commissioners on the State of Large Towns and Populous Districts in 1844 and in 1845 revealed the appalling state of Nottingham's overcrowded slums before the 1845 Nottingham Enclosure Act. The 1873 Report on the Sanitary Condition of the Borough of Nottingham made by Edward Seaton, the first and outstanding Medical Officer of Health of the Borough, showed that much remained to be

done to elevate the level of Public Health in the town. Although housing conditions, water supply, sanitation and the Corporation taking over responsibility for infectious disease hospitals in lieu of the Nottingham Board of Guardians are referred to, the thesis does not try to treat the contentious subject of correlation between public health and and the origin and spread of infectious diseases and the impact upon mortality.

Lastly, in the interest of making the subject containable, the work done on the General Hospital focuses on the activities and development of the main hospital. The study excludes the Hospital for Women, the Samaritan Hospital for Women, the Children's Hospital, the Nottingham Hospital for Diseases of the Throat and Ear, the Eye Dispensary and the Midland Institute for the Blind. All these offer scope for further research as indicated by the studies of Arblaster and Crothall on the healthcare provision for women and children respectively. (6)

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Chapter 2. Nottingham General Hospital - Patients.

Until the foundation of the Nottingham General Hospital there was no public provision of healthcare for the sick poor, that is, those who were not wealthy enough to afford private healthcare, nor sufficiently destitute to have recourse to the healthcare furnished by the Poor Law system at the ratepayers' expense.

The foundation stone of the General Hospital was laid on 12 February 1781 and the institution admitted its first patients on 28 September 1782. (1) The broad goal was to rectify the long standing omission in Nottingham of public provision of healthcare for the sick poor. The initiative was taken by a group of nobility, gentry and ecclesiastics of or connected with the Nottingham region, supported by the Town Corporation and senior Nottingham medical professionals. (2).

The founders recognised in their philanthropic social concern that no 'condition can be more truly pitiable, than that wherein sickness and poverty meet together'. (3) The new Hospital was to be 'open to the sick and lame poor of any county'. (4) The goal remained the same at the end of the period under investigation, although the wording in the 1911 Annual Report is modified to read 'open for the relief of poor persons requiring medical or surgical assistance'. (5)

The decision to set up a voluntary hospital was based partly upon the belief that this was the most economic way to provide care and treatment for the sick poor. Expression was given to this in the Hospital's first Annual Report: (6)

> It has been laid down as a matter of fact, confirmed by experience, that distressed objects are taken care of in infirmaries, for a tenth of the part of what must necessarily be expended for them at their own habitations; so that the same contributions, which, if disposed of separately, and in a private manner, would barely be sufficient for the relief of 40 or 50 persons, when collected together, and providently managed, will answer the distress of three or four hundred. And, what is still more, supposing this collection to be doubled, it will then extend to the relief, not of twice only, but of three times that number. For the larger the contribution is, upon the whole, the more is the expense of each patient abated.

This was the thinking, although no cost analysis figures were given to substantiate the contention.

In spite of the magnanimous intent to found a hospital for the treatment of the 'sick and lame poor', from the inception major restrictions were imposed upon those accepted for treatment as out-patients and even more so as in-patients. The Hospital also had no arrangements for visiting at home those too sick to come to its doors. This meant that although the General Hospital throughout the study period would make a major contribution to public healthcare, there would remain large numbers of sick poor who were excluded from treatment by this institution. They were left with the choices of suffering without medical relief, relying on 'household remedies', suffering deprivation in some other aspects of life to afford some measure of private treatment, or in extreme circumstances to claim destitution and cast themselves upon the mercies of the Poor Law system. Relief from this situation only came from 1831 onwards when they were able to benefit from the public provision of the Nottingham General Dispensary, which will be discussed in later chapters.

The patient exclusions are described precisely in the 1783 Original Statutes of the Hospital: (7)

> No persons shall be admitted who are able to subsist themselves, and pay for their cure; no woman big with child; no child under six years of age, except in extraordinary cases, no fractures, or where cutting for the stone, or any other operation is required; no person disordered in their senses; suspected to have the smallpox, venereal disease, itch, or other infectious distempers; having habitual ulcers of their legs, cancers not admitting operation, consumptions, or dropsies in their last stages, epileptic or other fits; that are apprehended to be in a dying condition, or incurable, shall be admitted as in-patients, or, if inadvertently admitted, be suffered to continue; and no one shall be admitted, or suffered to remain as an in-patient, who is capable of receiving equal benefit as an out-patient.

The admission and discharge of patients was one of the main responsibilities of the Board of Governors, called in the early years the Weekly Board. A quorum of five was necessary. Each Tuesday they met together with an Honorary Physician and

Surgeon of the Hospital between 11 a.m. and 1 p.m. to decide patient admissions. A sick patient had first to obtain a recommendation from a Hospital subscriber or benefactor. This was scrutinised by the Board, as was the patient's physical and mental condition and economic circumstances. Only when the Board was satisfied on all counts was the patient taken on either as an out- or in-patient. Great attention was paid to excluding anyone who could afford to pay for medical care from their own means. This even included domestic servants whose employer could afford for them to be treated at home. (8) Soldiers from garrisons in and around Nottingham would only be admitted if the officer or some other responsible person paid the soldier's subsistence to the Hospital. In any case only a soldier requiring a surgical operation would be admitted. (9)

As a generalisation the Hospital only wanted to admit, especially as in-patients, persons with acute disease conditions which were treatable within the medical knowledge of the day. They did not want, as is evident from the exclusion list above, those with chronic and/or incurable or infectious diseases, cases requiring surgery beyond the surgical and sterilisation skills of the day. They wanted no-one who would occupy a bed for a long time. One of the original Statutes states: (10)

> All such as are admitted into the Hospital, and in two months receive no benefit, shall of course be discharged; unless the physicians and surgeons certify to the Committee, that there is a possibility of cure, or of considerable relief.

The length of stay of patients admitted into the Hospital wards was a major concern of all voluntary hospitals not least of the Nottingham General. Throughout the period under investigation a substantial effort was made on a continuous basis to control and reduce the time in-patients occupied beds. Two months was maximum as laid down in the Statute referred to above. The pressure to control and reduce stay was not in order to maltreat patients; rather it was a vital aspect of coping with ever increasing numbers of people seeking treatment during the period. This growth in patient numbers will be treated in the next chapter. The Hospital began with 44 beds in 1782 and had around 210 in 1911. Patient throughput per bed was one of the main ways of dealing with the ever escalating

demand for treatment. There was always an important added pressure to cope with the increased demand for bed places in that the Hospital was dependent upon financial support from private individuals and success with receiving and treating patients had to be seen if subscriptions were to be continued and new ones encouraged.

There was a continuous race to increase bed numbers to meet patient growth. When there were insufficient beds available to meet patient demands the priorities for admissions were laid down clearly in the Statutes: (11)

> 1st. To cases admitting the least delay.
> 2nd. In cases of equal exigency, to those of the Town and County of Nottingham.
> 3rd. To those who live at the greatest distance.
> 4th. To patients recommended by those who have not recommended any in-patient within the year.
> 5th. To those recommended by the largest contributors.

Details of the in-patients average number of days stay in house for the Nottingham General Hospital can be gleaned from the Annual Reports for the years as indicated. The 1836 - 37 Annual Report is the first in which patient statistics are given showing the average number of days stay in House for in-patients for that year and the previous year:

1835 - 36	47	
1836 - 37	50	
1837 - 38	48 1/2 *	*figures given in 1837-38
1838 - 39	47 *	Annual Report.

There is then a gap in the patient data. In the 1853 - 54, 1856 - 57, 1858 - 59 and 1859 - 60 Annual Reports, in-patient stay data is given by disease and by number of weeks stay, but no averages are shown. During this period there were still large numbers of patients staying up to 42 days and moderate numbers up to two months.

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Beginning with the 1860 - 61 Annual Report the data is tabulated in such a way as to show the average number of days in-patients stayed in House:

1859	39.2	1877	34	1895	27.7
1860	40.3	1878	32.7	1896	26.1
1861	36.6	1879	33.3	1897	24.3
1862	39.1	1880	31.6	1898	23.6
1863	38	1881	37	1899	25.5
1864	38.3	1882	37.7	1900	25.05
1865	38.6	1883	41.2	1901	27.03
1866	35.7	1884	34	1902	28.7
1867	35.6	1885	32.1	1903	28.6
1868	36.8	1886	31.6	1904	27.2
1869	31.4	1887	36.5	1905	29.4
1870	30.5	1888	34.8	1906	30.3
1871	29.6	1889	32.4	1907	23.02
1872	31.4	1890	31.9	1908	24.6
1873	30.2	1891	29.7	1909	25.05
1874	32.3	1892	31.2	1910	25.6
1875	29.2	1893	31.5	1911	24.1
1876	28.2	1894	27.7		

In summary, up to 50 days average stay was the situation up to 1837, but by 1895 to 1911 it was common for the average stay to be reduced to 25 to 28 days.

Some comparisons can be made with average days stay in other voluntary hospitals. Woodward shows as an example Salop Infirmary: (12)

Years	Mean Residence Days
1747 - 1756	94
1777 - 1786	44
1837 - 1846	36

Other examples he gives are of Leicester Infirmary where in 1830 the average stay was just over 28 days, while Gloucester Infirmary was at the other extreme with 101 days. In referring to Phelan's work, for the same year a crude average length of stay for 21 provincial hospitals was calculated at 43 days. For a later period

Pinker's work gives a comparison with 'Provincial Hospitals by Main Types' for the years 1861, 1891 and 1911: (13)

	Average Length of Stay in Days.		
	1861	1891	1911
Provincial General Hospitals	40.6	30.3	25.7

From the scattered examples in the early years it appears that Nottingham General's average stay rate was on the high side but that progress was made over time so that certainly in the years 1861, 1891 and 1911 it was in line with the provincial General Hospitals' average shown above. The gradual progress in reducing the average in-patient stay rate is an example of effective management control exercised by the Nottingham Hospital.

Psychiatric illness including degenerative diseases such as cerebral insufficiency and Alzheimer's disease fall outside the scope of this thesis. Suffice it to say that the General Hospital did not set itself up to treat such diseases. Hence the exclusions in the list above. The local community, however, recognised the need, began a subscription in 1788 for those who suffered 'deprivation of reason', and eventually constructed and staffed the Nottingham Lunatic Asylum which opened in Sneinton in 1812. (14) It was operated on a similar voluntary basis to the General Hospital.

Contagious diseases were a special problem. At the time of the foundation of the Hospital the aetiology of the various infectious diseases was at a low level. Bacteria and viruses were not understood. There were various theories about the transmission of disease. It was recognised however that when infected persons were in close proximity with non-infected persons there was an enhanced possibility of the disease being spread. Hence a reluctance expressed in the original Statutes to admit persons with infectious disease into wards containing patients without such diseases. A solution lay in the construction of a Fever House isolated from the other hospital buildings.

In 1802 to mark the occasion of the Peace of Amiens a subscription was started to raise funds for the building of a Fever House. In 1814 part of the money raised was paid to the parish of St. Mary towards the erection of a 'House of

recovery from Fever', which was built and opened in the St. Mary's workhouse yard in 1815 when 16 patients were admitted. (15) In 1824 a Special General Meeting of the General Hospital Governors was held when it was determined that additional wards should be erected on 'a spot adjacent, but not contiguous to the South West end of the present Hospital'. They were opened on 25 June 1828, funded by the balance raised by the Amiens Subscription. (16) The Fever House had its own Special Rules for admission. (17) At the same time two Lock Wards for male and female patients with venereal disease were constructed and opened. (18) Although the Lock Wards contained ten beds, there is no indication in the surviving hospital records of the number of beds in the Fever House. (19) In the new etching of the General Hospital which appeared in the 1832 Annual Report, the Fever House appears for the first time. If one relates this extension to the Bazaar and Bromley Ward extensions of 1834 and 1835, it is not likely that the Fever House had provision for more than 20 people. (20) The inclusion of Lock Wards within the General Hospital had always been a contentious issue because of the moral stigma associated with venereal disease at that time. In December 1842 the Governors succumbed to this social pressure and abolished the Lock Wards as a separate entity and merged them into the Fever House. (21)

It is not possible from the Hospital records to trace the history of its fever beds with any accuracy. There is no further reference to the Fever House in the Hospital records until 1873, when comment was made in the Annual Report that it was normally large enough (no bed numbers given) but not for an epidemic such as occurred with smallpox in 1871. (22) The hope was expressed that in future the local Board of Health would take over isolation hospital provision. This was under discussion from 1870. The Corporation's growing involvement in public health especially after the 1872 Public Health Act, which resulted in its final takeover of responsibility in May 1875 of the Garden and Epidemic Hospitals from the Nottingham Board of Guardians, will be dealt with at length in a later chapter. It is important to recognise however, that even when the Corporation had taken over responsibility for isolation and treatment of infectious disease patients, the General Hospital still maintained some provision for them. In 1874 it was

stated in the Annual report that more fever wards were needed and that there was a requirement to create a Sanatorium in a healthy location for convalescent patients. (23)

Jacob contends that following the isolation of the typhoid bacillus in 1882 and Pasteur's development of an inoculation, the incidence of typhoid dropped dramatically to the extent that the fever beds in the Hospital were empty and that the Fever House was reconstructed and converted into a surgical ward. (24) Jacob's interpretation was probably only partly true. The main change had probably been brought about by the Corporation exercising responsibility through its hospital provision for infectious disease patients and by the smallpox vaccination programmes under the responsibility of the Board of Guardians which will be discussed in a later chapter. The General Hospital's continued involvement in infectious diseases is exemplified by the erection in 1894, described by Jacob, of an iron building on the front lawn to serve as a temporary isolation hospital until 1902. This provided 6 beds although the Medical Committee had proposed 4 male and 4 female beds. The need was occasioned by a serious erysipelas outbreak in a wing of the Hospital. (25)

There was no major change to the admission rules or the patient exclusion list throughout the whole period under investigation. The 1821 Amended Statutes repeated almost verbatim the relevant sections of the Original Statutes. (26) The 1834 Amended Statutes reflected the changed situation following the opening of the Fever House and Lock Wards in 1828. Section XL states:

> The following description of persons shall be held to be disqualified for admission as in-patients, unless by special permission of the weekly committee, viz. women big with child ... persons of disordered intellect... such as have the venereal disease, excepting in the wards appropriated to them in the New Wing.

The regulations in the same section governing persons with fever and other contagious diseases remain identical to the special rules of 1828. (27) No revision was made to admittance wording in the 1850 Amended Statutes. (28) In the 1868 revision to the 'Rules for the government of the General Hospital near

Nottingham', to meet the pressure of growing patient numbers there is a broadening of the rules governing the admission and discharge of patients. This followed an experiment with daily (except Sunday) out-patient admissions begun in 1866. (29)

> Rule 108. In-patients shall be admitted and discharged by the Weekly Board every Wednesday between the hours of twelve and one o'clock; or as at such other times as the Weekly Board may from time to time fix. In the intervals between Meetings, patients may, when there is occasion, be admitted or discharged by a Member of the Weekly Board.
>
> Rule 109. Out-patients shall be admitted by the Resident Medical Officer daily (Sundays excepted), between the hours of nine and one, or at such other hours as may from time to time be fixed by the Weekly Board.

The exclusion list (Rule 116) remained much as before, although part of the exclusions for in-patients was modified in such a way as it could encompass a wide range of aged, incurable and possibly infectious patients:

> No cases are to be received as In-patients which merely require such rest, care and attendance as a Workhouse can supply, or which in the opinion of the Medical Officers are unlikely to be benefited by their reception into the Hospital; or which are attended by such infirmity as must disturb or endanger the health and recovery of the other patients in the ward.

Medical Officer discretion did of course mean that exclusions could in practice be maintained. The 1893 Revised Rules, which are the last contained in the Hospital archives for the period under investigation, show no further changes to the admission regulations or cases refused admission. (30)

To obtain treatment by the Hospital depended in the first place on obtaining a recommendation from a subscriber or benefactor, whether an individual or a firm (mining, manufacturing or warehousing), church or chapel, friendly society or Poor Law Union. The sick individual also had to be physically capable of reaching the Hospital. The recommended person then had to overcome the hurdle of the admissions body of the Hospital. Large numbers of potential patients especially the chronically ill and those with infectious disease were denied

admittance. It is not possible to find even one reference in all the Hospital records that survive to the cholera epidemics in Nottingham in 1832 and 1849.

The majority of sick poor who were not able to be treated by the General Hospital were treated, if destitute, within the Poor Law system, whether at home by a Poor Law District Medical Officer, or within the workhouse. Those sick poor who were economically able to avoid to Poor Law system could after 1831, when the Nottingham Dispensary began to function, seek medical treatment either by presenting themselves at the Dispensary, or if incapable of reaching it, receive treatment at home from the Dispensary's District Medical Officers. These aspects of healthcare are dealt with in later chapters.

The Elizabethan Poor Law system which continued without any major modification until the Poor Law Amendment Act of 1834, was an attempt to take care of the destitute in the community and in an inadequate way the destitute who were sick, or too aged and/or feeble to care for themselves. The system was designed originally for a largely agrarian society. It became more and more inadequate, with a growing population and especially with the development of industrialisation and the densely populated urban communities which came with it. The Voluntary Hospital Movement in the 18th. century was aimed at providing additional and improved healthcare for the sick poor, and to try to meet the need left by the Poor Law system. This would apply also to the shortcomings of the Poor Law healthcare provisions after the amendments of 1834 took place.

The foundation of the Nottingham General Hospital was therefore neither unique nor in advance of its time. Rather it was typical and part of its time. Appendix I (page 320) illustrates the spread of Voluntary Hospitals in England during the 18th. century . (31)

Woodward describes how the majority of voluntary hospitals, like the Nottingham General Hospital, were founded by similar interest groups: clergy, aristocracy, local gentry and senior medical people in the community. (32) As with the Nottingham Hospital, motives were a mixture of religious, philanthropic and economic. Lindsey Granshaw describes well the collection of elements: a duty to God and to humanity to relieve distress wrought by sickness and poverty; an

investment for the hereafter; the typically Georgian egotistical pleasure in giving (the 'exquisite pleasure' of charity) - it was civilised, sensitive and tender to give; to help restore people back to labour reduced the charge on the Parish, and the cheapest charity was the infirmary where one could promote the greatest good at least expense. (33) Abel Smith also emphasises that many saw treatment of the sick poor at the out-patient department of voluntary hospitals as a much cheaper way of providing healthcare than paying outdoor relief for treatment in the home which was funded by the ratepayer. (34) This economic aspect was underlined in the first Annual report of the Nottingham General Hospital as described above and quoted on page 16.

The admission system by recommendation, the vetting of persons presenting themselves for consideration as patients, the attitude to receiving domestic servants, apprentices and soldiers, was more or less uniform throughout the various voluntary hospitals. Even the cases excluded were similar as was the rationale. An example can be taken from the Rules and Orders of the Leeds General Infirmary:(35)

> That no woman big with child, no child under six years of age, (except in extraordinary cases, as fractures or where cutting for the stone, or any other operation is required), no person disordered in their senses, suspected to have the smallpox, venereal disease, itch, or other infectious distemper; no persons apprehended to be in dying condition or incurable, be admitted as in-patients, or if inadvertently admitted be suffered to continue.

It is not surprising that the Nottingham General Hospital exclusion list is so similar to Leeds and other voluntary hospitals as the Nottingham Hospital was founded late. The founders therefore had the benefit of the experience of many other hospitals preceding Nottingham, which gave them templates to use for the Statutes/Rules as well as for other fundamental elements such as the subscription system and the structure of administration.

The founding of the Nottingham General Hospital was part of a national movement to establish voluntary hospitals both for philanthropic and economic reasons to provide healthcare for the non-destitute sick poor who could not afford private medicine. The need in Nottingham was especially great with the

population growth and with expansion in industrialisation and urbanisation related to the local hosiery and lace industries. Established late in the voluntary hospital movement Nottingham was able to benefit from the experience of other hospitals. This applied particularly to the Hospital's concentration upon acute, short term patients and to its exclusion of chronic long term patients and those suffering from infectious disease. This was to a great extent related to the fact that the Hospital provided beds and in-patient care which was a major step forward and advantage to the sick poor of the local community. In spite of continuous expansion in bed capacity the Hospital could never quite keep time with growth in demand. For capacity reasons, therefore, great efforts were made to control the time patients were in house and to reduce the average stay rate. The figures shown demonstrate the success achieved in this direction and that apart from in some of the earlier years the Nottingham Hospital at least matched the average national stay rate performance. In spite of its exclusions and the later take over of responsibility for the area of medicine related to public health by the Corporation, the Hospital continued to maintain an involvement in the treatment of infectious disease albeit at a modest level. An exception was the abandonment of the formal treatment of venereal diseases in 1842. The General Hospital never set itself up to provide any form of home medical visiting in contrast to the Nottingham Poor Law Union and General Dispensary, as will be seen in later chapters. In spite of its exclusions it did however treat large numbers of patients on an out-patient basis, which will also be addressed later. In spite of the limitations described the General Hospital made a major contribution to the treatment of Nottingham's sick. It soon became a prestigious medical institution in the town associated with the leading physicians and surgeons of the town who gave their services gratuitously as Honorary Medical Officers. A succession of House Surgeons developed reputations through their work on the permanent staff. For those it admitted as in-or out-patients it provided good quality treatment related to the state of clinical, pharmacological and surgical knowledge at any given stage in time. The financial support given by the community, to be addressed in a later chapter, reflected the esteem in which the institution was held and the need which it fulfilled.

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1. *Nottingham Date Book 850 - 1884,* (Nottingham: Field, 1884) pp.136-7 record and describe the two events.
2. Jacob, F. H., *A History of the General Hospital near Nottingham,* (Bristol: Wright; London: Simpkin Marshall, 1951). This is the standard history of the Nottingham General Hospital. pp.4-49 describe in detail the founding, the key benefactors and initial basis of funding, and the Anniversary meetings.
3. Uhg R1. 1st. Annual Report, 1782.
4. *ibid.* Its main initial purpose was to serve Nottingham town and county and Derby town and county. The provision of healthcare for Derbyshire patients is exemplified by the opening of the Derbyshire Wing and wards in 1787 with the addition of ten new beds. Patients from Derby town and county were treated mainly at Derby Infirmary after its foundation in 1810.
5. Uhg R39. 130th. Annual Report, 1911.
6. Uhg R1. 1st Annual Report, 1782.
7. Uhg Ru1 Section XX. Original Statutes 1783.
8. Uhg Ru2 Section XXXVIII. Statutes 1821.
9. UHG Ru2 Section XXXIX. Statutes 1821.
10. Uhg Ru1 Section XIX. Original Statutes 1783.
11. Uhg Ru2 Section XLI. Statutes 1821.
12. Woodward, John, *To do the Sick no Harm. A Study of the British Voluntary Hospital System to 1875.* (London: Routledge & Kegan Paul,1974). pp.137-8.
13. Pinker, Robert, *English Hospital Statistics 1861 - 1938,* (London: Heineman, 1966). The figures are taken from Table XXV p.119. There was, as might be expected, variation in the average length of stay between various provincial voluntary hospitals. This is exemplified in Pinker's Table XXVI, p.121.

The figures calculated by Pinker are for 1863 of a similar order to those of Buckle's statistics for 1863: Buckle, F., *Vital and Economical Statistics of the Hospitals, Infirmaries, etc. of England and Wales for the year 1863.*

(London: Churchill, 1865). The summary figures are used by Woodward, J., *op.cit.*, p.138.

14. Uhg R1. 6th. Annual Report, 1788.

15. NJ 1815, 11 Feb.

History, Topography and Directory of the Town of Nottingham, (Nottingham: Dearden, W., 1834) p.64.

Jacob, F. H., *op.cit.*,p.117.

16. Jacob, F. H., *ibid.*

17. Uhg R1. 46th. Annual Report, 1828. Special Rules for Admission to Fever House: Any patient affected with continued, remittent or scarlet fever, measles, small-pox, or other contagious disease, may be admitted on any day of the week, and without the recommendation of a Governor, by the Surgeon Apothecary, either on his personal inspection, or on the certificate of a regular medical practitioner, stating the particular disease, but notice must be given to the Surgeon Apothecary and his instructions followed respecting the time and manner of the patient being brought into the Hospital.

The wards for the reception of persons labouring under any of the diseases mentioned in the last clause, shall be open to domestic servants of all orders of society, and to the assistants and apprentices of manufacturers and tradesmen, but no patient of this description shall be admitted until the representative of the family in which such patient is living has entered into a written agreement to pay a fee of one guinea to the Medical Officers, and the further sum of 10/6 weekly to the funds of the institution during the stay of the patient and also to remove the body in case of death. The Weekly Committee shall have the power of remitting payment made in compliance with the preceding rule.

18. *ibid.*

19. Jacob, F. H., *op.cit.*, p.118.

20. Uhg R1. 53rd. Annual Report, 1835.

Uhg R1. 54th. Annual Report, 1836.

21. Jacob, F. H., *op.cit.*, p.119.

22. Uhg R18. 91st. Annual Report, 1873.

23. Uhg R18. 92nd. Annual Report, 1874.

24. Jacob, F. H., *op.cit.*, p.209.

25. *ibid.*, p.211.

Uhg R22. 113rd. Annual Report, 1894.

Uhg R23. 114th. Annual Report, 1895.

Uhg /M/1/1. Monthly Board Meeting 1894, 5 Nov. The term used is erection of a 'Decker Hospital'.

26. Uhg Ru2. Statutes, 1821.

27. Uhg Ru3. Statutes, 1834.

28. Uhg Ru4. Statutes, 1850.

29. Uhg R18. 84th. Annual Report, 1866.

Uhg Ru5. Rules for the Government of the General Hospital, 1868.

30. Uhg Ru6. Rules of the Nottingham General Hospital, 1893.

31. Woodward, John, *op.cit.*, pp.147-8. Appendix I, The Voluntary Hospitals in the Eighteenth Century.

Dainton, Courtney, *The Story of England's Hospitals,* (London: Museum Press, 1961), p.88. Dainton's list of Voluntary Hospitals is virtually identical to that drawn up by Woodward.

32. Woodward, John, *op.cit.*, pp.6-22.

33. Granshaw, Lindsay and Porter, Roy (eds.), *The Hospital in History,* (London: Routledge, 1989). The motives described by Granshaw are contained in his Introduction to the book.

34. Abel-Smith, Brian, *The Hospitals 1800 - 1948. A Study in Social Administration in England and Wales.* (London: Heineman, 1964). p.101.

35. General Infirmary at Leeds, Rules and Orders, 1771, Rule 44. The quotation is included in Chapter 6 of Woodward, J., *op.cit.*, which provides an excellent review of the admission systems and of the exclusion rules. It describes especially well the problem infectious disease posed to hospital authorities and their reluctance to admit fever and venereal disease patients without being able to isolate them in separate buildings or wards.

Chapter 3. Nottingham General Hospital - Patient Numbers and Costs.

Chapter 2,' Nottingham General Hospital - Patients', described the rules which governed the types of patients who were admitted or refused admittance as in-patients and out-patients. It also described the efforts to control and reduce the time in-patients occupied beds. This chapter attempts to describe the increase in patient numbers, and to comment on their possible relationship to population growth and other factors. Details of patient costs are given and a comparison is made between the total patient increase in numbers and patient to hospital expenditure and income ratios.

The starting point is to establish as accurately as possible the population growth of the period. I have started with 1785 for two reasons: for comparative purposes it avoids anomalies in various figures employed in the Annual Reports of the General Hospital during its start-up period from 12 February 1781 to 25 March 1783 (dates covered by the First Annual Report), and where Nottingham Town population figures are concerned, no published calculation existed until very recently for population numbers between 1780 and 1785. (1) Population growth in Nottingham is shown in Table 1 (page 47). This shows figures for Nottingham County including the Town as well as for the Town itself. As mentioned in Chapter 2, the General Hospital's catchment area included the whole County and not just the town. I have therefore used the County including the Town figures for purposes of comment and comparison. The use of these figures also obviates the anomalous situation in the Town figures created when the 1877 Extension Act led to the inclusion of Sneinton, Lenton, Radford, Basford, Bulwell, Standard Hill and the limits of the Castle, Brewhouse Yard, Wilford north of the Trent and part of Gedling parish within the Town boundaries. (2) This led largely to the Town's jump in population from 86,621 in 1871 to 186, 575 in 1881. It also meant that by 1911 the Town's population had grown almost thirteen-fold from 1785 compared to the 7.6% increase in the population of the County including the Town during the same period. As the source of the population figures, I have used the ten-yearly Census

figures from 1801 onwards when the National Census began. Before that date I have used the population figures for Nottingham Town calculated by J. D. Chambers. (3) To arrive at an estimate of the County including the Town population for 1785, 1790 and 1795, I have based it upon the average size increase (4.67%) of the County including the Town over the Town only in the five years 1801, 1811, 1821, 1831 and 1841.

It is not a purpose of this thesis to explain the population growth figures above. That would require a considerable demographic study in its own right. Chambers attempted an explanation for the period 1700 - 1800 and discussed such factors as the degree to which industrialisation initiated or sustained population growth, and the growth of immigrant labour to work in the expanding frame knitting and machine made lace. (4) He indicated that between 1779 and 1801 the population of the Town grew by 11,000 of which nearly 60% were immigrants. He also discussed the rise in marriages, increased birth rates, often related to times of economic prosperity, and death rates. He also cited as a major turning point in diminishing the scourge of smallpox the vaccination programme begun in Nottingham by John Attenborrow, the eminent Nottingham surgeon who was also Honorary Surgeon for the General Hospital from 1782 to 1843.

There is, up to now, no demographic work specific to Nottingham similar to Chambers' for the time beyond 1800. The core debate amongst demographers studying population growth in England focuses on the relevant importance of increased fertility and reduced mortality and the many factors influencing these, such as increased food supply, better nutrition, improvement in hygiene, pure water supply, improvement in domestic living conditions and in factory working environment, and developments in the prevention and treatment of disease. (5) It would be superficial and invalid to attempt to explain Nottingham's population growth by haphazardly selecting items which relate to the various factors referred to above.

Turning to patient numbers, in Appendix II (page 322) I have detailed these for each year from the first part year of availability (19 Sept. 1782 to March 1783) to 1911. These figures are extracted from the General Hospital Annual Reports. During the period there are some changes in the format of presentation and the

amount of detail given, which has some effect upon the consistent comparability of the figures. I have commented upon this where it takes place. In- and out-patient and total patient figures are separated.

To try to make a comparison of patient numbers with population growth I have taken in- and out- and total patient figures for the same years I have shown above for population growth. The figures are then indexed and are shown in Table 2 (page 48). In Fig.1 (page 50) I have then taken the indexed patient growth figures from Table 2 and compared them with indexed population growth for Nottingham County including Town.

As mentioned above, the population from 1785 to 1911 increased by 7.6% (from 93,540 to 716,519). During the same period total patient numbers grew by 25% (from 938 to 23,515). There is however a large difference between the growth figures for in- and out-patients. In-patients, who were the persons suffering from severe conditions, increased by 8.8% (from 380 to 3,345), very much in parallel with population growth. In contrast to this was the increased treatment of out-patients, which showed a growth of 36% (from 558 to 20,172) by 1911. As the graph shows, there was a particularly large rise in out-patient numbers after 1841, a decline between 1871 and 1881, and a steep rise in numbers beyond that date. It is this escalation in out-patient numbers that influences the magnitude of total patient growth.

Whereas it is interesting to look at patient growth in comparison to population growth, it is invalid to expect there to be a direct proportional relationship between the two. Population growth is affected by the factors, often contentious between demographers, mentioned above. Patient growth is determined less by the size of population than by the incidence of sickness and accidents in the community. It is also influenced by the ability to treat. In the case of the General Hospital, patient numbers were also influenced by the limitations imposed by its admittance rules, the physical capability of patients to present themselves at the hospital, the fact that accidents and emergencies were dealt with without recommendation and the alternatives to the General Hospital such as the Dispensary services available after 1831.

It is difficult to explain in a logical and quantifiable way the patient

growth trends in Fig.1. Certainly up to 1831 there was no alternative to the General Hospital available to the sick poor. One could expect that with the foundation of the Dispensary in 1831, its relocation and expansion in 1841, the District medical services it offered to patients in their homes as well as at the Dispensary itself, there would be a reduction in out-patients requiring treatment at the General Hospital. The contrary was certainly the case after 1841. The main explanation probably rests in the sheer quantity of disease and accidents in the community. A certain measure of this can be obtained from the Medical Reports and Tables of Diseases and Statistical Classification of Diseases of in-patients and of the Casualty Department to be found in the General Hospital Annual reports and other records. These reflect the Hospital's history of disease reporting, the evolution of diagnostic possibilities, disease identification and definition, and treatments available. By way of an illustration, surgery in the Nottingham General Hospital as well as elsewhere took a major step forward with the discovery and use of chloroform in anaesthesia following its use in London at the end of 1846 and in Edinburgh in the following year. Francis Sibson, who was Resident Surgeon and Apothecary at the General Hospital from 1835 to 1848 , published papers in the *London Medical Gazette* on the use of ether in the treatment of neuralgia in 1847 and of chloroform in 1848. (6) These papers show that anaesthesia was in use in the Nottingham General Hospital from 1848. There is reference to its use in the 1849 Annual Report. This led to a considerable advance in the use of surgery which could not have been contemplated before. This was bound to have some impact upon increasing patient numbers.

It is reasonable to assume that the major new sources of annual income for the General Hospital brought about by the introduction and organisation of Hospital Sunday from 1868-69 and Hospital Saturday from 1872-73 led to a substantial increase in patient numbers, especially the Hospital Saturday movement whose collections overtook those of Hospital Sunday in 1889-90 and continued to grow dramatically till the end of the period under study. Detail of these two movements is given in Chapter 4 'General Hospital - Finances'. It is sufficient to say here that Hospital Sunday comprehended donations from the majority of churches and chapels in Nottingham Town and the surrounding area.

Hospital Saturday became a vast movement comprehending the majority of manufacturing, warehousing and distribution, mining and retailing organisations in the region. Friendly Societies also participated. Most donations were for a minimum of one guinea; many considerably exceeded this. The motivation of both collections was not purely philanthropic. The right to recommend in- and out-patients for treatment at the General Hospital went with donations. As specified in the Hospital Rules the number of in- and out-patient recommendations awarded was in proportion to the size of the donations. So, there was a considerable self-interest in contributing to the collections, to offer General Hospital treatment benefits to one's parishioners, employees, and members. To obtain a positive return on the donor's 'investment' meant that recommendation rights were taken advantage of, and patient numbers consequently increased. Furthermore, at the level of professional standing it was always an attraction to recommend patients to the General Hospital. The Honorary Physicians and Surgeons were always amongst the leading medical professionals in the region, while the resident medical and nursing staff were of a high calibre for their time. The Hospital was always at the forefront of scientific, medical and nursing advances, for example in the use of anaesthesia, hygiene and sterile conditions following the advances made by Lister in the 1870s. In addition the General Hospital was the only institution with in-patient facilities.

Patient facilities were also influenced by the persons who were treated as the result of accidents at home, in the neighbourhood, but most often, at the workplace. Appendix II (page 322) shows the accident figures included in the patient numbers for each year. There is a difficulty with the figures however, in that the presentation of them in the Hospital records does not always make it clear whether these are accident patients who have been severely injured and are therefore treated and recorded as in-patients, or whether part of the numbers are accident cases which have been treated on an out-patient basis. This difficulty exists for the period 1732 to 1838. The likelihood that out-patient accident figures are included in the total is indicated by the separation of in- and out-patient accident figures for the years from 1839 to 1842 where one sees a substantial difference in volume between the in- and out-patient numbers.

As can be seen from Appendix II, there are some years, for example 1842 to 1852, when no accident figures are available. From 1860 to 1891 the only accident figurers to be found are those recorded yearly in the Table/Classification of Diseases of in-patients in the Annual Reports. It is almost certain that these accident figures apply to in-patients only. No record can be found for separate out-patient accident figures.

From 1891-92 the Classification of Diseases shows a separate breakdown for out- as well as in-patients. Accidents continue to be recorded for in-patients, but in addition we now have details of out-patient casualties sometimes referred to as minor accidents. The numbers involved are substantial.

Although many of the accidents arose amongst industrial workers often working in a cramped and poorly lit environment in close proximity to dangerous machinery where there was little regard for safety and safety regulations, there was also a high level of accidents amongst those working on the land and in building and road works. This is illustrated in a quotation from the General Hospital Annual Report for 1873-74: (7)

> As regards the cases treated during the year there has been an unusual number of severe and terrible accidents; and there have been 40 inquests in the Hospital during the last few months.

The breakdown of accidents then given is best tabulated for clarity: 248 accidents are quoted (299 is the total in the Classification of Diseases).

No. of accidents	% of total	No. of deaths	% of total	type of employment
44	17.74	5	20.83	collieries
21	8.47	3	12.50	railways
23	9.27	1	4.17	lace work
10	4.05	1	4.17	iron work
9	3.63	-	-	framework knitters
36	14.52	1	4.17	other artizans
105	42.32	13	54.17	labourers
Total 248		100.00	24	100.00

The accident situation worsened in the following year and provoked the following comment in the Annual report: (8)

> ... this class of sufferers occupy so large a portion of the beds, that it is with great difficulty that any ordinary surgical or medical

> case can gain admittance at all into the Hospital. There are rarely now above 2 or 3 beds for the Weekly Board to fill up and there are generally from 10 to 15 applicants, most of them week after week to be sent away. The number who, from this cause, have during the year afterwards failed to gain admittance is 138.

This continuing situation led to the Board from this year pressing for the construction of a New Wing for Accidents with 45 beds. The planning and fund raising began. A cost of about £12,000 was estimated. Half was to come from capital and legacies but the Board anticipated that the rest would come from those parts of commerce and industry who benefited most from the Hospital's facilities: (9)

> We cannot but believe that the public, especially the great Railway and Mining Companies, for the benefit of whose workmen the Wards are mainly to be built, and the workmen themselves too, will do their part to raise the rest.

The new surgical wing opened 2 October 1879.

Turning to patient costs, Appendix III (page 336) shows details of the average cost of each in-patient, the average cost of each out-patient, and the average cost per day of each in-patient. The latter does not exist for certain years. The sources of the data are shown in detail in the Appendix; these are the General Hospital Annual Reports and two tabulations compiled and printed in the Hospital's 1850 - 51 fiscal year.

One shortcoming of the data is that no breakdown is given of the elements constituting the costs: the extent to which they include direct and indirect expenses according to today's accounting conventions. There is an isolated mention in the 1878-79 Annual Report that the costs include 'costs of salaries, furniture, fabric and repairs', but this cannot be a comprehensive list of all the costs elements. (10)

I have made a number of test sample calculations throughout the study period using the Expense data given in the Annual Income and Expenditure Accounts, and am satisfied that the costs are made up of all the ordinary expenses of the Matron's Department (food, household items, bedding etc.), the Apothecary's Department (medicines and medical items), together with furnishings, repairs and

maintenance, and lastly salaries and wages. Excluded from the costs are Extraordinary expenditure, mainly concerning the costs of building extensions and investments in stocks and shares.

The cost figures year by year in Appendix III (page 336) show the changes throughout the period. There is no data available before 1831. From 1831-32 to 1841-42 there were relatively high in- and out-patient costs. From 1842-43 there was a reduced trend in costs which for in-patients continued till 1857, when we see a rise in level which then continued to the end of the study period. Out-patient costs tended to be held at a more stable level till they increased in the 1890s and then continued to do so for much of the remainder of the study period. Little intelligent comment can be made on the costs as the Accounts throughout the study period are not accompanied by any commentary on either general inflation or detailed increase in specific cost elements apart from the occasional remarks about the price of meat and/or bread. It is perhaps remarkable that there was such a stable trend overall in patient costs. There is no doubt from reading the Hospital records, whether the Annual Reports or the Minutes of the Weekly Board and Finance Committee, that strenuous attempts were made to manage and control the various administrative items.

From time to time, following an analysis of costs, specific cost reduction exercises were carried out. For example, in the 1838-39 Annual Report the cost exercise initiated the previous year had led to big savings in the Matron's department particularly in reducing the consumption of bread, meat and groceries. This had to a large extent been achieved by making the nurses and servants take their meals together in the same place instead of in scattered locations. A reduction in the consumption of wines, spirits and porter had also been achieved. (11)

Again in the year 1858-59 Annual Report we see that the Medical Officers and the Weekly Board had been commissioned to investigate with a view to correcting the increase above the average of the expenses of the Apothecary's Department in the past year. (12)

Nowhere in the extant records of the Nottingham General Hospital is there any reference to collaboration or regular contact with other voluntary

hospitals to exchange and compare data on running costs. This would be a common sense thing to do in order to measure one's own efficiency, and may well have been done from time to time. It was not until the early 1890s that Henry Burdett's compilations of comparative data appeared which indicate that, certainly at that time, the Voluntary Hospitals were cooperating to submit data to a central source in order to have the benefit of comparative measurements of performance. (13) The exchange of information at an earlier time than Burdett's work is indicated by one document which has recently come to light, which for the fiscal year 1850-51 compares patient numbers and costs between 20 provincial hospitals. (14) This is contained in Table 3 (page 49).

A disadvantage of this document is that it only shows a comparison for one year in time, valuable though that is. Another disadvantage is that we cannot be sure that the costs definitions of the other hospitals are the same as those for the Nottingham General Hospital, although they may well be so. Further, we do not know the source of the document. It is most probable that it was drawn up and printed at the behest of the Nottingham General Hospital. This appears likely because the in-patient and out-patient cost figures put the Nottingham Hospital in an extremely favourable light. It shows with justification their good management of expenses. The document may well have been used as propaganda to support the efforts to maintain and increase subscriptions to support the Hospital.

Some comparison can be made for in-patient and out-patient costs between the Leicester Royal Infirmary and the Nottingham General Hospital, with the reservation that the Leicester archives like the Nottingham ones do not show the cost components, especially the allocation of overheads, included in the costs. The Leicester figures are extracted from the Annual reports. (15) The Nottingham figures are taken from Appendix III.

...

	Leicester Royal Infirmary						Nottingham General Hospital					
Year	Average In-patient Cost			Average Out-patient Cost			Average In-patient Cost			Average Out-patient Cost		
	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
1861	2	19	6	3	3		3	3	1 1/2	1	7	1/2
1863	2	14	5	4	0		2	19	0 3/4	1	6	3/4
1865	2	16	8 1/2	2	9		3	5	6 3/4	1	9	
1871	3	1	9 1/4	2	3		4	14	5 3/4	2	1	3/4
1873	3	1	2 1/4	2	0	1/2	4	16	3	1	2	
1875	3	11	4 1/4	2	3		4	17	4 1/4	2	0	
1881	3	14	11	2	5		5	6	1 3/4	2	0	1/2
1883	3	13	4 1/2	2	1		4	9	3 1/2	1	7	3/4
1885	2	18	6	1	9		4	4	7 1/4	2	8	1/2
1891	3	0	5	2	0		4	19	11 1/4	3	2	1/2
1893	3	4	7	2	1		4	6	0 1/2	3	1	1/4
1904	5	1	8	2	3		4	8	9 1/2	3	6	1/4
1905	4	6	6	2	3		4	19	1 1/2	4	0	
1909	4	19	0	2	2		4	6	1 1/4	2	10	
1911	5	16	3	1	10		4	11	9	2	6	

The trend up to 1904 was for the Nottingham in-patient costs to be higher than the Leicester ones whereas the Nottingham out-patient costs up to 1885 were lower, but after that year there was a reversal. Absence of data does not allow an explication of the differences to be given.

Burdett's data (see below) shows a wider picture comprising the average in-patient cost for the years 1887, 1888 and 1889 for 37 provincial General Hospitals, without medical schools, but having 100 beds or over. (16) The average Burdett uses for the Nottingham General Hospital is £5: 6 : 0 whereas the average from the Annual Reports works out at £4 : 19 : 6. The difference is minimal. The main point of interest is that although the Nottingham average in-patient cost is at the higher end of the overall hospital costs, many other hospitals were around the same level making it an unremarkable figure within the national context.

...

Name of Hospital	Average Cost of each In-Patient		
	£	s.	d.
Wolverhampton & Staffs. General	3	0	11
Leicester Infirmary	3	7	2
Devon & Exeter Hospital	6	11	11
North Staffs. Infirmary	5	0	6
Hull Royal Infirmary	3	18	1
Bradford Infirmary & Dispensary	4	17	0
Norfolk & Norwich Hospital	5	17	1
Nottingham General Hospital	5	6	10
Derby General Infirmary	5	2	10
Sussex County Hospital	8	5	2
Gloucester General Infirmary	4	5	7
Liverpool Nn.Hospital	3	16	8
Bristol General Hospital	3	2	7
Royal Berkshire Hospital	5	18	9
Sunderland & Bishopswearmouth Infy.	2	19	6
Salop Infirmary	4	10	6
Swansea Hospital	3	9	5
Salford Royal Hospital	3	8	6
S. Devon & E.Cornwall Hospital	4	11	6
Warneford, Leamington & S.Warwicks	4	0	8
Worcester General Hospital	3	14	8
Royal Hants. County Hospital	7	3	1
York County Hospital	4	3	5
E.Suffolk & Ipswich Hospital	5	14	4
Sheffield Pub.Hospital & Dispensary	4	5	11
Lincoln County Hospital	6	14	2
Liverpool,Stanley Hospital	2	19	4
Preston & County Lancaster Infirmary	4	16	10
General Kent & Canterbury Hospital	5	8	8
Bolton Infirmary & Dispensary	6	1	2
Royal Portsmouth, Portsea & Gosforth Hsp.	5	19	1
N.Devon Infirmary	3	6	7
Salisbury Infirmary	5	14	8
Essex & Colchester General Hospital	4	18	10
Taunton & Somerset Hospital	4	15	6
Staffs. General Hospital	4	1	11
Halifax Infirmary	4	12	4

...

Lastly, I have tried to compare on an indexed basis in Fig.2 (page 51) total patient growth with expenditure per patient head and income per patient head. The General Hospital Expenditure and Income figures employed include all elements except for bank and cash balances. I have used the same years as earlier for the population and patient growth trends. This chart demonstrates a considerable achievement in holding down expenditure of all types including hospital extensions while patient numbers continued to rise most of the time. The figures are by and large compatible with the relative evenness of the patient cost figures throughout the study period. The other achievement demonstrated was the Hospital's ability to raise income to match and very often exceed expenditure. This will be dealt with in detail in the next chapter 'Nottingham General Hospital - Finances'.

In spite of its patient exclusions, this chapter demonstrates , as shown in the detailed figures in Table 2 (page 48) and Appendix II (page 322), the major contribution made by the General Hospital to the healthcare of the sick poor. Apart from the Poor Law system, which dealt with the destitute poor, it was the only institution with beds affording in-house treatment. Patient numbers rose from 380 in 1785 to 3,343 in 1911 following the continuous expansion of bed capacity over the time period. These patients were suffering from serious acute disease or from major accidents. The Hospital also made a major contribution to the treatment of ambulatory patients suffering from acute diseases or from a multiplicity of accidents in local industries, agriculture and the home . The out-patient numbers were considerable rising from 558 in 1785 to 20,172 in 1911. It is difficult to establish a direct relationship between population growth and increase in patient numbers; what is certain is the growth in the incidence of disease and accidents during the study period creating a need for ever growing healthcare resources.

The Chapter also addresses average in- and out-patient costs with details given in Appendix III (page 336). The Hospital management made big efforts to control costs commensurate with providing a reasonable quality of clinical and surgical treatment judged by the norms of the day. The evidence is that they achieved a good measure of success. Fig. 2 (page 51) in particular demonstrates how

the Hospital held down expenditure of all types while patient numbers continued to rise. The comparative data with other Voluntary Hospitals shows that although the Nottingham patient costs were not of the lowest, neither were they over high. The competent management of the Nottingham General Hospital appears to have achieved a good balance between expenditure and meeting treatment needs.

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In this work no population calculations were made for 1780 to 1785. However, in Beckett, John (ed)., *A Centenary History of Nottingham.* (Manchester: Manchester University Press, 1997) p.192 Table 10.1 'The Population of Nottingham 1750 - 1911', population figures have been recalculated by Stephen Wallwork, using Chambers' manuscript notes on parish registers for 1707 - 1800. This shows the following figures for 1750 to 1801:

1750	10,910	1760	11,940	1770	14,630
1780	17,200	1790	24,400	1801	28,861

These figures show some difference but not of a substantial order from those I have used in Table 1 for the years 1785, 1790 and 1795. For 1801 onwards the figures are virtually identical.

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3. Chambers, J. D., *op.cit.*

4. *ibid.*

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Wrigley, E. A. and Schofield, R. S., *The Population History of England, 1541 - 1871.* (London: Arnold, 1981). The main proponent of increased fertility theory.
Szreter, Simon, The Importance of Social Intervention in Britain's mortality decline c. 1850 - 1914: a re-interpretation of the rôle of public health, in *Social History of Medicine,* Vol.I No.1 April 1988.
Szreter attacks McKeown's emphasis on the importance of improved nutrition in reducing mortality and makes the case for improvements in public health as the main factor.

6. Jacob, F. H., *A History of the General Hospital near Nottingham.* (Bristol: Wright; London: Simpkin Marshall, 1951) pp. 144 - 147 and pp. 160 - 161.

7. Uhg R18 92nd. Annual Report 1873-4.

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9. Uhg R18 94th. Annual Report 1875-6.

10. Uhg R18 97th. Annual Report 1878-9, Tabular Statement.

11. Uhg R1 57th. Annual Report 1838-9.

12. Uhg R2 77th. Annual Report 1858-9.

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    Burdett, Henry C., (ed)., *Burdett's Hospital Annual and Year Book of Philanthropy, 1893.* (London: The Scientific Press, 1893).

    These works are a mine of comparative data on hospital administration and provided the Voluntary Hospitals with an excellent management tool.

14. NUA ACC 1309.

15. LRO 13D547. Leicester Royal Infirmary Annual Reports (with gaps) 1771 to 1851 give no patient cost data. From 1851 to 1861 there is a gap in the surviving Annual Reports.

    LRO L362 1861 - 1911. The Annual Reports for this period give in- and out-patient costs.

    Frizelle, Ernest. R. and Martin, Janet D., *The Leicester Royal Infirmary 1771 - 1971.* (Leicester: No.1 Hospital Management Committee, 1971).

    Frizelle, Ernest R., *The Life and Times of the Royal Infirmary at Leicester. The making of a teaching hospital 1766 - 1980.* (Leicester: The Leicester Medical Society, The Post Graduate Centre, The Royal Infirmary, 1988). These standard histories of the Leicester Royal Infirmary contain no information on the costing system employed, and no analysis of patient costs.

16. Burdett, Henry C., *Hospitals and Asylums of the World, Vol. III, Hospitals and Administration.* (London: Churchill, 1893) pp.158-9.

TABLE 1. NOTTINGHAM POPULATION GROWTH.

	Population N ottingham Town	Indexed Growth	Population Nottingham County including Town	Indexed Growth
1785	20,030	100	93,540	100
1790	22,800	113.8	106,476	113.8
1795	25,350	126.5	118,384	126.5
1801	28,861	144.0	140,350	150.0
1811	34,253	171.0	162,900	174.1
1821	40,415	201.7	186,873	199.7
1831	50,680	253.0	225,400	240.9
1841	53,091	265.0	249,910	267.1
1851	58,418	291.6	294,438	314.7
1861	75,765	378.2	323,784	346.1
1871	86,621	432.4	355,457	380.0
1881	186,575	931.4	438,642	468.9
1891	213,877	1067.7	505,311	540.2
1901	239,743	1196.9	596,705	637.9
1911	259,904	1297.5	716,519	766.0

TABLE 2. NOTTINGHAM GENERAL HOSPITAL PATIENT NUMBERS.

	In-patients number	Indexed Growth	Out-patients number	Indexed Growth	Total patients	Indexed Growth
1785	380	100	558	100	938	100
1790	372	097.8	706	126.5	1,078	114.9
1795	380	100.0	1,110	198.9	1,490	158.8
1801	465	122.3	1,611	288.7	2,076	221.3
1811	352	092.6	1,423	255.0	1,775	189.2
1821	489	128.6	1,820	326.1	2,309	246.1
1831	688	181.0	3,107	556.8	3,795	404.5
1841	1,078	283.6	2,659	476.5	3,737	398.4
1851	1,144	301.0	6,788	1216.4	7,932	845.6
1861	1,389	365.5	9,302	1667.0	10,691	1139.7
1871	1,151	302.8	9,465	1696.2	10,616	1131.7
1881	1,158	304.7	6,669	1195.1	7,827	834.4
1891	1,718	452.1	8,077	1447.4	9,795	1044.2
1901	2,568	675.7	11,022	1975.2	13,590	1448.8
1911	3,343	879.7	20,172	3615.0	23,515	2506.9

Table 3. Nottingham General Hospital. COMPARATIVE STATEMENT OF EXPENDITURE OF TWENTY PROVINCIAL HOSPITALS

1850 - 1851.

Name of Hospital	Annual number of IN-patients	Daily average no. in House	Ave. no. of days each remained in House	Actual cost of each IN-patient	Cost of each IN-patient per day	Cost of each IN-patient, as compared with N'ham Hospital i.e. 38 1/4 days	Actual nos. of OUT-patients	Cost of each OUT-patient
				£ s. d.	s. d.	£ s. d.		s. d.
Sussex County Hospital, Brighton	895	110	44 1/2	4 16 1	2 2	4 3 1	2,127	3 8
Staffordshire General Infirmary	590	52	32	3 8 0	2 1 1/2	4 1 5 1/2	1,100	1 10
Liverpool General Infirmary	2,625	200	27 1/4	2 13 10	1 11	3 14 5	*	*
Norfolk & Norwich Hospital	689	89	45	4 6 2	1 11	3 14 5	733	3 5
Worcester Infirmary	912	95	38	3 14 2	1 11	3 14 5	1,736	3 2
York County Hospital	397	37 1/2	34	3 4 3	1 10 1/2	3 12 8	1,087	2 3
Bristol Infirmary	2,344	229	35 1/2	3 6 0	1 10 1/4	3 11 9	9,211	1 11
Carlisle Infirmary	338	30	40	3 15 0	1 10	3 10 2	1,234	3 5
Addenbrookes Hospital, Cambridge	760	79	38	3 6 2	1 8 3/4	3 6 6	1,150	4 4
Salisbury Infirmary	956	93	35 1/2	3 2 3	1 8 3/4	3 6 6	1,195	4 4
Bedford General Infirmary	782	81	37 1/2	3 4 3	1 8 1/2	3 5 8	1,265	4 3
Gloucester Infirmary	685	102	54	4 8 2	1 7 1/2	3 2 6	532	4 9
Hants. County Hospital	912	118	47	3 16 8	1 7 1/2	3 2 6	949	4 7
Radcliffe Infirmary, Oxford	1,009	107	39 1/4	3 3 0	1 7	3 0 11	1,403	2 9
Leicester Infirmary	874	91	35	2 8 10	1 7	3 0 11	1,991	2 3
Derbyshire General Infirmary	728	68	33 1/2	2 11 9	1 7	3 0 11	1,620	2 8
Leeds General Infirmary	1,546	135	29	2 0 9	1 7	3 0 11	2,532	3 8
Hull General Infirmary	870	79	33	2 6 6	1 5 3/4	2 16 8	1,356	3 7
Birmingham General Hospital	2,460	193	28 1/2	2 1 0	1 5 1/2	2 16 0	19,928	1 4
Nottingham General Hospital	1,140	120	38 1/4	2 10 8 1/4	1 4	2 10 8 1/4	6,788	1 4 1/4

* out-patients not admitted at this Infirmary.

FIGURE 1. NOTTINGHAM GENERAL HOSPITAL
PATIENT NUMBERS AND POPULATION
(indexed trends, 1785 = 100)

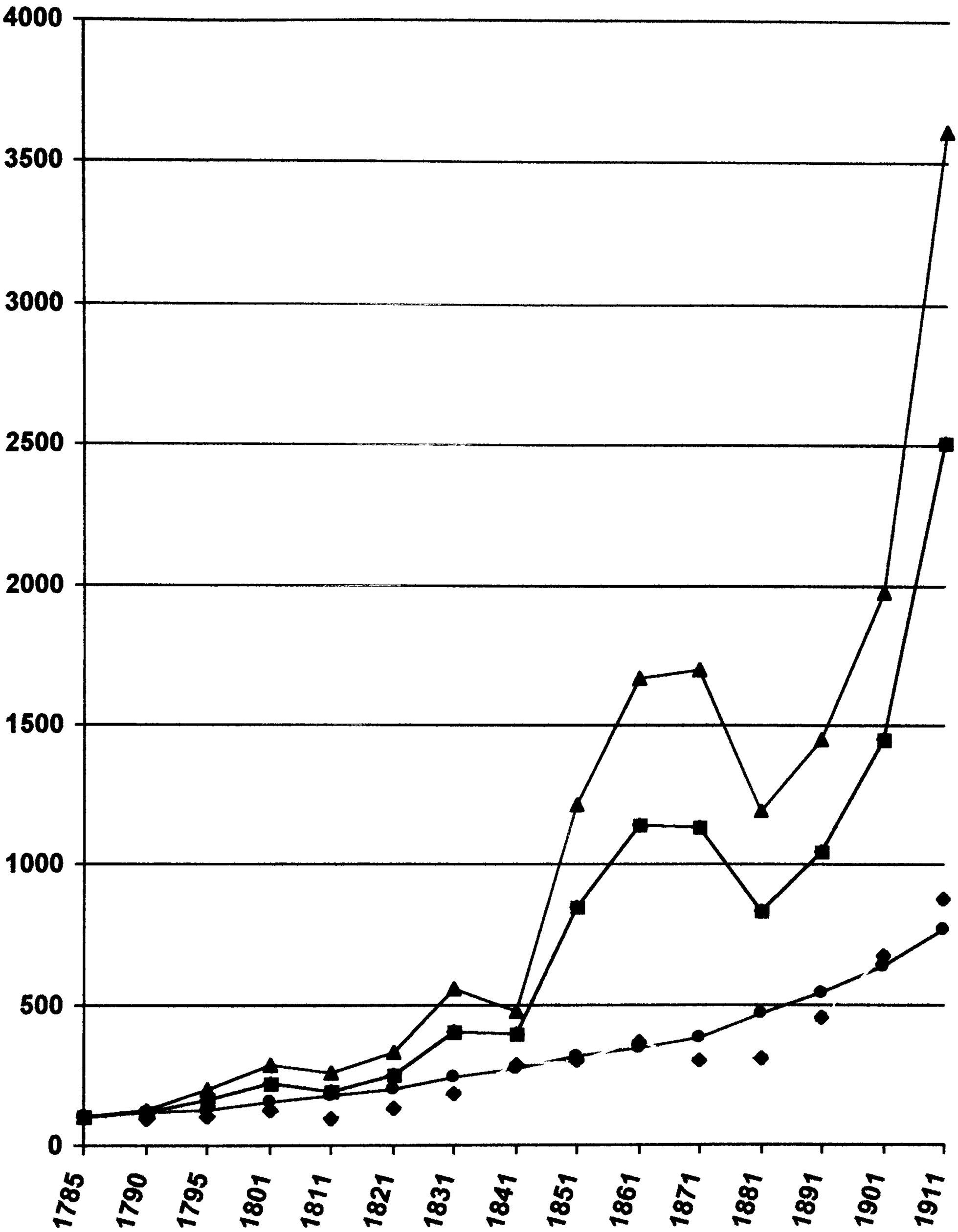
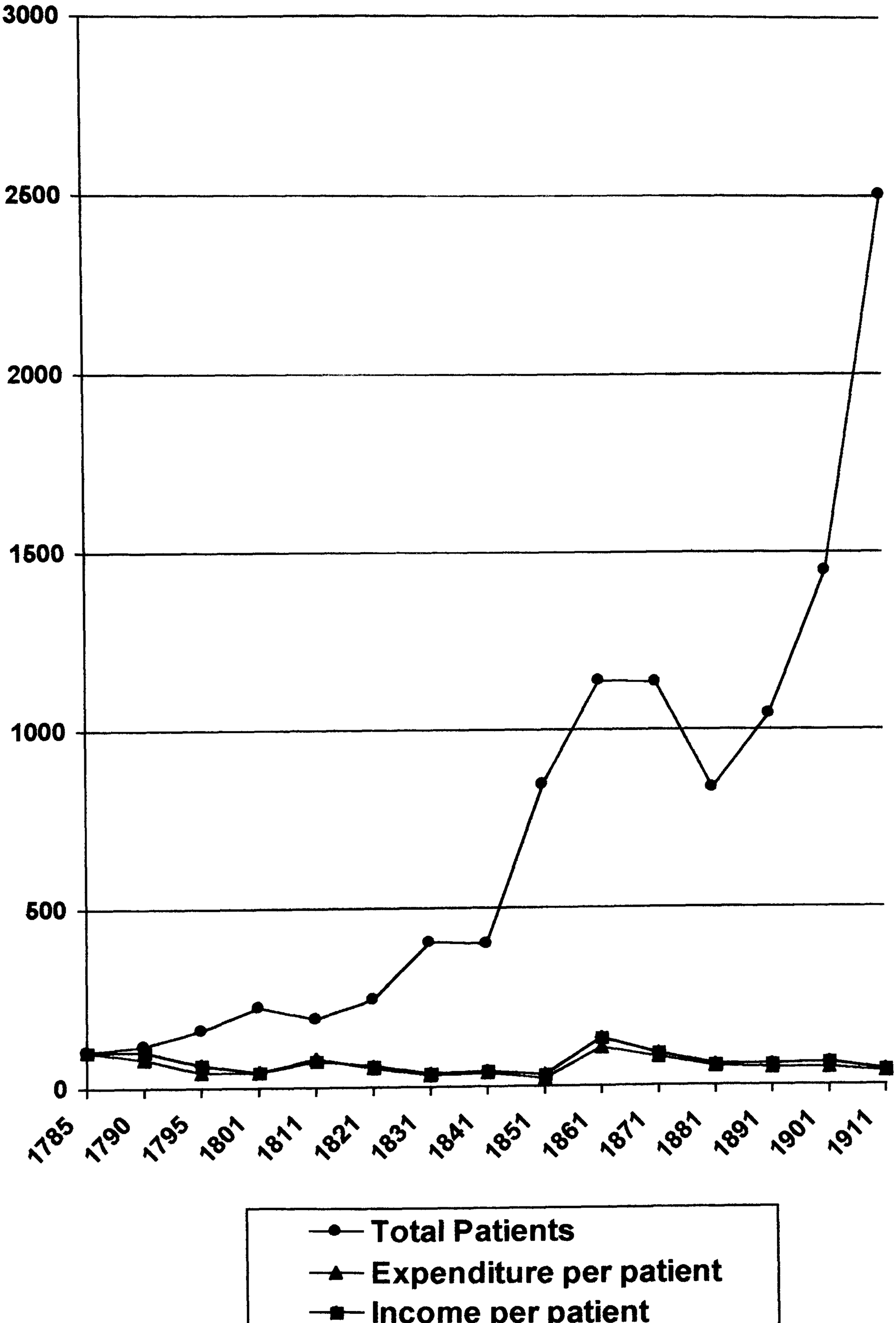


FIGURE 2. NOTTINGHAM GENERAL HOSPITAL
PATIENT INCOME AND PATIENT EXPENDITURE RATIOS and TOTAL PATIENTS
(indexed trends, 1785 = 100)



Chapter 4. Nottingham General Hospital - Finances.

A major element which all the voluntary hospitals in England had in common from their individual foundations was ever increasing expenditure and the struggle to raise and increase income to match expenditure. This chapter focuses upon the Nottingham General Hospital's efforts to generate income, the different sources of income, their relative importance and how the magnitude of their importance changed from 1781 - 83 to 1911.

Most of the data has been extracted from income and expenditure accounts and tabulations contained in the Annual Reports of the Hospital, supplemented by information from the Finance Committee Minutes. (1) The format of the accounts regarding in particular income headings and categorisation does change over time. Many voluntary hospitals from 1869 onwards adopted the 'uniform system' of hospital book-keeping developed and proposed by Henry Burdett. (2) Its adoption by the Nottingham General Hospital was discussed by its Finance Committee on 27 March 1869, but the decision was taken not to adopt it at the meeting on 14 April. No reasons are given in the Minutes for the decision. (3) It was not until the Finance Committee meeting on 10 March 1909 that it was agreed henceforth to prepare the accounts to Burdett's 'uniform system'. (4) This in effect represented little change from the format of accounts used by the Hospital since the 1860s.

In order to analyse the income data, to make comparisons from year to year and to identify trends, it has been necessary to establish common income categories throughout the study period and to extract the data from the annual accounts in order to allocate it to the appropriate categories. This I have done for every year from the Hospital's foundation in 1781 to 1911. The income headings I have used are as follows: Annual Subscriptions

Anniversary collections

Legacies

Donations (note that the words 'donations' and 'benefactions' are used synonymously)

Hospital Sunday

Church and Chapel collections

Hospital Saturday

Workmen's collections

Miscellaneous

Entertainments

Dividends and Interest

Rent

Income tax returned

Fees

Receipts from patients

Extraordinary

I have excluded bank and cash balances from the expenditure and income figures I have used.

Appendix IV (page 339) shows the year by year expenditure and income of the General Hospital. It can be seen that from 1783 to 1911 (comment is made later on the start-up period from 12 February 1781 to 25 March 1783) annual expenditure rose from £1,193 to £18,007. It was driven above all by the ever increasing pressure of growing patient numbers as we have seen in the previous chapter. In 1783 - 84 there were 308 in-patients and 548 out-patients. In 1911 there were 3,343 in-patients and 20,172 out-patients (over 10% in-patient and over 36% out-patient increase). The perpetual task was to raise income to match the growth in expenditure of all kinds occasioned by this patient growth. The struggle is illustrated well by the figures in Appendix IV. Out of the 130 years with which we are concerned there were 61 in which expenditure exceeded income and when the bankers supported the deficit. In a number of cases the deficit was not that great. There were nevertheless ten instances when deficits occurred in three successive years, and a run of six deficit years from 1902 to 1907.

Using the income data described above, I have drawn Figures 3, 4 and 5, (pages 105-107) which show selected examples of sources of income, not only as background to a discussion of the different sources of income, but especially to show the relative magnitude of the different sources and how these changed in importance over time. I have selected the years shown to illustrate the points I wish to make.

The start-up period from 12 February 1781 to 25 March 1783 is atypical. The total income generated was £9,649 and the expenditure £9,462, compared to an income of £1,439 and an expenditure of £1,193 in 1783 - 84 when we see the first stable year. As one would expect with the foundation and construction of a new 44 bed hospital at a building cost of around £3,500, with a further number of beds planned, the largest part of the financial investment made was by public donations. This amounted to £7,144, over 74% of total income. Information on the founding costs and details of benefactors is given in Jacob's book. (5) As was typical of the foundation of many voluntary hospitals, it was the local aristocracy, gentry, ecclesiastics and business men who contributed generously. By way of example, the Duke of Newcastle gave £300 as well as half the land, the other half given by the Corporation. The Lords Bentinck and Cavendish gave £100 each. The Duke of Devonshire also gave £100, Lord Middleton gave £200 and the Duke of Portland £300. The Archbishop of York contributed £100 and the local Rev. Williams £150. The largest sum of £1,000 was given by Mrs. Elizabeth Bainbridge of Woodborough Hall. All this had been preceded by a legacy of £500 which had been left in January 1778 by John Key Esq. of Fulford Hall near York to be used to found a voluntary hospital in Nottingham 'provided that £100 be raised by subscriptions and paid within five years of my decease but not other wise'. The response to this led to the 1781 foundation. The legacy itself does represent 5.18% of the income in the start-up period.

The donations, as described in Chapter 2, were made to a large extent for philanthropic reasons, as well as enabling, through the Hospital foundation, a more economic way of providing for the sick poor than was offered by the Poor Law system. However benefactors did receive other benefits. They reaped public renown for their generosity. They also became Governors of the Hospital, and, according to the Original Statutes of 1785, those who gave £50 or more became Governors for life. Those who gave between 20 and 40 guineas became Governors for 20 years. In addition benefactors of £100 and over had power to recommend any number of in-patients, but only two were allowed in the house at any time. Benefactors of 50 guineas and over could recommend two in-patients and three out-patients per year, but only one in-patient at a time was permitted in the house.

Benefactors of 10 guineas or more could recommend two out-patients a year for a term of 10 years. (6) Revisions were made in the 1821 Hospital Rules. Benefactors of £100 or more could recommend six in-patients and 20 out-patients per year, but not more than two in-patients were allowed in the house at any one time. Only benefactors of 40 guineas and over could recommend two in-patients and six out-patients a year with one in-patient allowed in the house at a time. The 10 guinea benefactor situation remained unaltered. (7) The 1834 Rules saw an extra level of benefaction inserted whereby benefactors of 60 guineas could recommend three in-patients and nine out-patients a year, but only one in-patient at a time was allowed in the house. The other benefactor terms remained unaltered. (8) No change was made in the 1850 revised Rules, but in the 1868 Rules additional benefactor layers were introduced. A benefactor of 40 guineas or upwards could still recommend two in-patients and six out-patients with the limitation of one in-patient at a time in the house. Now, in addition, a benefactor of 30 guineas or upwards was to have the same privileges for 15 years, and a benefactor of 20 guineas or upwards was to have the same privileges for 10 years. Also when the same person was both a benefactor and a subscriber he was to have the privilege in respect of each contribution. (9)

The only change made in the 1893 Rules was to modify the terms of the £40 or more benefactor or the annual subscriber of 2 guineas or more; they could recommend two in-patients or six out-patients in each year. It is then stated: - 'when the same person is both a benefactor and a subscriber he shall have the privilege in respect of each kind of contribution'. In the same Rules the qualifications of Governors were modified in the case whereby 'every future benefactor of £50 and upwards, in one or several payments, shall be a governor for life'. (10)

From the Rules and their revisions we can see that it was thought beneficial to create several layers of benefaction to suit all pockets, ranging from £100 and over to £10 and over, matching the donation to a sliding scale of patient recommendation privileges. This was supported by the publication in the Annual Report of benefactions made, so that the benefactor could be either proud or embarrassed. We thus see a simple but probably effective incentive scheme in operation to induce and increase donations.

Benefactions and legacies always remained an important source of income and were encouraged continuously by the Board of Governors. Annual Reports and Statutes/Rules were usually accompanied by printed forms giving a correct legal wording to facilitate the giving of benefactions and legacies. Legacies were mainly in the form of lump sums of money to be used at the discretion of the Governors, or could be of stocks and shares. Between the Hospital's foundation and 1911 there were 478 legacies which demonstrated the charitable munificence of the Hospital's supporters and well-wishers. (11) Some of the legacies were of a considerable size; for example, in 1879 William Jarman of Nottingham left £2,138 : 5 : 7; in 1893 Mr. J. Milward of Nottingham left £2,212 : 2 : 11; in 1901 Mrs. Mary Morris of Maida Vale, London, left £2,470 : 10 : 4. 1905 saw two exceptionally large legacies: Mr. James Burrows of Tennyson Street, Nottingham, left £6,195 : 6 : 11, and Mr. J. W. Leavers of Nottingham left £5,000; in the same year the Hon. Mrs. Noel of Lamcote House, Radcliffe on Trent left £2,000. The mass of legacies however were of more modest sums of around £200, £100 or less, but the total of these often made an important contribution to annual income.

Less usual were legacies in the form of stocks and shares; the first was made in 1786 by Mr. C. Thompson of Mansfield, who left £100 in 3% stock. In 1870 Mr. F. Attenborough of Nottingham left £4,200 in Consols. In 1896 Miss Boote of Nottingham left £1,812 : 10 : 0 in Consols 'paid on the death of Mrs. Cursham'. In 1903 we find 'The Trustees of the Hospital under the will of the late Mr. Henry Taylor, have received £200 2 1/2% Consolidated Stock and £300 3% Stock Liverpool Corporation Account'. (12)

In the 1811 - 12 Annual Report three long-term legacy provisions were made. Firstly, 'A legacy of £1,000 4% Government securities vested in the Governors, by the last will of the late Edward Bennett Esq., Sugar Baker in Sheffield and payable on the decease of his widow, who is still alive'. In 1836, after taxes this realised for the Hospital £933 : 6 : 2. Secondly, 'A legacy of £1,.400 vested in the Governors by the last will of the late Rev. Creed Turner, of Treeton, in the County of York, payable at the demise of his sister married to Dr. Storer'. (Dr. John Storer was Consulting Physician Extraordinary for Life to the Hospital). The realisation of this is described in the 1837 - 38 Annual Report's accounts:

Amount of Legacy left	£1,400 : 0 : 0
Less on account of Mortmain Act	687 : 2 : 0
	712 : 18 : 0
Interest from Mrs. Storer's death to 4th. June 1838	54 : 9 : 0
	767 : 7 : 0
Deduct duty @ 8%	61 : 8 : 0
	705 : 19 : 0

The last sum shown was the net amount received by the Hospital.

Thirdly, 'A legacy of £100 to the use of the Infirmary, by the last will of the late Richard Milford Esq., in case of his daughter, who is married, shall have no child who shall live to attain the age of 21 years'. As there is no trace of later benefit to the Hospital we can only assume that there was a child who lived beyond 21 years.

The disadvantage of legacies and benefactions to those managing the finances of the Hospital was that they were not a reliable constant source of income. The erratic nature of income from these sources can be seen in Figures 3 to 5. The figures in Table 4 (page 98) for the years concerned emphasise this feature by demonstrating for the years shown how the income from benefactions and legacies varied in cash terms from year to year. In some years such as 1792 - 93, 1796 - 97 and 1860 - 61 there was no income at all from legacies. Figures 3 to 5 also show the enormous variation of the contribution of donations and legacies as a percentage of the total annual income.

In contrast to donations and legacies, annual subscriptions throughout the study period were always an extremely important, consistent and dependable source of income. This is clearly illustrated by looking at the proportion of total income represented by subscriptions in the example years in Figures 3 to 5. Quantum cash contributions as well as percentages of total income are shown in Table 5 (page 99). Donations and legacies were once-off windfalls; subscriptions were annual and continuous. At each Anniversary meeting to mark the Hospital's foundation and in each Annual Report emphasis was placed upon the importance of annual

subscriptions. Subscribers were exhorted to continue their subscriptions. New subscribers were sought. The godly nature of the charitable subscription was often described at length with sentimental allusions to the relief offered to the sick poor. As with donations the Annual Reports detailed subscribers and the sums of money they gave, so their level of generosity could be seen by the public. It was also a means by which would-be patients could know who had recommendation powers.

From the beginning it was one of the Hospital Secretary's responsibilities to keep a register of all subscriptions known as an 'Arrear Book', showing in what year the subscription was made and therefore when renewal was due. New subscriptions as well as benefactors and arrears were reported to the Weekly Board/Committee. The pursuit of payment of subscriptions which fell in arrears was very important to avoid fall of income. 'The Secretary or Deputy Receiver (titled Collector from 1868) shall send a monitory letter to all persons whose subscriptions are six months in arrears; to prevent further delay in payment; all subscriptions being supposed to continue, unless the subscriber order the contrary by letter'. Again -'... no subscriber shall have a vote at any General or Weekly Board unless at the time of voting he have paid in his subscription for the current year'. (13) In the 1821 Revised Rules and in the subsequent Rules it was made clear the the Deputy Receiver appointed annually by the General Board was responsible for the collection of subscriptions annually, their payment to the `treasurer with full details of the subscribers and when they had paid. (14)

As with benefactions the practical benefits awarded to subscribers were a considerable inducement. Subscribers were given powers to recommend in-patients and out-patients in proportion to the size of their subscription. This gave subscribers standing and power in the community as well as the satisfaction derived from doing good.

From the inception of the Hospital a 5 guinea subscriber could recommend any number of patients with the restriction that only two could be in the house at any time. A 2 guinea a year subscriber could recommend two in-patients and three out-patients a year with the restriction that only one in-patient could be in the house at a time. A one guinea subscriber could recommend two out-patients a year.

It was not only private individuals who were subscribers. As the original

Rules stated, 'The Head Magistrate of any corporate body, Overseer of a parish, or representative of any Society subscribing to the Hospital shall, during such subscription, have the same power of recommending patients, with a subscriber of equal value'. Also, 'Physicians and Surgeons working in the House have the same recommendation power and privileges as a 2 guinea annual subscriber'. Furthermore subscribers as in the case of benefactors could depute to any other subscriber to recommend patients in his or her absence. (15)

In 1821 there were modifications to the subscriber rules. A person subscribing 5 guineas or more a year could recommend six in-patients or two out-patients per year, but not more than two in-patients would be allowed in the house at a time. A 2 guinea or more a year subscriber could recommend two in-patients or six out-patients a year, but only one in-patient at a time would be allowed in the house. The one guinea or more a year subscriber rights remained unaltered as did the rights for Chief Magistrates, Overseers and Society representatives. Physicians and Surgeons of the Hospital could exercise the same privileges as subscribers of 5 guineas or more per year. (16) In 1834 a new layer of subscriber was inserted. Subscribers of 3 guineas or more a year could recommend three in-patients and nine out-patients, but only one in-patient at a time would be allowed in the house. (17) The 1868 Rules specified that 'Every Minister paying over a collection amounting to £1 : 1 : 0 or more, shall have the power of recommending the same number of patients for one year as an annual subscriber of the same amount would have'. The right was to recommend two out-patients. There is not day or month shown to indicate when the 1868 Rules were issued, but they do not appear to offer any new benefit to reflect the start up of Hospital Sunday in 1868 -69. (18)

The 1893 Rules reflect changes brought about by the start up of Hospital Sunday and of Hospital Saturday in 1872 - 73 (both of these movements will be discussed later) with some increase in privileges being a trade off for the pecuniary support of these collections. The changes were as follows: the annual subscriber of 2 guineas or more could still recommend two in-patients and six out-patients a year with the same restriction of one in-patient at a time allowed in the house, but now came an addition stating 'when the same person is both a benefactor and a subscriber he shall have the privilege in respect of each kind of contribution'. An

annual subscriber of one guinea or more would now be entitled to recommend three out-patients a year instead of the two allowed previously.

An improvement and incentive was offered to the Hospital Sunday and Saturday contributors. 'Every Minister paying over a collection amounting to 2 guineas or more, and the Delegate of any workshop, warehouse or other place of employment,paying over a collection from the workpeople, amounting to £2 : 2 : 0 or more shall have the power of recommending one in-patient or three out-patients for each £2 : 2 : 0 so paid over, the total number of in-patient recommendations not to exceed six, and of out-patients not to exceed 20'. Improved Governors' qualifications were also offered to subscribers: (19)

> Every Annual Subscriber of 2 guineas or more shall be a Governor during the continuance of the subscription.
>
> When partners or persons jointly become benefactors or Annual Subscribers the first named partner or person shall have the right of a Governor in respect of each joint benefaction or subscription.
>
> When there is an annual subscription of 2 guineas or more from a Union, Parish, Public Body or Society, the Chairman or other officer or person in whose name the subscription shall be paid or who shall be nominated for the purpose, shall be a Governor.
>
> The Minister of any Church, Chapel or place of worship, paying over a collection amounting to £2 : 2 : 0 or upwards, shall be a Governor for the year commencing Lady Day following.
>
> The Delegate of any Workshop, Warehouse or other places of employment, paying over a collection from the workpeople therein employed, amounting to 2 guineas or upwards shall be a Governor for the year commencing Lady Day following.

We see from the above a parallel to the way in which incentives were created and extended for benefactors. Over time we see how there was an increase in the layers of subscriber levels with a range of patient recommendation rights.

Those rights were increased over time. following the start of the new sources of fund generation with the Hospital Sunday and Saturday movements, incentives were created to encourage and support these charitable collections by extending patient recommendation rights and providing voting rights and therefore a voice in the running of the Hospital by extending qualifications for Governors. This would be an important factor in ensuring the success of these new sources of income.

'Invested Property' was the term used throughout the study period by those who managed the General Hospital for what in the second half of the twentieth century is called 'Investment Portfolio'. It refers to earnings, whether in the form of dividends or interest, on all the various types of investment: stocks and shares, consols, fixed-term loans, bonds, annuities, and bank deposits. From the foundation of the Hospital income was derived from these sources, as will be exemplified below. There is no reference in the Annual Reports or in the original General Hospital Statutes to there being a formal investment policy, although such a policy is evident from the funds realised in this way in the annual accounts. The policy was, however, made clear in the Revised Rules of 1821 where it stated, 'The funds of the Hospital not wanted for immediate use shall be vested in transferable Government stock, or in real securities'. (20) This was reiterated in all subsequent revisions to the Rules up to the end of our period. Time after time in the Annual Accounts when income exceeded expenditure we see the surplus used to make further investments. Investments also reduced the Hospital's dependence upon charitable giving dominated for many years by the aristocracy, gentry and ecclesiastical bodies. It is an aspect of the secularisation of funding which will be reverted to later.

The great attraction of this investment policy was that it gave the Hospital another major source of regular dependable income which was always tightly under its own management control. Figures 3, 4 and 5 illustrate the importance of Dividends and Interest as a proportion of total income in comparison with other sources for the years selected. Table 6 (page 100) quantifies this in cash terms. The importance of looking at cash quantum figures is that it was cash and not percentages which the Hospital put in the bank. It can be seen from this Table

that the growth in earnings from this source paralleled to a great extent the total earnings growth over time. From foundation to the end of the eighteenth century dividend and interest income move from around £200 to around £500 per year. By the first quarter of the nineteenth century this grew rapidly to around £1,000 per year. There was then a fairly steady progression until over £2,000 per year was earned in 1911.

One of the salient features we see in the Annual Accounts is the skilful manipulation and management of the various forms of investment and how the portfolio changed over time. We see opportunities seized when situations presented themselves to enhance the quantity of the earnings. We see new types of investment become available. We see also prudence and minimal risk taking exercised at all times. Further aspects of this will be seen later in the section on Extraordinary Income.

We turn now to the example years taken in Figures 3, 4 and 5 and Table 6, to look at the types of investment made in each of these years, and to obtain some feel for how the portfolio was managed. The details of the investments and income derived from them below are taken from the Hospital's Annual Report for the years concerned. (21)

1781 - 1783	£	s.	d.
Bank interest only	100	2	9 1/2

1783 - 1784			
'Dividend on £4,000 in the 4 per cents'	160	0	0
Bank interest	11	10	3
	171	10	3

This is the first time income was derived in this case on 4% stocks.

1786 - 1787			
'Dividend on £6,000 stock in 4 per cents'	240	0	0
'Dividend on £100 stock in 3 per cents'	3	0	0
Bank interest	15	11	6
	258	11	6

There is increased investment. Although the accounts say 'stock in 3 per cents' these are probably Consols. We already see a 4% or 3% level of return which would remain common for many years. These are fixed rate returns. We may regard them as low percentages, but

the return was safe and sure.

1792 - 1793	£	s.	d.
'Dividend on £7,000 in 4 per cents'	280	0	0
'Dividend on £5,000 in 3 per cents'	150	0	0
Bank interest	20	19	7
	450	19	7

1796 - 1797			
'Dividend on £8,500 in 4 per cents'	340	0	0
'Dividend on £5,000 in 3 per cents'	150	0	0
Bank interest	14	16	0
	504	16	0

In both the years immediately above there is a further increase in the amount invested.

1806 - 1807			
'Dividend on £10,000 4 per cent Stock'	380	0	0
'Dividend on £6,500 3 per cent Consols'	175	10	0
Bank interest	12	13	4
	568	3	4

There is increased investment. This is the first time the word 'Consols' appears. These were probably the safest investment available.

1810 - 1811

This year is not shown in Figure 3, but the action in that year gave extra interest earnings opportunities which affected each year up to and including 1816 - 1817. In 1810 the decision was taken to go ahead with the construction of the Nottingham Lunatic Asylum, which opened its doors to patients in 1812. The General Hospital had the opportunity to loan money to the County and Town of Nottingham to enable the building to take place. What we see is a superb piece of fund management, opportunism at its best, in the way in which the Hospital management exploited the situation. It is well described in the 1810 - 11 Annual Report: (22)

> £7,000 3 per cent Consols were sold out at different periods between the 5th. of July and the 5th. of January last, and the product vested in the hands of the Justices of the Peace for the County of Nottingham and the Justices of the Peace for the Town and County of the Town of Nottingham, in order to facilitate the more speedy erection of the Lunatic Asylum, (agreeable to a resolution of the

General Meeting, held 25 March 1810 inserted in last year's Annual Report). The Treasurer of the Infirmary to receive interest on the same, at the rate of 5 per cent per annum, half yearly, and free of all deductions - the principal lent on securities on the public rates of the said County and County of the Town. The following is the statement of the money lent, (*viz*) £4,012 : 7 : 6 : the product of the Sale of £6,000 of the said stock has been paid to the County of Nottingham; and £665 from the Sale of the remaining £1,000 stock, to the County of the Town of Nottingham.

In effect the Hospital had 7 years earnings at 5% on the £7,000 worth of Consols they previously held instead of 3% if they had not taken advantage of this opportunity. As shown above the 5% was tightly secured against the public rates. Furthermore the interest was paid half-yearly thus offering an important cash flow benefit.

1815 - 1816		£	s.	d.
'Dividend on £19,000 in 4 per cents'		684	0	0
'Dividend on £3,600 in 3 per cent Consols'		97	4	0
Interest on the Loan to Nottingham	-	50	0	0
Magistrates	-	49	8	9
	-	3	18	0
Bank interest		15	18	3
		900	9	0

There is a substantial increase in the investment in 4% Stocks. The modest investment in 3% Consols follows the sale to realise the money to loan to the Nottingham Magistrates. We see the interest earned on the loan for this year.

1824 - 1825	£	s.	d.
Dividend on £19,000 4% stocks	760	0	0
Dividend on £8,300 3% Consols	249	0	0
Interest on loan of £1,000 @ 5% upon security of Town rate	50	0	0
Bank interest	23	8	6
	1,082	8	6

There has been increased investment in Consols. The £1,000 loan to the County and Town of Nottingham shown here is separate from the £4,012 loan referred to above. Again the interest rate is 5%. There is no further detail about this loan in the Hospital records.

1829 - 1830			
Dividend on £1,900 stock in 3 1/2 %	665	0	0
Dividend on £7,900 stock in 3%	237	0	0
1 years interest on £1,000 lent to the Town Magistrates @ 5% on security of Town Rate	50	0	0
Bank interest	1	0	6
	953	0	6

The interest rate available on the stocks has dropped by 1/2% to 3 1/2 %.

1838 - 1839	£	s.	d.
1 Years Dividend on £20,000 3 1/2% stock	700	0	0
1/2 year Dividend on £8,700 Consols	130	10	0
1 years interest on £1,000 loan @ 5% to Town Magistrates	50	0	0
Interest per Mssrs. Moore & Robinson's Banking Co.	16	2	0
One quarter's interest on £10,000 per Panton's Trustees	112	10	0
	1,009	2	0

Stocks are still earning only 3 1/2%. It is frustrating that no detail exists in the Hospital records concerning the earnings on the deposit with the bankers Moore and Robinson or on the Panton Trusteeship. It does show, however, the way in which any earnings opportunity which presented itself was taken.

1860 - 1861			
1 years interest on £24,200 new 3%	726	0	0
1/2 years interest on £6,000 3%	90	0	0
1/2 years interest on £5,000 3%	71	17	6
1 years dividend Midland £1,000 stock	65	0	6
	952	18	0

There is an increase in the number of stocks and consols held but the total income is reduced because of the high number of securities only getting 3%. For the first time in the records we see a specific stock described, in this case the £1,000 of Midland which yield a handsome 6.5% in this year.

1867 - 1868			
Interest upon £10,000 Great Wstn. Rly: @ 41/2%.	440	12	4
" " £10,000 Manchester,Sheffield & Lincs.Rly.Bonds @ 4 1/4 %.	416	2	10
" " £2,500 Boston & Sleaford Rly. Bonds new Gt. Northern @ 4 1/4 %	107	13	11
" " £5,000 3% Consols	150	0	0
" " £1,280 new 3%	38	8	4
Dividend on £1,000 Midland Stock @ 5 1/2 %	53	17	1
Dividend on 5 General Cemetery shares	3	10	0
Premium upon Midland £18 shares	2	8	2
	1,217	12	8

There is a big change in the portfolio of investments. The Hospital is taking advantage of railway developments to spread its investments thereby reducing vulnerability on the returns, but above all to take advantage of the higher interest percentages than were available on most earlier investments. Most railway stocks yield over 4% compared to Consols which, though very secure, only yield 3%. The Midland stock this year gives a 5 1/2 % dividend, down from its original 6 1/2 %, but still very high judged by the returns of the time. The General Cemetery are a minor item. We do not know if they were a gift or a deliberate investment.

1868 - 1869	£	s.	d.
Interest upon £10,000 Gt. Western Rly. Bonds @ 4 1/2 %	438	14	10
" " £10,000 Manchester, Sheffield & Lincs.Rly.Bonds @ 4 1/2 %	439	13	7
" " £2,500 Boston & Sleaford Rly. Bonds now Gt.Northern @ 4 1/4 %	105	6	9
" " £5,000 3% Consols	150	0	0
" " £1,280 new 3%	38	8	4
Dividend on £1,000 Midland stock @ 5 3/8%	52	10	2
Dividend on 5 General Cemetery shares	1	12	6
Bank interest on £1,000 accountable receipt	5	16	9
	1,236	2	11

Little change from the previous year. There is 1/4 % more interest available on the Manchester, Sheffield and Lincolnshire Railway bonds and 1/8 % drop on the Midland stock.

1871 - 1872

Interest upon £10,000 London & S.Western Deb. stock from June to Oct. 1871 @ 4 1/4%	319	7	10
1 Yrs.interest upon £10,000 S.Yorks.Deb.stock @ 4 1/2 %	439	13	9
" £2,500 Midland Deb.stock @ 4 1/4 %	103	16	3
" £1,000 Gt.Northern Deb.bond @ 4%	39	1	6
" £7,000 3% Consols	208	10	0
" £1,280:16:6 new 3%	38	8	4
1/2 yrs.interest upon £1,780 (sold March 1871) new 3%	26	5	2
Dividend on £1,000 Midland Rly.stock @ 7%	68	7	8
" 5 General Cemetery shares (one dividend)	3	0	0
	1,246	10	6

We see some growth in the amount invested. Above all we see the prudent spread of the investments and the considerable investments in conservative debentures. Sound increased investment in Consols is pursued. The yield on the Midland stock now reaches its highest level at 7%.

1872 - 1873

The changes are so marginal that it is not worth recording the details.

1881 - 1882 and 1889 - 1890

There is no breakdown of investments available as there is a gap in the Annual Reports (lost or destroyed) for 1881 - 1891. Total investment figures only are to be found in the tabulation in the 1891 - 1892 Annual Report.

...

1898 - 1899	£	s.	d.
£14,166 London & S.Western Rly. 3% Deb.stock	410	16	2
£7,541:13:4 Midland Rly.3% Deb.stock	218	14	2
£7,000 London & N.Western Rly.3% Deb.stock	203	0	0
£6,440:13:8 Gt.Northern Rly. 3% Deb.stock	186	15	6
£4,256:3:6 N.Eastern Rly. 3% Deb.stock	123	8	8
£3,333 Lancs.& Yorks Rly. 3% Deb.stock	96	13	2
£1,000 Gt.Western Rly. 5% Preference stock	48	6	8
£1,000 Midland Rly. Ordinary stock	56	15	10
£516:2:1 Nottingham Corpn. 3% stock	14	19	4
£1,812:10:0 Consols	48	3	8
5 General Cemetery shares	16	5	0
3 Nottingham Corpn. Water Annuities of £3:10:0 (half yrs. interest)	5	1	6
Bank interest	72	5	0
	1,501	4	8

There is a growth in the total sum invested. The range of railway investments has been increased mostly in debentures now only yielding 3% compared to over 4% in 1871 - 1872. There is also some limited investment in preference and ordinary shares. On these stocks there is a higher interest rate (5% preference and 5.6% on the Midland ordinary). There is a large reduction in the holding of consols in this year which is not due to any sale to realise assets. It is probably because they are yielding less than 3%. Money is now being invested locally in Nottingham Corporation Stock and in Corporation Water annuities.

1907	£	s.	d.
£14,166 London & S.Western Rly.Co. 3% Deb.stock	403	14	6
£9,050 Midland Rly.Co. 2 1/2% Deb.stock	214	18	9
£7,000 London & N.Western Rly.Co. 3% Deb.stock	199	10	0
£6,440:13:8 Gt.Northern Rly.Co.3% Deb.stock	183	11	2
£4,256:3:6 N.Eastern Rly.Co.3% Deb.stock	121	5	10
£3,333 Lancs.& Yorks.Rly.Co.3% Deb.stock	94	19	10
£1,000 Gt.Western Rly.5% preference stock	47	10	0
£1,000 Midland Rly.Preferred Converted ordinary stock	51	1	3
£1,000 Midland Rly.Deferred Converted ordinary stock			
£516:2:1 Nottingham Corpn. 3% stock	14	14	2
£1,812:10:0 Consols	43	1	0
5 General Cemetery shares	11	5	0
3 Nottm.Corpn. Water annuities £3:10:0 each	9	19	6
£200 Consolidated stock 2 1/2%	4	14	11
£300 Liverpool Corpn. Water a/c 3 1/4%	8	11	0
£1,137:18:4 Metropolitan Water Board a/c 3% "B" stock	16	4	4
Interest on mortgages left by the late Mr.W.Keeling for the benefit of various Nottm. charities. Proportion paid to Gnl. Hospital	90	0	0
EndowmentFund			
£2,086 New S.Wales 3% Inscribed stock	59	9	0
£2,102:3:9 Nottm.Corpn.3% Irredeemable stock	59	18	2
Bank interest	18	6	6
	1,652	14	11

The policy continues of holding few consols now not even earning 2 1/2%, and to invest in a wide range of railway debenture stock even if these only yield at best 3% apart from the Great Western Railway preference holding which yields 5%. A decision has also been implemented to spread into water board investments, the most notable one being the Metropolitan holding. There is the unusual example of interest earned on a mortgage left charitably.
The Endowment Fund was a new development which began in 1901. In the Annual report that year is described how the Fund was

created for the endowment of hospital beds. £1,000 each week was endowed by Mr.T.L.K.Edge and Sir Charles Seely (Seely was President that year and until 1905; Thomas Edge was to be President 1909-10).The intention was that the endowments were to be invested at 3%. Beds were to be named after benefactors making endowments. (23) The Endowment Fund preferred to invest in New South Wales and Nottingham Corporation Stock at a guaranteed 3% and not in rather more speculative railway stocks.

1911	£	s.	d.
£14,166 London & S.Western Rly.Co. 3% Deb.stock	400	3	8
£9,050 Midland Rly.Co.2 1/2%Deb.stock	213	1	1
£7,000 London & N.Western Rly.Co. 3% Deb.stock	197	15	0
£6,440:13:8 Gt.Northern Rly.Co.3% Deb.stock	181	18	10
£4,256:3:6 N. Eastern Rly.Co. 3% Deb.stock	120	4	6
£3,333 Lancs.& Yorks.Rly.Co.3% Deb.stock	94	3	2
£1,000 Gt.Western Rly.Co.5% Preference stock	47	1	8
£1,000 Midland Rly.Preferred Converted ordinary stock	60	0	7
£1,000 Midland Rly. Deferred Converted ordinary stock			
£516:2:1 Nottm. Corpn. 3% irredeemable stock	14	11	6
£1,812:10:0 Consols	42	13	4
5 General Cemetery shares	12	10	0
3 Nottm.Corpn.Water annuities of£3:10:0 each	9	17	10
£200 Consolidated Stock 2 1/2%	4	14	5
£1,137:18:4 Metropolitan Water Bd.3%"B"stock	32	3	0
Interest on mortgage left by the late Mr.W.Keeling for the benefit of various charities.Proportion paid to General Hospital	95	0	0
£3,000 on loan with the Corpn.of Nottingham	214	5	6
The above was formerly £6,000; £3,000 having been withdrawn during the year to meet current expenses. Interest to date of the withdrawal has been received.			
£336:2:0 Nottm.Corpn. 3% Irredeemable stock	9	9	10
£4,000 placed on loan with the Corpn. of Nottm.	35	7	10
sub total	1,785	1	10

1911 (cont'd).	£	s.	d.
Sub total bt.fwd.	1,785	1	10
EndowmentFund			
£2,086 New S.Wales 3% Inscribed stock	58	18	6
£2,102:3:9 Nottm.Corpn. Irredeemable stock	59	7	6
£1,200:4:0 £2:10:0% Consolidated stock	28	5	0
£1,095:16:6 Metropolitan Water 3%"B"stock	30	19	0
£2,191:14:6 Metropolitan Water 3%"B"stock	61	18	4
£1,024:5:6 Sheffield Corpn. 3 1/2% stock	33	15	3
sub total	273	3	9
Bank interest	60	14	6
Grand total	2,119	0	1

There is further increase in the total invested. The pattern is the same as in 1907 with virtually identical railway stock holdings, the same consols, the same mortgage interest benefit. The £3,000 loan to the Corporation of Nottingham with the quotation on the cut back from £6,000 is as it is written in the 1911 Annual report. It appears that the £4,000 placed on loan is an additional loan but no explanation is available. Because of part years involved it is not possible to calculate the interest level charged by the Hospital. However, in the 1905 Annual Report there is a reference to a loan made to Nottingham Corporation for £3,000 at 3 1/2%. (24)

We see the growth of the Endowment Fund, the application of the policy to earn a secure 3% return. The new investments made are in water board stocks and in Sheffield Corporation stocks.

In contrast to the income from Annual Subscriptions and from Dividends and Interest, that derived from the category headed Extraordinary Income was never intended to be a regular source of income. Rather, it was a sporadic income resulting from the Hospital's management of its finances to meet specific purposes. These were to cash investments in order to make loans which would yield a higher level of interest than the original investments; to realise cash in the short term to help the Hospital to overcome temporary shortfalls in regular income against expenditure; to sell stocks with a low interest yield in order to reinvest in stocks with a higher interest yield; to realise capital sometimes needed to supplement the money raised by special donations and increased subscriptions to fund Hospital

building extension programmes. The General Hospital, in common with other voluntary hospitals, was reluctant to sell 'invested property' to meet cash needs alone as this reduced the level of regular earnings on the investments. Such action was provoked by financial crisis. It is important to state that throughout the study period it was against 'the culture' of the times for a voluntary hospital like the Nottingham one to borrow funds from banks to meet either short term cash needs or to facilitate long term capital investment in such projects as building extensions. We do not find borrowings, expenditure in the form of annual interest paid on money borrowed or amortisation in the accounts.

Extraordinary Income looked at as a percentage of annual income could create enormous distortions in the pattern of the importance of sources of income. This is well illustrated in Figures 3, 4 and 5. In 1815 - 16 Extraordinary Income accounted for 33.59% of total earnings. In 1829 - 30 it was 33.94% and in 1838 - 39, 70.28%. For very particular reasons(to be described later) in 1860 -61 the proportion rose to its all time high point of 83.92%. 1868 - 69 and 1872 - 73 saw more modest percentages of 17.3% and 12.19% respectively. Very often, as shown in the example years in Figure 5 there was no Extraordinary Income.

Let us turn to some specific examples. We have already seen in the discussion on Dividends and Interest how in 1810 - 11 £7,000 of 3% Consols were sold in order to make a loan to the County and Town of Nottingham to help finance the construction of the Sneinton Lunatic Asylum. As well as the philanthropic aspect this gave the Hospital an enhanced interest earnings benefit. (25) The principal of £4,012 borrowed was paid back over five successive years on completion of the Asylum in 1812. This showed as Extraordinary Income to the Hospital in each of the years concerned: 1812 - 13 £700; 1813 - 14 £1,000; 1814 - 15 £1,000; 1815 - 16 £1,000 and 1816 - 17 £312 : 7 : 6. On return the funds were reinvested. The various aspects of the transaction exemplify the good management of the Hospital's finances.

At the 1824 Annual General Meeting, as mentioned in Chapter 2, it was decided to build a Fever House for patients with contagious diseases. The estimate cost described in Jacob's book was £2,799 : 6 : 7 1/4. (26) There were

however difficulties in financing this. As can be seen in the three years 1825 - 26, 1826 - 27 and 1827 - 28, expenditure exceeded income in spite of the efforts to increase subscriptions. The situation was not aided by the fact that, starting in 1811 - 12, the Anniversary Collection was in alternate years given to the Sneinton Lunatic Asylum to support its income requirements. This meant that in 1825 - 26 and 1827 - 28 there was not a penny from this source that could be put towards the new Fever House erection. It was debated as a last step, to be avoided if possible, to apply part of the Hospital 'invested property' to the financing. This is seen in the 1827 - 28 Annual Report where it was thought the application of the £1,130 : 10 : 0 legacies accrued during 1827 could obviate the disposal of investments. In spite of this, however, total expenditure rose and exceeded the relief from legacies as well as extra benefactions and subscribers. The Fever House opened in June 1828 but the decision had to be taken as reported in the 1828 - 29 Annual Report to sell stocks to raise £1,196 : 13 : 6 required to complete the building. In the 1829 - 30 Annual Report the accounts show that £1,400 Consols were sold and realised £1,251 : 15 : 0. Thus all charges for the new building were met and paid.

Appendix IV shows that in 1833 - 34, 1834 - 35 and 1835 - 36 expenditure exceeded income. Since 1830 funds had improved but applicants exceeded beds. However as is evident in the 1833 - 34 Annual Report there was a reluctance to expand as this would cause a reversion to financial difficulties. Nevertheless already in that year there was positive public response to the financial needs, including an initiative by ladies to raise money known as 'Bazaar receipts'; for example, 'these receipts include £190 : 6 : 8 collected by ladies in small sums; £60 a moiety of the produce of a Bazaar'. (27) As shown in the accounts in the 1834 - 35 Annual Report, the Bazaar Receipts rose to a total of £1,026. Added to this initiative was a special effort made by the President for 1834 - 35, Sir Robert Howe Bromley, to increase the number of donations . These totalled £155 : 10 : 0 in the accounts for that year. This enabled the 'Bazaar Wards' to be created in that year: - 'The rooms lately occupied by the Physicians and Surgeons have been converted into two wards, called "The Bazaar Wards" capable of accommodating ten additional male patients, and the late servants' sleeping room and laundry into another ward, for eight additional female patients, with requisite

appendages'. (28) On 11 August 1835 'the "Bromley Ward" was opened for the reception of female patients'. (29) Neither the Annual report nor the Weekly Board of Governors minutes announcing the opening give any indication of the number of beds.

Partly as a result of the extra running expenses caused by these new wards as well as rises in other costs, 1836 - 37 was another year of financial crisis for the Hospital. On 12 April 1836 the Weekly Board agreed to reduce the Lock Wards from a total of ten to 8 beds. By 14 March 1837 the Hospital's banking account was overdrawn by £1,100 and it was decided to implement the authorisation to sell stock to redeem the financial situation. (30) This was the option preferred to a substantial reduction in the number of beds. The stocks sold were £1,700 3% Consols which realised £1,525 : 15 : 0. This sum represented 27.9% of the total Hospital income for the year. We see in this example the financial stresses caused by the presence of ever growing patient numbers with expenses reaching beyond income. It was with reluctance that extraordinary income was generated by the sale of regular income earning stocks to provide short term relief from financial embarrassment.

Figure 4 shows that in 1838 - 39 Extraordinary Income accounted for 70.28% of total income. This resulted from the sale of £8,700 Consols which realised £8,145 : 5 : 0. In contrast to the previous example we see in this case a shrewd piece of opportunism to increase regular income by selling 3% stocks in order to invest in other newly available safe stocks yielding 4 1/2%. The transaction is best described in the 1837 - 38 Annual report. The General Meeting on 11 October 1836 passed a resolution 'authorising the Weekly Board to transfer any sum not exceeding £10,000 from the 3% Consols, to a Security upon landed property. The whole of the stock , amounting to £8,700 has been accordingly sold at 93 3/4% producing a sum of £8,145 : 5 : 0 which, with a further sum of £790 : 9 : 4 from the balance of the Treasurer's hands, added to the £1,064 : 5 : 8 already mentioned [this sum was a benefaction from Miss Cordelia Gill of Doncaster], makes in the whole £10,000 sterling, which has been invested at 4 1/2 per cent upon Estates in the Counties of Chester and Flint; it having appeared to the Board upon very strict enquiry, and the best information that could be obtained, to afford unquestionable and ample security for the sum advanced.' (31)

Figure 4 shows an all time high point in Extraordinary Income of £20,930 which represented 83.92% of total income for that year. In Appendix IV we see for 1860 - 61 a total annual income of £24,937 : 1 : 8 compared to levels of around £5,500 in the previous four years. This leap in income however was matched by a similar leap in total expenditure in the same year to £24,743. The explanation is to be found in a massive investment portfolio change to take advantage of higher regular earnings opportunities. It is another example of financial sagacity employed in the management of the Hospital's 'invested property'.

Ever since the completion in 1855 of the additional storey to the Hospital creating 40 extra beds and a chapel at a total cost of £4,872, the Hospital was under pressure to meet the extra running expenses on top of those which existed before.(32) The Weekly Board of Governors was therefore always looking at means of enhancing income. At their meeting on 6 November 1859 they discussed the possibilities of selling present low-yielding stocks in order to reinvest in stocks with a higher yield. They had in mind the opportunity now available to invest in Railway Debenture stocks, but before agreeing to do so they had made contact with other voluntary hospitals to confirm that they were also in favour of such action. (33) In the 1859 - 60 accounts we see the first step to implement this policy in that they had sold £545 : 1 : 7 3% stock at 96 1/4 to give £523 : 16 : 7 for reinvestment. (34)

In the 1860 - 61 accounts contained in the Annual Report we see the main implementation of the reinvestment policy. '£1,000 stock, 3 per cents at 93' are sold to realise £930, and '£21,919 : 3 : 6 New 3 per cents at 91 3/8' are sold to realise £20,000. Reinvestment, as shown on the expenditure side of the accounts was made in £20,000 of 'Railway Debenture Bonds'. The next year's accounts show that £10,000 were Great Western Railway Bonds at 4 1/2% and £10,000 Manchester, Sheffield and Lincolnshire Railway Bonds at 4 1/4%. In the following year 1861 - 62 '£1,000 Stock , at 90 3/4 less Power' was sold. In the 1862 - 63 accounts it appears that a reinvestment was made in £1,000 Debenture Bonds of the Boston and Grantham Railway at 4 1/4%. These show as Boston and Sleaford Railway Bonds in the 1863 - 64 accounts. The investment was increased by £1,500 further bonds in

the same railway in that year. In 1864 - 65 the £2,500 4 1/4% bonds are described as those of the 'Boston and Sleaford Railway now Great Northern'. Another aspect of this investment leading to Extraordinary Income was in 1868 - 69 when part of the Boston and Sleaford Bond was repaid realising £1,500 in extraordinary income. This represented 17.3% of total income in that year as seen in Figure 4.

1869 - 70 and 1870 - 71 were years of financial struggle. This was largely occasioned by extensive building alterations begun in 1869 and completed in 1871, to provide improved ventilation and additional nursing facilities. The cost of £4,500 strained resources. (35) It was intended to eliminate the deficit situation by the sale of some investments. In the 1870 - 71 accounts in the Annual Report we see as Extraordinary Income the 'sale of £1,780 New 3 per cents at 90 1/2' which realised £1,608 : 13 : 6. In the same year we see another piece of portfolio management in that the £10,000 Debenture Bond of the Manchester, Sheffield and Lincolnshire Railway was repaid and shows as Extraordinary Income. On the expenditure side of the accounts however we see that reinvestment was made in £10,000 London and South Western Railway Debenture Stock at 4 1/4%, 1/4% lower than was offered on the repaid stock. A similar manoeuvre was conducted in 1872 - 73 when the accounts show that the £1,000 Great Northern Railway Debenture Bond was repaid and the proceeds were immediately reinvested in £1,010 'Midland Railway £1,000 Debenture Stock 4 per cent and premium'. The interest level was identical to that of the repaid stock. The Extraordinary Income shows in Figure 4, representing 12.19% of the income for the year concerned.

Building extensions, to cope with growing patient numbers, nearly always created financial problems for the Hospital. In the 1876 - 77 Annual Report reference is made to the New Wing which had been under discussion in recent years. 'This wing will provide for 45 extra patients, and increase the Hospital by almost one half'. The financial problem is well stated and gives an insight into the management of funds when, as has been stated earlier, it was not the norm to borrow a capital sum to fund a building extension project. (36)

> The subscriptions towards it at present amount to only £1,307, of which £500 has come from the liberality of one long tried friend of the Hospital. It is true that £3,000 has been set

> apart for the work from legacies during the last few years, and £2,000 from surplus revenue arising in several years from the Hospital Saturday and Sunday collections. But the builder's contract is for £7,300 and the cost of part of the site and foundations is £3,000. If the expenses of the architect and of furniture be added, the whole cost will amount to £12,000 and we shall have £6,000 still to collect or take from capital.

It did in fact become necessary to sell stocks to remain solvent and to pay for the costs of the new Wing when it opened on 2 October 1879. The accounts show that in 1877 - 78 £5,000 Consols were sold for £4,712 : 10 : 0. This represented 38.44% of the income for the year. In 1878 - 79 £2,000 Consols were sold for £1,892 : 10 : 0; this represented 20.78% of the income for the year.

Extraordinary Income could also derive from the sale of building property, although the occurrence was rare. In 1880 - 81 the Hospital no longer had use for its property in Postern Street adjacent to the Hospital, and sold it for £1,325.

Appendix IV shows clearly the growth in Hospital expenditure during the study period, rising from £1,193 in 1783 - 84 to £18,000 in 1911. This was driven by growing patient numbers as described in Chapter 3, which led to expensive building extensions to cope with the increased volume of patients. Added to this was increased expense arising from higher medical and nursing staff numbers, as well as more expensive clinical and surgical treatments as medical science progressed. The figures in Appendix IV show that the major increase in expenditure took place in the second half of the nineteenth century and onwards to 1911. As mentioned earlier the struggle was for income to match expenditure. It is extremely doubtful whether that could have been achieved without new extra sums of regular income on a large scale. This is evident when we look at Tables 5 and 6. In spite of considerable persistent efforts to maintain and increase annual subscriptions in the second half of the nineteenth century they ran at between £2,000 and £2,500 a year. It was only from, 1901 onwards that they realised over £3,000 a year. Again, although there was a positive policy to increase investments to boost regular income this was constrained by the amount of disposable income over expenditure which became available, together with chance windfalls of legacies of securities. In the second half of the nineteenth century Dividends and Interest did not rise

above £1,500. Only from 1901 was it around the £2,000 a year level. The answer to meeting higher levels of expenditure, as has been said before, did not lie in Extraordinary Income or in Donations and Legacies because of their erratic nature. The financial situation was saved, however, by two new events which became dependable annual sources of income of some magnitude: Hospital Sunday and Hospital Saturday. The importance of both cannot be overemphasised.

Ecclesiastical initiatives had made a contribution to the foundation of the General Hospital as described in Chapter 1 . The Anniversary Collection, which will be discussed later, resulted from the annual celebration of the Hospital's foundation at St. Mary's Church. In addition, in response to the Hospital's appeals for funds there were times when sermons were preached to raise money and special collections made. This took place in most churches and chapels. There was of course an element of vested interest as described before in that the more patients were treated by the General Hospital the lower was the burden on the rates to look after the sick poor through the Poor Law system. Monies collected in this way were an important contribution: 1783 - 84 £152 : 6 : 7; 1784 - 85 £200 : 17 : 3 3/4; 1785 - 86 £288 : 13 : 6; 1786 - 87 £298; 1787 - 88 £324 : 4 : 0 3/4; 1788 - 89 £323 : 13 : 1; 1789 - 90 £216 : 6 : 0; 1790 - 91 £216 : 12 : 1; 1791 - 92 £210 : 14 : 0. Then came a tailing off. Small collections were made in 1800 - 01 and 1801 - 02 of £74 : 7 : 8 and £20 : 18 : 8 respectively. And there was then a gap until 1832 - 33, when ladies of the congregation, starting in Southwell, organised bazaars with one shilling collections to raise funds to enable the Bazaar Wards to be built at the Hospital. In the first year they raised £168 : 4 : 0; in 1833 - 34 £779 : 0 : 2 3/4; in 1834 - 35 £1,048 : 1 : 10, diminishing to £11 : 7 : 0 in 1835 - 36.

A special effort was made by the churches and chapels in 1841 - 42 to raise £537 : 0 : 1 and in 1856 - 57 £328 : 4 : 8. But continuous annual contributions did not resume until 1860 - 61, when £589 : 0 : 8 was raised. The following sums were raised in subsequent years: 1861 - 62 £81 : 5 : 4; 1862 - 63 £164 : 13 : 11; 1863 - 64 £111 : 19 : 10; 1864 - 65 £48 : 7 : 8; 1865 - 66 £68 : 12 : 8; 1866 - 67 £57 : 2 : 9; 1867 - 68 £42 : 15 : 11.

The church and chapel collections from 1860 - 61 must have made the

Hospital Governors aware of the income potential available by elevating the annual contribution from this source. There was a precedent close at hand in Leicester. A major rebuilding project had been completed at the Infirmary in 1862. After this work it was decided no longer to hold anniversary services to mark the original foundation. Instead, the anniversary Board meeting would be held at Easter and a regular Hospital Sunday would be established at which collections could be taken for the Infirmary on a fixed Sunday each year. In 1863 over £300 was raised and £850 in the following year. When the Infirmary's centenary was celebrated in 1871 nearly £2,000 was collected. (37) There is however no reference to the Leicester template in the Nottingham General Hospital records, or to whether they knew that the Sheffield General was starting a Hospital Sunday collection in 1868. (38) Instead in the 1868 - 69 Annual Report it is stated that 'Following the Birmingham example it is proposed to hold "Hospital Sunday" when all the town and country congregations should be invited to raise funds for the General Hospital'. The fund raising day was to be the last Sunday in January in each year. Hospital Sunday was an immediate success. In its first year collections were made in 189 churches and chapels, raising, according to the Annual Report, £1,349 : 16 : 6 [£1,393 : 16 : 10 in the Accounts], a sum greatly in excess of any previously raised through congregational collections. As has been described earlier, there was an important practical benefit in that related to the size of contributions churches and chapels had voices as Governors of the Hospital and recommendation rights they could exercise for the benefit of the parishioners.

In 1869 - 70 the Hospital Sunday proceeds were £1,195 : 19 : 2, but much to the chagrin of the General Hospital in the following year, the organisers of the Hospital Sunday Fund decided that for that and subsequent years other medical charities in the region should benefit from the collection. In 1870 - 71 £1,010 was collected but the General Hospital received only £771 : 11 : 9. About a quarter of the total was given to other charities and this continued thereafter to be the situation. One of the main beneficiaries was the Nottingham Dispensary. In its Annual Report for the year ending 31 December 1871 reference is made to its participation in the proceeds of Hospital Sunday and to the receipt of £128 : 6 : 11. (39) It would always be a bone of contention that the Dispensary was 'entitled to a larger

proportion ' of the Hospital Sunday Fund 'in view of the work it does and the esteem in which it is held'. (40) This will be discussed further in the chapters on the Dispensary.

Apart from the drop in the share of Hospital Sunday in 1870 - 71 the Hospital, as can be seen from Table 7 (page 101), received over £1,000 a year from this source until 1893 - 94, when the level dropped to around £900 or so until 1901. From then on most years show receipts of over £1,000. The Table shows the constant dependable nature of this source of income and its importance in quantum terms. The annual quantum, however, did not show growth.

The 1868 - 69 Annual report, as mentioned above, stated that 189 churches and chapels contributed to Hospital Sunday, but no list is given of participants or the sums donated. In the following year, according to the Annual report, the number dropped to 175 churches and chapels, giving a total of £1,167 : 17 : 6 [£1,195 : 19 : 2 in the accounts]. In 1871 - 72, the year before the inauguration of Hospital Saturday, the number of churches and chapels participating had risen to 213 donating £1,249 : 1 : 3. Of the total, 107 were churches (including Roman Catholics) and 106 chapels. The majority of the nonconformist chapels were Methodist of various types. The remainder were a mixture of Congregational, Unitarian and Presbyterian. The participation was widespread throughout the county and town of Nottingham. The majority of the sums collected were small ranging from one guinea to four guineas. There were occasional large sums such as £17, £46 and as much as £66.

In moving on to 1898 - 99 the number of churches and chapels had risen to 276, collecting in this year £996 : 5 : 11. The number of nonconformist places of worship contributing had risen to 161 and outstripped the increase in churches which was now 115. We see more Roman Catholic churches and on the nonconformist side the appearance in the list of Quaker meeting houses and a collection from Southwell Cathedral. The support continued to come from throughout the county and town. The majority of sums collected remain small, ranging from one guinea to five guineas with a few larger sums such as £23, £24 and £34.

By 1911 there were contributions from 348 churches and chapels giving

£1,100 : 6 : 1. The proliferation of nonconformist places of worship continued and now totalled 206 compared to the churches' growth to 142. The various types of Methodism were still very much in the majority where the nonconformist sects were concerned. The sums given still range from one guinea to five to six guineas, but there tend to be more at the higher end of the range. There were no sums donated larger than £19.

The total administration costs of Hospital Sunday tended broadly, as one would expect, to increase with the growing number of churches and chapels: 1871 - 72 £36 , 2.9% of total collection; 1911 £86, 7.8% of total collection.

Hospital Sunday was a national movement from which metropolitan, provincial, teaching and non-teaching hospitals benefited to varying degrees, as is shown by the data compiled in Burdett's year book. (41) We see in Table 7 that the income derived from Hospital Sunday in Nottingham was vital to the success and survival of the General Hospital. However, the Hospital could not have continued to flourish without another new major source of regular income. This was to be provided by Hospital Saturday.

The initiative in Nottingham was taken in 1872. It is well described in the 1871 - 72 Annual Report:- (42)

> The Board agreed that the Hospital ought to receive more support from the working classes. They ought to contribute when they are in health and strength, and in receipt of full wages; they scarcely can do so when struck down by illness. The Board believe that the working classes, numbers of whom, through the Clubs and Societies, are already subscribers to the Institution, would respond to a call, if made upon them, for such additional support with alacrity, as they have done at Liverpool, Manchester and other places, and they recommend and propose that a collection, to be called Hospital Saturday Collection, be made in Nottingham and the neighbourhood, in accordance with the plans adopted at Liverpool and elsewhere.

In late 1872, according to Teeboon, a letter was sent to all employers in Nottingham appealing to them to arrange collections on their premises. (43) The Rev. Canon J. Morse, the rector of St. Mary's Church, Nottingham, who had been one of the main instigators behind Hospital Sunday, was also a protagonist in the initiation

of Hospital Saturday. He presided over the first meeting of works' delegates at the Town Hall on 25 January 1873, and became the first Chairman of the Nottingham and Nottinghamshire Hospital Saturday Fund. The Committee established to run the Fund was inter-related with the General Hospital. Canon Morse was at that time the Chairman of the Weekly Board of the Hospital, and E. M. Kidd, who was Secretary of the Hospital Board, was the first Honorary Secretary of the Fund. The Mayor of Nottingham was the Patron of the Fund, and the Committee met in the Exchange at his invitation. The connection with the Hospital was reinforced when, according to Jacob, a delegate from the Hospital Saturday Committee was appointed in 1889 to the Hospital's Board of Management. (44) In the first surviving Minutes of the Hospital Saturday Committee, Mr. William Walters retired from the Monthly Board of the Hospital but was eligible for re-election. 'It was resolved that Mr. Walters be nominated at the forthcoming Annual Meeting of the General Hospital for re-election upon the Monthly Board of the Institution.' This confirms that the Fund was indeed represented on the Monthly Board. The Executive Committee appointed sub-committees which in turn appointed ward committees to create a network of collectors calling upon employers and employees in the mines, railways, workshops, warehouses and large retailers through the town and county. Minutes of the Hospital Saturday Committee have not survived before March 1899; we know however from the Minutes in that year that there were then 16 ward committees. (45)

The good start to the Fund is reflected in the 1872 - 73 Annual report:- (46)

> The way in which the delegates from the various workshops, warehouses etc. entered into the work has been very gratifying to the Hospital Sunday Committee, when they met in large numbers on two occasions. They have appointed a committee of their own to work the Hospital Saturday movement for the future throughout the town, and a considerable increase to the income of the Hospital may be expected from this source. Resolutions will be brought before you, giving a share of privileges to those who make the collections analogous to those given to the Clergy and Ministers for their collections in Church and Chapel.

The privileges given have been described and discussed earlier in this chapter, and

were encapsulated in the Revised Rules of the General Hospital for 1868 and 1893. As previously stated the incentives played an important rôle in the success of Hospital Saturday.

Progress made by the Fund in its first two years is well described in the 1873 - 74 Annual Report:- (47)

> This is only the second year of the Hospital Saturday Committee's work of collecting on the day previous to the Hospital Sunday in the mines, workshops, warehouses and other places of work. Last year they collected £227, from 98 places of employment. This year £700 from 255 places. As there are at least 450 places from which collections may be expected, and as the Committee of Working Men who arrange for the collections are very zealous in the cause, and report that everywhere they are very well received, it is confidently expected that this sum will yet be considerably increased in future years. The total of their collections was £710. Of this £540 [£549 in the Accounts] has been given to the General Hospital.
>
> It is gratifying to report that this movement has not interfered with that of Hospital Sunday. The collections on the Sunday were more than last or any year except the first. They amounted to £1,361 [£1,300 in the Accounts].

The lack of cannibalisation between the two funds was of course very important for total income.

In contrast to the relatively flat level of income from Hospital Sunday, the Hospital Saturday movement in Nottingham continued to gather momentum. This is well illustrated by the annual share of the Fund given to the General Hospital, shown in Table 7. From 1875 to the end of the decade the sums collected remained mostly in the £700s, but these were times of trade and agricultural depression. In the Hospital's 1878 - 79 Annual Report appreciation is expressed for the amount still raised by Hospital Saturday in spite of the trade depression and the severe frost. From 1880 to 1889 the collections were mainly in the £900s, a substantial increase over the previous decade. A landmark was reached in 1889 - 90 when Hospital Saturday overtook Hospital Sunday, the former contributing £1,143 : 2 : 1 to the Hospital. This outstanding growth, to the point where it reached £9,160 : 4 : 4 in 1911, is clearly seen in Table 7, not only in the quantum sum raised each year but also as a percentage of total income of the Hospital. Hospital

Saturday started by contributing less than 3% of total income; it rapidly rose to between 7 and 10%. From 1897 to 1908 it was accounting for over 20% and in 1911 it represented over 50% of total income.

The relative importance in percentage terms of Hospital Sunday and Hospital Saturday is illustrated graphically in Figures 3, 4 and 5. Example years are shown to demonstrate the relative importance of the sources of income in 1867 - 68, the year before the first Hospital Sunday, followed by the starting year 1868 - 69. The situation in 1871 - 72, the year before the first Hospital Saturday, is shown, as is 1872 - 73, the first year of the new Fund. 1889 - 90, the year when Hospital Saturday overtook Hospital Sunday, is shown, and the steeply rising importance of Hospital Saturday is clearly illustrated in 1907 and 1911. We thus see how the two movements transformed the Hospital's funding. Both were of major importance, Hospital Saturday spectacularly so. Both reflected the importance, in terms of patient treatment, of the General Hospital to the medical care of the community, especially to the working classes. The continued growth and functioning of the Hospital could almost certainly not have taken place without these two sources of regular income.

Hospital Saturday, like Hospital Sunday, was a national movement. Burdett in his *Hospital Annual and Year Book of Philanthropy, 1893* tries to measure the performance of the Hospital Saturday Fund by comparing the sums raised for the hospitals in a number of towns and cities in 1891, using £s collected per head of population as the measure. These are some of the main findings shown:- (48)

Town/City	Population	Hospital Saturday Collection £s	£s collected per 1,000 population
Birmingham	561,147	10,453	19.36
Derby	94,146	1,177	12.68
Leeds	367,506	5,622	15.29
Lincoln	41,411	362	8.74
Liverpool	517,951	4,180	8.17
Manchester & Salford	703,479	3,960	5.63
Nottingham	211,984	1,597*	7.53

* £1,506 in General Hospital Accounts.

This shows that Nottingham was at the bottom end of collections made when measured against per 1,000 population. Nevertheless the figure is close to Liverpool and better than Manchester and Salford. One year taken in isolation however tells us little. We know from Table 7 the enormous growth achieved in subsequent years by the Fund in Nottingham. In any case the Hospital would not regard this measure of monies collected per 1,000 of population as having much relevance to managing their finances. The key parameter for them would be the quantum sum received in any year related to the expenditure they had to finance.

Hospital Saturday in Nottingham was started mainly to support the General Hospital. However, in its third year of operation it also gave some support to other medical charities. In the year ending 31 December 1875 it gave £50 to the General Dispensary. Although the Dispensary was pleased to receive this it was dissatisfied with its share of the Fund related to the number of patients treated that year: home patients 1,496; out-patients 6,196; dental patients 1,091; total patients 8,783. (49) The roughly comparable figures for the general Hospital for 1874 - 75 were in patients 1,293; out-patients 5,874; total patients 7,167. In the following year the Dispensary only received £55 : 8 : 0 as its share. The paucity of its share continued to be a sore point. (The funding of the Dispensary is addressed in a later chapter). The main point to be made here is that the General Hospital every year received the lion's share of the Hospital Saturday collection.

Every year at its Annual General Meeting the Hospital Saturday Committee made and passed the same resolution: 'That this meeting undertakes to see that the employees of every workshop, warehouse, mine, railway, and other places of business in the City and neighbourhood be invited to raise subscriptions for the General Hospital and other medical charities from which the inhabitants of the City and neighbourhood may derive benefit'. We have seen in Table 7 the response in cash terms. In terms of numbers of workplaces that responded we have already seen that 98 responded in the first year and 255 in the second year. This had dropped slightly to 260 in 1880 - 81 but the sum collected had grown to £855 : 1 : 8. By the time Hospital Saturday overtook Hospital Sunday in 1898 - 99 the number of workplaces contributing had risen to 463, raising £2,510 : 3 : 8. The

massive £9,160 : 4 : 4 raised for the Hospital in 1911 was the result of efforts made at 1,106 workplaces. We can thus see the prolific effort that went into propagating the movement to extend further and further the number of participants.

As one would expect, the Hospital Saturday movement reflected the industry, commerce and local government of the town and county. Throughout the study period the plethora of hosiery companies continuously supported the fund, as did the extensive lace producers which tended to be more concentrated in larger, mechanised manufacture than framework knitting. The first Committee of the Fund was dominated by lace trade representatives, as of the 19 ordinary members nine were from that industry:- Cope and Ward of New Basford, Wm. Hodgson of St. Michael's Street, Berry and Green of Wollaton Street, Richard Birkin of Stoney Street, T. Herbert & Co. of Hounds Gate, W. F. Dobson of Roden Street, and J. and J. Renals of Fletcher Gate. Two of the most important hosiery firms were also represented:- I. and R. Morley of Fletcher Gate, and Gascoigne and Goodliffe of Roden Street. (50) The collection made in the first year 1872 - 73 also reflected engineering and iron founding (G. R. Cowen & Co. of Brook Street), brass and iron founding (Smith Bros. & Co. of Hyson Green), tanning and leather dressing (T. Bayley of Lenton), and coal mining (Clifton and Digby collieries).

The vast majority of contributions from 1872 - 73 to 1911 were small sums ranging from one to five guineas. As time went on there tended to be some inflation in the level of contribution. By 1898 - 99 we see more donations of £10, £15, £20, but even by 1911 the collection still consisted of a mass of small sums, although there was a sprinkle of large sums, that is £18 - £20 and over.

In looking at the long lists of contributors to the Fund published as part of the Hospital's Annual report, as well as in the local press for the whole population to see, it is important to recognise the outstanding contribution made by the coal mining industry of the region. High accident levels meant that their members needed the benefits the Hospital offered to in- and out-patients. In the first year of the Fund only two collieries gave what amounted to 10.57% of the total collection. But by 1880 - 81 the collieries gave together £319, which represented 37.3% of the total collection. By 1898 - 99 this had grown to £949, 37.8% of the total. In 1911 the percentage had dropped to 29.21%, but the quantum collected was a massive £2,676.

To give an impression of the magnitude of this effort details are given in Table 8 (page 102) of the collieries concerned and the amounts they collected.

The railways were also important contributors. They do not feature in the inaugural years, but by 1880 - 81 both the Great Northern and the Midland Railways feature with collections made in various departments. They collected £68 which was 7.95% of the total fund raised for the year. The sum increased to £142 in 1898 - 99 representing 5.65% of the total. By 1911 the Great Central Railway features with the other two. The sum given rose to £501, which was 5.47% of the total collected.

Various branches of the Nottingham Corporation collected. They do not appear in the opening year, but by 1880 - 81 raised £30, just 3.5% of the total. In 1898 - 99 they raised over £103 which represented 4.1% of the total. The detailed breakdown is a good example of the types and numbers of branches involved and the sort of sums collected:-

			£	s.	d.
Nottingham Corporation Gas					
		- Distribution	3	0	0
		- Gas Works Basford	14	2	6
		- Gas Works East Croft	20	0	0
		- Gas Works Radford	14	4	0
Nottingham Corporation		Health Dept. East Croft	16	0	0
"	"	Lighting	3	3	0
"	"	Tramways Exchange Walk	3	3	6
"	"	Tramways Basford Section	1	8	7
"	"	Water Dept.	18	0	0
"	"	Works & Ways Dept.	10	17	0
		Total	103	18	7

In 1911 the Corporation collections amounted to £345, which was 3.76% of the total.

Reflected in the lists of donors are the newly emerging Nottingham businesses, for example Boots Cash Chemists. Collections from various parts of the firm in 1898 - 99 amounted to £51 : 15 : 0 with Jesse Boot himself adding a further £25. In 1911 the collection from all departments totalled £275 : 8 : 0, just 3% of the complete Fund. Again Boots provides an interesting example of the scatter of collections made:-

		£	s.	d.
Boots	Shop Fitting Works	69	19	7
	Picture Framing	11	2	4
	Christmas Card Works	5	1	6
	Mineral Water Works		14	7
	Station Street Works	29	16	8
	Printing Works	29	11	8
	London Road Works	6	2	3
	Island Street Works	29	16	7
	Island Street Works (new premises)	9	15	2
	Stationery	3	12	8
	Station Street (new premises)	1	0	6
	Stables		6	10
	Nottingham Branch Shops	9	2	2
	Weighing Machines		8	0
	Sir Jesse Boot (self)	66	6	9
	Bank Interest	2	10	9
Total Boots all Departments		275	8	0

Another example of new industry contributing in 1898 - 99 was J. Player and Son, whose Castle Tobacco Factory collected £13 : 7 : 6. In 1911 they collected £40. In 1898 - 99 the Raleigh Cycle Company, Lenton, appears to have collected £14. This rose to £50 in 1911.

Finally, mention should be made that, whereas some data is available concerning the administration expenses of Hospital Sunday, no such data is available in the records concerning this aspect of Hospital Saturday. No reference is made in the Minutes of the Hospital Saturday Committee which have survived, nor is there any detail given in any of the records of the General Hospital.

The examples taken above give some idea of the evolution of Hospital Saturday, the tremendous energy, persistence and good organisation that went into establishing this vast network of collections from all types of business whether large or small in the region. The ever growing sums collected played a major rôle in enabling the General Hospital to continue to expand its services to meet the ever increasing patient needs of the community.

The Anniversary Meeting was a ritual indulged in by virtually all the

voluntary hospitals to mark the occasion of their foundation. The Nottingham General Hospital's Anniversary Meeting took place in the late autumn, usually in October of each year. Jacob devotes a chapter to this subject. (51) He states:- 'At first and for many years they were occasions of great splendour, in which the town and country combined to establish a real festival, inaugurated by a religious service followed by a dinner, concert and ball'. The commemoration service was always held in St. Mary's Church and was preceded by a procession from the Hospital which included 'the President, Stewards, Mayor and Corporation in their Formalities, Governors, Benefactors and Friends of the Charity'. An eminent Anglican clergyman was invited to preach the sermon which usually dwelt upon the virtues of charity; for example, in September 1784 the Rev. Dr. Kaye, Dean of Lincoln, Archdeacon of Nottingham, preached. Amongst other things he was said to have remarked 'that the present appearance of this solemn assembly furnished an argument to a Benevolent Mind of their being met to provoke one another to Love and Good Works; and by a general Contribution to promote the cause of Virtue and Benevolence ... that though persons might differ from one another in religious as well as political Topics it gave him great Satisfaction to find such a generous Concurrence in this labour of Love, alleviating the Miseries and Distress of our fellow Creatures'. (52) On this occasion there were nearly 1,100 people in the church. It was always an important social event for the local aristocracy and dignitaries. An important collection for the work of the Hospital was made at the church door. Money was also raised from the sale of tickets for the sumptuous dinner, for the concert and for the ball. Jacob quotes a sample menu for dinner and the toast list. He also includes in his Appendix a list of the clergymen who had preached the Anniversary Sermon since the opening of the Hospital. (53)

The Anniversary Collections were one of the Hospital's dependable sources of income throughout the study period. There was however a period beginning in 1810 - 11 and finishing with 1835 - 36 as the last year when the proceeds of the Anniversary Collection were given in alternate years to the Sneinton Lunatic Asylum to help fund the construction of the Institution which opened in 1812, and to aid its finances up to the decision to terminate the arrangement in a motion made at the General Board Meeting of the General Hospital in October 1836. Table 9(p.104)

illustrates the size of the collections for example years in both cash quantum and percentage of total income terms. As can be seen, the sums collected tended to be in the high £200s. The collections increased to over £400 starting in 1896 - 97 when an appeal was launched to raise the money to build a new wing with 66 extra beds, to be known as the Jubilee Wing to celebrate Queen Victoria's Diamond Jubilee in 1897. The Wing was completed and occupied in April 1900. This appeal for extra funds was responded to in part by increased giving on the occasion of the Anniversary Meetings. In the calendar year (changed fiscal year in the Hospital accounts) 1900, £1,228 : 15 : 0 was collected. The sums collected were over £1,000 in each year until 1905 when they dropped back to the £300s and then fell away to 1911 when only £141 : 10 : 3 was collected. The evidence is not sufficient or clear enough to explain this diminution. One can speculate that it may have been partly because so much money was being given in other directions such as Hospital Sunday and Hospital Saturday. There may also have been some disaffection with a largely Anglican centred occasion while nonconformity was spreading in the region in the way we have seen from the lists of churches and chapels contributing to Hospital Sunday.

Nevertheless the figures in Table 9 and the extraordinarily large collections between 1897 and 1905 demonstrate the significance of Anniversary Collections as a source of income. They were not of the size and importance of the Annual Subscriptions or of earnings from Dividends and Interest, or of Hospital Sunday and Hospital Saturday. The contribution was however regular, dependable and in keeping with the spirit of charitable giving of the times.

It will be observed from Figures 3, 4 and 5 (pages 105 - 107) that there is a magenta section in each bar. This represents income derived from miscellaneous items which occurred occasionally and which were not part of regular income. Small sums were often derived from sale of the by-products of the kitchen and in the early days when pigs were kept from the sale of the skins, or from any excess produce from the gardens. The Miscellaneous Receipts table from the 1909 Annual report is an example of the range of minor receipts:-

...

	£	s.	d.
Hospital Dispensary Box for Sundries	70	6	3
Sale of Dripping	11	18	6
Sale of Swill	10	0	0
Fees paid for Röntgen Ray photographs	3	3	0
As a result of a dispute, per A.A.Jacobs,Edgbaston	1	0	0
Fine	0	7	6
	96	15	3

Another income source was apprentice fees derived from apprentices taken on by the medical staff of the Hospital. These could vary from £34 in 1792 - 93 to £483 : 5 : 11 in 1834 - 35, £525 in 1838 - 39, £262 : 10 : 0 in 1840 - 41 and £315 in 1847 - 48. There were frequently years with no income from this source. In the 1880s and 1890s income is shown in the accounts for fees derived from pupil nurses. This brought in sums ranging from £20 to £30 per year. From 1894 - 95 the fees can only refer to payments by nursing pupils as the 1858 Medical Act terminated medical apprenticeships. Throughout the study period the accounts often give inadequate and inconsistent figures on apprentices and nursing pupils. The reporting on this subject in minutes is also perfunctory.

Returned taxes were sometimes a source of income. From 1807 - 08 to 1816 - 17 the Hospital benefited from the following sums of returned Property Tax:-

	£	s.	d.		£	s.	d.
1807 - 08	59	10	0	1812 - 13	76	16	0
1808 - 09	91	16	0	1813 - 14	76	16	0
1809 - 10	94	16	0	1814 - 15	78	6	0
1810 - 11	97	16	0	1815 - 16	83	6	0
1811 - 12	90	6	0	1816 - 17	81	8	0

Returned Income Tax also provided income in some years as shown by the following examples:-

	£	s.	d.		£	s.	d.
1862 - 63	54	8	1	1897 - 98	144	18	7
1866 - 67	93	7	0	1901	150	4	11
1868 - 69	58	15	9	1904	242	13	7
1870 - 71	49	3	4	1908	235	15	9
1891 - 92	105	1	2	1910	251	17	3

Lastly, there were occasional opportunities to earn from rents, for example in 1862 - 63 a rent of £30 was derived from the Hospital reservoir. From 1891 - 92 until

1898 - 99 rents were earned on houses owned by and adjacent to the Hospital:-

	£	s.	d.		£	s.	d.
1891 - 92	79	14	11	1895 - 96	44	13	2
1892 - 93	90	7	10	1896 - 97	50	18	6
1893 - 94	70	7	6	1897 - 98	52	12	8
1894 - 95	63	5	8	1898 - 99	44	0	11

It is interesting to compare the sources of income of other hospitals. Burdett gives details of the situation in 1889 - 90 for 11 Metropolitan and 34 provincial hospitals without medical schools. (54) For nearly all subscriptions were the major source of regular income, followed by dividends and interest from invested property. Donations and legacies were important but, as for Nottingham, there were considerable fluctuations. For many Hospital Sunday was an important provider of income, but few apart from Bolton, Portsmouth, Portsea and Gosport were important beneficiaries at this time from Hospital Saturday. But there are gaps in the data collection for both Hospital Sunday and Saturday which can be misleading; for example, no figures are shown for Leicester, whereas they are to be found in the Annual Report for the year concerned. In Burdett's Table Nottingham stands out for the magnitude of the contribution of the Hospital Sunday and Saturday Funds.

The Leicester Royal Infirmary Annual reports, which contain detailed accounts, give a comparison with the Nottingham General Hospital. (55) As with Nottingham, legacies and donations provided sporadic income. One of the most important sources of regular income was subscriptions. These did not plateau as in the case of Nottingham; rather they increased steadily in most years from £659 : 11 : 0 in 1783 - 84 to £4,315 : 10 : 9 in 1911. They usually accounted for around 40 to 50% of total income up to the start of Hospital Sunday in 1863, then dropped to around 20% after the start of Hospital Saturday in 1873. Regular income was also derived from dividends and interest but on a lower quantum and percentage scale than for Nottingham. It seldom rose above 10% of total income. Hospital Sunday was a major contributor throughout the study period, providing up to 20% of total income up to the launch of Hospital Saturday. Hospital Saturday followed similar trends as in Nottingham, exceeding Hospital Sunday in 1881 (£1,439 : 9 : 2,

9.79% of income compared to £1,316 : 9 : 5, 8.96% of income respectively). This progression continued so that by 1911 Hospital Saturday was by far the most important source of income (£10,035, 44.34% of income), compared to Hospital Sunday (£2,286 : 14 : 6, 10.1% of income).

In conclusion, the General Hospital sources of income divided into two categories: those which provided regular sums of large income on which financial planning could be based, and those which were sporadic or intermittent which could only be regarded as windfalls and not a basis for systematic planning. Although often very important in size of contribution Donations and Legacies came within the latter category, as did the Miscellaneous items not of major importance referred to above. In the former category came Annual Subscriptions, Anniversary Collections, Dividends and Interest, Hospital Sunday and Hospital Saturday. Extraordinary Income as we have seen was also regular income in the sense that it was mainly planned and the result of portfolio management. The relative importance of the sources of income changed over time and it should be reiterated that the most significant changes were the Hospital Sunday and Hospital Saturday movements. It is probable that without these the Hospital could not have continued to fund its ever increasing expenditure which stemmed from patient increase and medical advances. Considerable credit should be given to the individuals who managed the funding of the Hospital with such diligence and skill.

The plateauing of the contribution to the Hospital's income by the churches and chapels , and the growing contribution made by Hospital Saturday reflects a major change in the type of giving over time, which was also apparent in other voluntary hospitals such as the Leicester Royal Infirmary. Until the 1870s the greater part of income derived from a philanthropic aristocracy and gentry, and from the congregations of churches and chapels. Even during this period important regular income was also derived from investments and skilful portfolio management. In the 1870s, following the inception of Hospital Saturday, giving became increasingly secularised, with those involved in industry, retailing, warehousing and distribution organising collections for the provision of healthcare

for their employees. It was an important step towards State involvement in healthcare provision and the landmark legislation of the 1911 National Insurance Act, a forerunner of the National Health Service.

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TABLE 4. NOTTINGHAM GENERAL HOSPITAL - DONATIONS AND LEGACIES.

Year	Total Income £ s. d.	%	Donations £ s. d.	%	Legacies £ s. d.	%
		100				
1781-83	9649 7 10		7144 6 9	*74.03*	500 0 0	*5.18*
1783-84	1439 16 4		179 18 0	*12.43*	6 6 0	*0.41*
1786-87	1783 3 101/2		68 6 0	*3.81*	95 0 0	*5.32*
1792-93	1838 1 2		2 2 0	*0.1*	350 0 0	*19.04*
1796-97	1558 14 6		110 10 0	*7.06*	50 0 0	*3.2*
1806-07	2008 17 4		2 2 0	*0.09*	100 0 0	*4.98*
1815-16	2977 15 0		52 10 0	*1.74*	50 0 0	*1.67*
1824-25	2528 10 6		160 0 0	*6.32*	160 0 0	*6.32*
1829-30	3626 7 6 3/4		249 13 0	*6.86*	-	-
1838-39	11589 4 8		490 18 8	*4.22*	-	-
1860-61	24937 1 8		86 10 0	*0.34*	-	-
1867-68	4500 15 4		250 2 7#	*5.55*	520 0 0	*11.55*
1868-69	8668 16 2		1788 15 7#	*20.62*	119 19 0	*1.37*
1871-72	5926 1 5		164 19 1	*2.76*	483 0 0	*8.15*
1872-73	8203 13 4		274 10 3	*3.34*	1312 10 0	*15.99*
1881-82	6924 7 0		|----------1033 13		10*---------*14.91%*------|	
1889-90	7146 16 11		|----------1378 13		7*---------*19.28%*------|	
1898-99	10684 15 10		792 13 6	*7.41*	704 18 8	*6.58*
1907	15266 15 10		1644 3 5	*10.76*	2236 5 7	*14.64*
1911	17527 7 1		626 14 5	*3.57*	300 0 0	*1.71*

No separation between private Donations and those from working men and firms.

* Tabulation figures in 1891-92 Annual Report do not separate Donations and Legacies. No Annual Reports extant for 1881-1891.

TABLE 5. NOTTINGHAM GENERAL HOSPITAL - ANNUAL SUBSCRIPTIONS.

Year	Total Income £ s. d	*100%*	Subscriptions £ s. d.	%
1781-83	9649 7 10		1286 1 6	*13.32*
1783-84	1439 16 4		775 12 0	*53.85*
1786-87	1783 3 10 1/2		865 18 0	*48.5*
1792-93	1838 11 2		899 9 0	*48.91*
1796-97	1558 14 6		791 5 0	*50.77*
1806-07	2008 17 4		993 18 0	*49.45*
1815-16	2977 15 0		860 11 0	*28.88*
1824-25	2528 10 6		838 10 0	*33.4*
1829-30	3626 7 6 3/4		1036 9 0	*28.57*
1838-39	11589 4 8		1142 4 0	*9.85*
1860-61	24937 1 8		2077 3 0	*8.32*
1867-68	4500 15 4		2126 7 0	*47.24*
1868-69	8668 16 2		2180 3 6	*25.14*
1871-72	5926 1 5		2419 19 6	*40.82*
1872-73	8203 13 4		2473 16 6	*30.14*
1881-82	6924 7 0		2240 3 0	*32.35*
1889-90	7146 16 11		2123 9 0	*29.7*
1898-99	10684 15 10		2816 12 0	*26.35*
1907	15266 15 10		3105 0 6	*20.33*
1911	17527 7 1		3167 16 0	*18.06*

TABLE 6. NOTTINGHAM GENERAL HOSPITAL - DIVIDENDS AND INTEREST.

Year	Total Income £ s. d.	*100%*	Dividends and Interest £ s. d.	*%*
1781-83	9649 7 10		100 2 9	*1.43*
1783-84	1439 16 4		171 10 3	*11.88*
1786-87	1783 3 10 1/2		258 11 6	*14.46*
1792-93	1838 11 2		450 19 7	*24.48*
1796-97	1558 14 6		504 16 0	*32.34*
1806-07	2008 17 4		568 3 4	*28.28*
1815-16	2977 15 0		900 9 0	*30.23*
1824-25	2528 10 6		1082 8 6	*42.8*
1829-30	3626 7 6 3/4		953 0 6	*26.28*
1838-39	11589 4 8		1009 2 0	*8.7*
1860-61	24937 1 8		952 18 0	*3.81*
1867-68	4500 15 4		1217 12 8	*27.04*
1868-69	8668 16 2		1236 2 1	*14.25*
1871-72	5926 1 5		1246 10 6	*21.02*
1872-73	8203 13 4		1364 0 8	*16.62*
1881-82	6924 7 0		1145 7 2	*16.53*
1889-90	7146 16 11		1370 17 9	*19.17*
1898-99	10684 15 10		1501 4 8	*14.04*
1907	15266 15 10		1652 14 11	*10.82*
1911	17527 7 1		2119 0 1	*12.08*

TABLE 7. NOTTINGHAM GENERAL HOSPITAL - HOSPITAL SUNDAY AND HOSPITAL SATURDAY.

	Hospital Sunday				Hospital Saturday			
	£	s.	d.	% Total Income	£	s.	d.	% Total Income
1868-69	1393	16	10	16.07				
1869-70	1195	19	2	16.5				
1870-71	771	11	9	4.49				
1871-72	1249	1	3	21.07				
1872-73	1192	10	4	14.53	227	7	6	2.76
1873-74	1300	15	11	17.63	549	8	5	7.44
1874-75	1373	12	8	15.32	630	2	4 1/2	7.02
1875-76	1284	6	0	16.23	796	3	9	10.06
1876-77	1360	18	11	20.46	732	10	8	11.01
1877-78	1309	10	9	10.67	788	16	9	6.42
1878-79	1312	10	6	14.41	656	14	1	7.2
1879-80	1210	10	9	14.01	714	2	10	8.27
1880-81	1269	17	11	15.91	855	1	8	10.72
1881-82	1235	4	8	17.83	973	8	1	14.05
1882-83	1266	7	9	10.17	1069	13	0	8.59
1883-84	1229	2	10	16.29	992	14	4	13.15
1884-85	1178	17	8	15.91	965	7	6	13.03
1885-86	1136	3	5	15.23	946	16	7	12.68
1886-87	1156	12	4	17.41	955	9	7	14.38
1887-88	1064	19	2	13.68	1000	8	8	12.86
1888-89	1060	9	8	10.05	997	1	9	9.46
1889-90	906	16	3	12.67	1143	2	1	15.99
1890-91	1079	8	2	10.98	1366	18	8	13.9
1891-92	1041	5	4	10.88	1506	8	0	15.74
1892-93	1000	10	1	7.91	1709	9	4	13.53
1893-94	905	15	8	7.46	1782	8	0	14.69
1894-95	856	4	2	8.04	2028	2	8	19.05
1895-96	976	8	1	7.13	2156	8	1	15.75
1896-97	935	15	11	8.50	2362	13	10	21.49
1897-98	915	2	5	9.78	2132	6	4	22.79
1898-99	996	5	11	9.32	2510	3	8	23.49
1899-1900	-				-			
1900	955	19	6	8.04	2772	4	0	23.35
1901	1149	8	11	7.59	3144	2	4	20.77
1902	1039	3	4	7.39	3503	18	5	24.92
1903	1078	18	5	8.37	3787	10	3	29.4
1904	1001	3	2	7.03	4087	18	4	28.73
1905	1012	18	5	4.94	4126	9	0	20.17
1906	958	18	6	5.83	4505	12	10	27.45
1907	928	12	10	6.07	4742	3	8	31.06
1908	1047	11	1	5.01	5617	9	6	26.91
1909	1248	7	0	6.92	6719	8	10	37.28
1910	1102	19	9	6.04	7854	9	7	43.07
1911	1100	6	1	6.27	9160	4	4	52.26

TABLE 8. 1911 NOTTINGHAM COLLIERIES, HOSPITAL SATURDAY COLLECTIONS.

	£	s.	d.	£	s.	d.
Annesley				170	0	0
Babbington Collieries:						
- Cinderhill Pit Underground				103	13	0
- Babbington & Broxtowe Pit				139	17	9
- Bulwell Pit				29	3	0
- Newcastle Pit				56	17	9
Tibshelf Collieries				25	0	0
Birchwood Colliery, Alfreton				9	19	0
Cinderhill Pit (Traffic Dept.)				8	6	10
" " (Engineering Dept.)				10	18	10
" " (Brick Yard)				9	15	0
Broxtowe Pit (Banksmen)				5	12	8
Newcastle Pit				10	10	2
Babbington Pit				8	5	0
Cinderhill Pit				12	15	9
Bulwell Pit				4	11	2
Barber, Walker & Co.:						
- Brinsley Colliery	14	7	3			
- High Park Colliery	40	7	9			
- Moorgreen (Soft Coal)	15	9	5			
- Moorgreen (Hard Coal)	49	10	8			
- New Watnall Colliery	86	12	0			
- Selston Colliery	35	19	9	256	9	0
Bentinck Colliery, Kirkby in Ashfield				70	0	0
Bestwood Colliery (Sick Club)				187	2	9
Blackwell Colliery, nr. Alfreton				30	11	11

...

Table 8 cont'd.

Butterley Company's Collieries:			
- Loscoe	46	4	8
- Ormonde	10	17	10
- Bailey Brooke	45	12	3
- New Langley	29	6	10
- Plumtree	74	5	1
- Kirby	213	17	5
- Portland	81	7	9
- Birchwood	26	1	7
Clifton Colliery	121	0	0
Cossall Colliery	10	0	0
Gedling Colliery (Sick Club)	318	15	0
Hucknall Nos. 1 and 2 Collieries	185	0	0
Hucknall (New) Colliery	50	0	0
Radford Colliery	60	0	0
Ridding Colliery, nr. Alfreton	46	11	1
Sherwood Colliery Sick, Accident and Death Society	21	0	0
Trowell Moor Colliery	46	0	0
Wollaton Colliery	155	5	0
	---	---	---
Total	£2,676	11	11

TABLE 9. NOTTINGHAM GENERAL HOSPITAL - ANNIVERSARY COLLECTIONS.

Year	Total Income £ s. d.	*100%*	Anniversary Collections £ s. d.	% of Total Income
1781-83	9649 7 10		252 17 11	*2.61*
1783-84	1439 16 4		141 17 6	*9.79*
1786-87	1783 3 10 1./2		173 2 0	*9.7*
1792-93	1838 11 2		90 5 6	*4.89*
1796-97	1558 14 6		82 5 4	*5.26*
1806-07	2008 17 4		326 4 6	*16.23*
1815-16	2977 15 0		* -	
1824-25	2528 10 6		282 0 0	*11.15*
1829-30	3626 7 6 3/4		* -	
1838-39	11589 4 8		243 17 6	*2.09*
1860-61	24937 1 8		230 18 2	*0.92*
1867-68	4500 15 4		235 6 4	*5.22*
1868-69	8668 16 2		301 4 7	*3.47*
1871-72	5926 1 5		279 3 7	*4.7*
1872-73	8203 13 4		240 14 2	*2.92*
1881-82	6924 7 0		275 0 3	*3.97*
1889-90	7146 16 11		210 15 9	*2.93*
1898-99	10684 15 10		445 3 8	*4.16*
1907	15266 15 10		273 16 1	*1 .78*
1911	17527 7 1		141 10 3	*0.8*

* Collection given to Sneinton Lunatic Asylum.

FIGURE 3. NOTTINGHAM GENERAL HOSPITAL
SOURCES OF INCOME 1781-1816

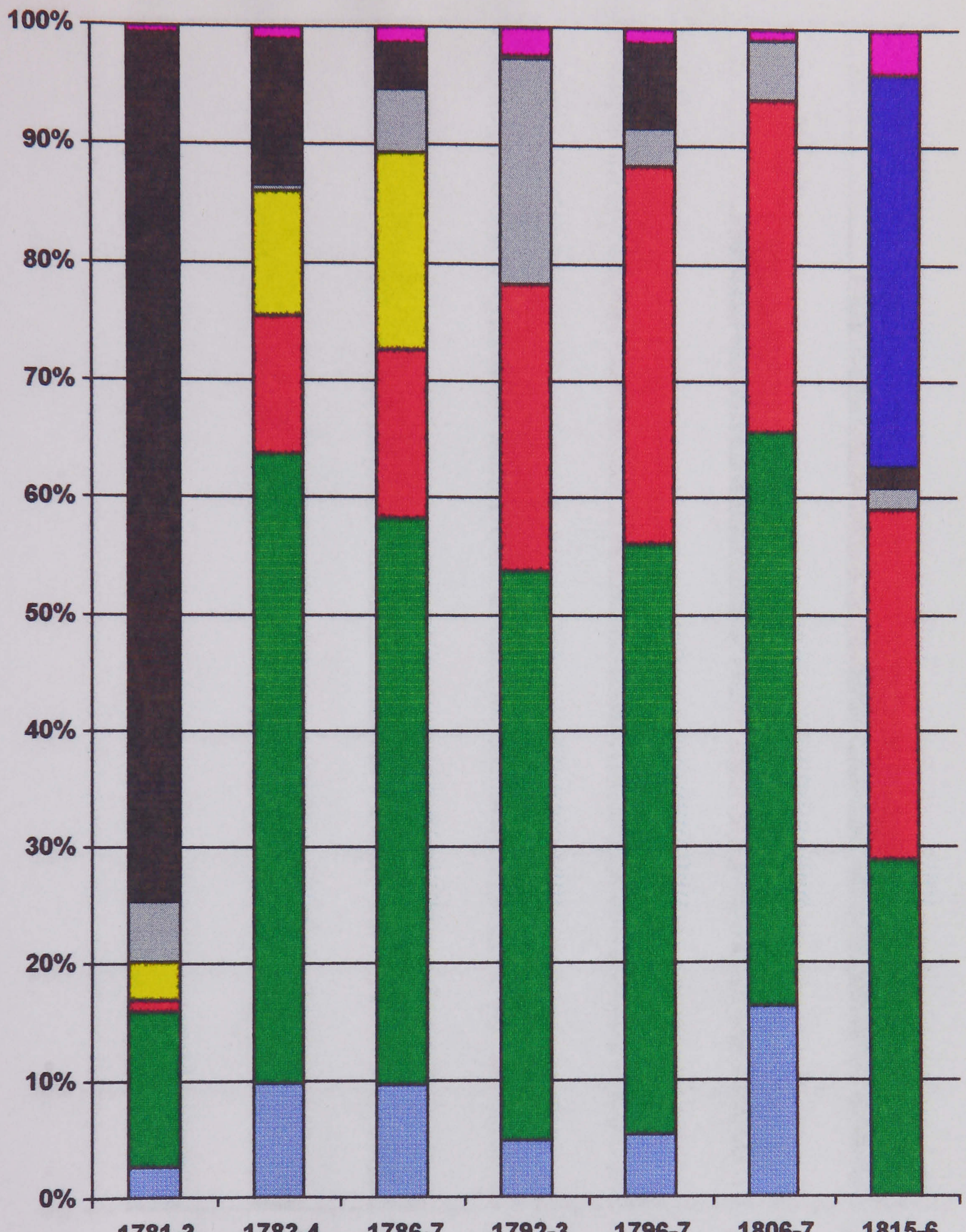


FIGURE 4. NOTTINGHAM GENERAL HOSPITAL
SOURCES OF INCOME 1824-1872

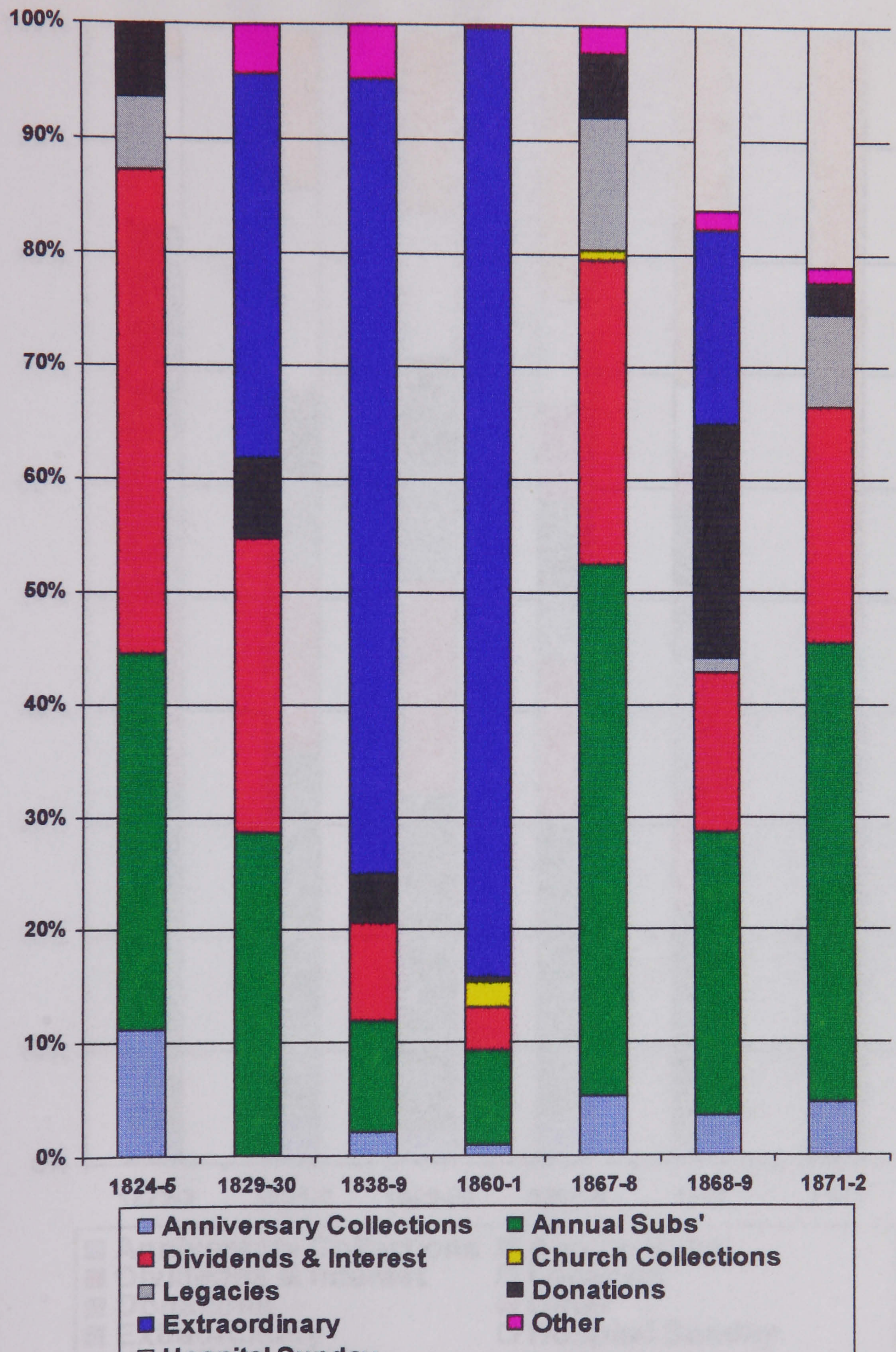
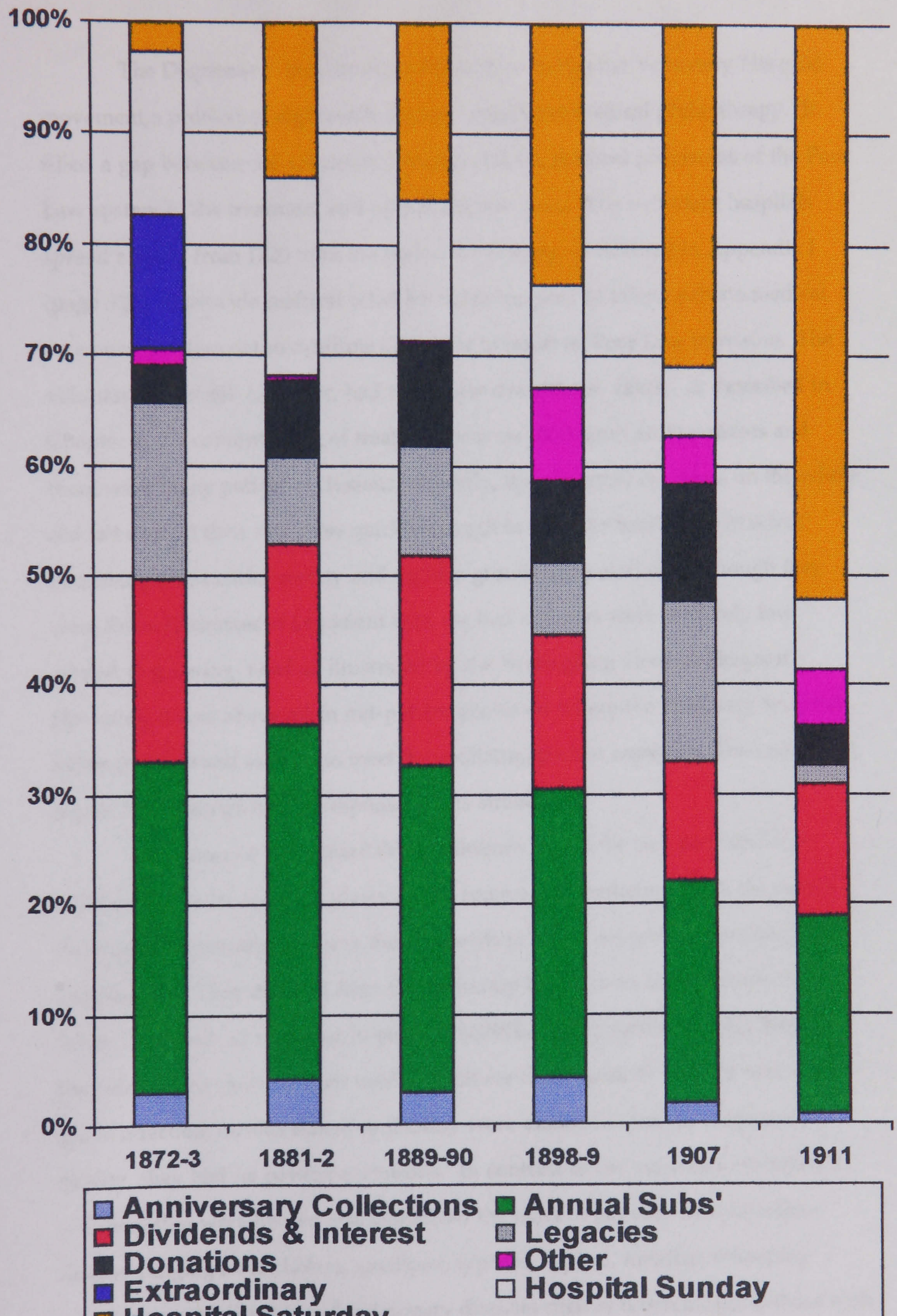


FIGURE 5. NOTTINGHAM GENERAL HOSPITAL
SOURCES OF INCOME 1872-1911



Chapter 5. Nottingham Dispensary - Origins, Organisation, Patients.

The Dispensary movement in England was, like the Voluntary Hospital movement,a product of eighteenth century social and medical philanthropy. It filled a gap between the voluntary hospital and the medical provisions of the Poor Law system in the treatment and care of the sick poor. The voluntary hospitals spread rapidly from 1720 until the end of the century, as detailed in Appendix I (page 320), to provide medical relief for those too poor to afford private medical care but who were not so destitute as to have to resort to Poor Law provision. The voluntary hospitals, however, had two major drawbacks: firstly, as described in Chapter 2, the concentration of treatment was on short-term acute patients and there were many patient exclusions; secondly, the voluntary hospitals on the whole did not expand their resources quickly enough to meet the health care needs of increasingly industrial society and rapidly growing population. Although they were the only sources of in-patient care, the bed numbers were relatively low related to growing need as illustrated by the Nottingham General Hospital. However, it was above all in out-patient provision where the voluntary hospitals failed to adapt and expand to meet the escalating patient numbers. The creation of public Dispensaries was in response to this situation.

Dispensaries were charitable institutions where the sick poor could go without charge for medical advice and to receive free medicines or, in the case of Provident Dispensaries, receive those benefits in return for a small pecuniary contribution. They differed from the voluntary hospitals in several respects: firstly, they had no wards or in-patient facilities of any sort; secondly, they provided home visits by their medical staff for those patients who for reasons of grave infection, serious illness or debility were unable to visit the Dispensary; thirdly, they had no patient exclusions. In contrast to the voluntary hospitals it was here that were treated and comforted the mass of patients with infectious disease ranging from cholera, smallpox, typhoid, typhus, measles, whooping cough, venereal diseases and pulmonary diseases such as tuberculosis, to those with

chronic disease, the incurable, the geriatric, the terminally ill. Furthermore the home visiting by the Dispensary staff also encompassed those patients who qualified for treatment by the voluntary hospital but were too sick to travel there.

The Dispensaries offered other benefits. They were more economical as a way of treating the sick poor than the voluntary hospitals as they did not have the high fixed assets or staffing costs inevitable with in-patient treatment or the high costs associated with sophisticated treatments as medical and surgical sciences advanced from the 1840s onwards. This is referred to by Kilpatrick and well illustrated by Loudon. (1) The subject of patient costs with specific reference to the Nottingham Dispensary will be dealt with in a separate chapter. Most voluntary hospitals started by admitting patients on one day a week, although this was increased or put at the discretion of the resident Surgeon as the pressure to admit more out-patients grew. In contrast, Dispensaries were open six days per week, with Honorary Physicians and Surgeons attending on a rota basis, whereas the Resident Surgeon and Apothecary and the Dispenser were full time employees of the institution and were resident there. It can also be argued that the Dispensaries had closer contact with the patients than the medical staff of the voluntary hospitals had, because of the home visits which represented about one third of attendances according to Loudon. Again, Loudon and Oppert point out that because of the wide range of disease conditions treated, the Dispensaries gave all categories of medical staff an unrivalled opportunity to study disease, which could not be matched by medical schools. (2)

It is not surprising, therefore, from the gap filled and the benefits offered by the Dispensaries that the movement gathered momentum in London and the provinces from 1770 onwards. By 1800 there were 16 General Dispensaries in London and 22 in the provinces. (3) In most cases the Dispensaries were set up as new, separate institutions from the voluntary hospitals, but in some cases the voluntary hospital could evolve from a Dispensary. This was the case in Newark where the Dispensary was founded in 1813 and only by degrees did the voluntary hospital emerge to assume autonomous status in 1840. (4) Nottingham however is an outstanding example of a Dispensary set up to cope with the growing needs of

the sick poor which could not be met adequately by the voluntary hospital.

Outside of the Poor Law system public provision of health care was late to arrive in Nottingham. Appendix I (page320) shows that the Nottingham General Hospital was one of the latest voluntary hospitals to open its doors to patients, in 1782. Similarly the Nottingham Dispensary was established late in the Dispensary movement, opening only on 9 May 1831. It was preceded by the establishment of a Dispensary at St. Mary's workhouse in 1813, which in addition to other medical treatment, three times a week offered free vaccination against smallpox to children of the poor. (5) Thomas Jowett, a former Resident Surgeon to St. Mary's Hospital and Dispensary, based upon his experience there, was one of the strongest advocates of establishing a General Dispensary: 'Dispensaries confer in proportion to their expense, a much greater extent of efficient and useful charity than any other kind of benevolent institution. ... The cheapness of the St. Mary's Medical establishment has not prevented it being esteemed, and becoming popular with the poor; many persons who require no other parochial aid, solicit and gratefully acknowledge its beneficial assistance'. (6)

The Nottingham papers had been advocating for several years the establishment of a public Dispensary. As had happened in other parts of the country, the General Hospital did not have the resources to meet the growing out-patient demand. The situation is well expressed by a 'Townsman's' letter published in the local press: (7)

> There are 668 out patients to the General Hospital, it must be evident to everyone, that here are far too many for the attention of the Physician and Surgeon of the week who do their duty gratuitously; and I know by experience and observation, that in vast many cases, the poor go round the town, to procure a recommendation, but in vain. Failing in this, they have no other recourse in the day of application and calamity but the parish dispensary, and hundreds refuse to apply there because the receipt of one penny worth of medicine would render them paupers; and their wives and little ones, suffer and die, for want

of necessary advice and assistance.

A public dispensary, open to all who chose to apply, would be a great blessing to the town; it would prevent an incalculable degree of suffering and would be hailed as a benefit by young and old, as a great good at little expense.

I am happy the project is in good hands, and trusting that the gentlemen engaged in it, will not sleep upon their posts.

Action had, however, already been taken preempting this plea. 16 December 1830 had seen an appeal by 80 inhabitants in the local press for a public Dispensary to be founded. This led on 30 December to the Mayor, William Wilson, calling a meeting at the Exchange. Thomas Wakefield, a later Mayor, described the need. A resolution by Dr. Wilkins, Vicar of St. Mary's, seconded by the Rev. Richard Alliott, minister of Castle Gate Chapel (the Mayor's place of worship), unanimously approved the proposition 'It is desirable that a Dispensary open for the daily admission of out-patients and should be forthwith established in Nottingham'. A second proposal, made by the Roman Catholic priest, the Rev. R. W. Wilson, seconded by Mr. Jowitt, was also approved. This was 'That it appears expedient that in connection with the Dispensary, arrangements should be made for visiting under particular circumstances, and to a limited extent, patients at their own homes in Nottingham'. A third resolution was passed to acquire a building which was also to be the residence of the Resident Surgeon. (8)

Chapter 3 deals with the growth in both in- and out-patients. Appendix II (page 322) gives a detailed breakdown of actual numbers, and Figure 1 (page 50) relates in-, out- and total patient numbers to population growth on an indexed basis. These figures illustrate that the General Hospital made considerable efforts, with much success, to meet growing patient needs. This included coping with a large increase in out-patients. 'Townsman's' out-patient figures above probably refer to out-patients remaining on the books in 1831 which is a gross understatement. Patient totals for the following years demonstrate the dramatic rise in patient numbers with which the Hospital was struggling: (9)

...

1785	558
1790	706
1795	1,110
1801	1,611
1811	1,423
1821	1,820
1831	3,107

Large though these figures were, they excluded the wide range of infectious disease and chronic illness patients who the General Hospital did not treat. The out-patient trend in the ten years between 1821 and 1831 meant that the General Hospital became an advocate of creating a Dispensary to relieve the situation. This is seen in the 1829 - 30 Annual Report. It was debated whether to institute the Dispensary in conjunction with the General Hospital, but as reported in the 1830-31 Annual Report the House Committee including the Medical Governors were unanimously opposed to the suggested union. Hence the Dispensary was set up as an independently managed charitable institution separately funded and managed.

The new institution opened its doors on 9 May 1831 in a large house centrally situated between Hockley and Woolpack Lane at a yearly rent of £35. (10) It was to be known as 'The Nottingham Dispensary for the relief of the sick poor in the County and Town of Nottingham and shall be unconnected with any other institution'. (11) The General Hospital had opened its doors to the sick poor of 'any county'. This was not so for the Dispensary. There was however a great similarity between the 'Founding Fathers' of the two institutions. In both cases they were the nobility and aristocracy of the region, leading bankers like the Wrights, senior religious representatives such as the Rev. George Wilkins, one of the main driving forces behind the foundation, his Nonconformist counterpart the Rev. R. Alliott, and numerous civic dignitaries including the current and several future Mayors.:- (12)

President - Duke of Newcastle

Vice-Presidents for the year -

Rt. Hon. Earl Manvers	
Wm. Wilson Esq., Mayor	Cotton spinner
John Smith Wright	Banker
Ichabod Wright	Banker

Henry Smith	Banker
Rev. George Wilkins	Vicar of St. Mary's

Committee for the year-

Rev. Richard Alliott	Minister of Castle Gate Independent Chapel
Charles Harrison Clarke	Attorney/Solicitor
William Enfield	Town Clerk. Attorney/Solicitor
George Gill	Lace thread manufacturer Cotton spinner
Thomas Wakefield	Cotton spinner. Merchant Colliery owner (later)
Rev. Robert W. Willson	Roman Catholic priest
James Butkin	Surgeon
- Curtiss	Not positively identified; possibly Wm.Curtiss, Bobbin net manufacturer
Samuel Fox	Grocer
John Watson	Not identified

The quality of mix of officials was continued until the end of the study period in 1911 and can be followed through the Annual Reports of the Dispensary.

Again, as with the General Hospital, because of the standing it gave one in the community and the enhanced opportunity to attract private clients, there was much competition to become Honorary Physicians and Surgeons. In the end the following were elected: (13)

Honorary Consulting Physicians	Dr. Howitt Dr. Cursham
Honorary Acting Surgeons	Dr. J. C. Williams (later co-founder of Nottingham Medical School)
	Mr. Greaves
	Mr. White
	Mr. Davison

Resident Surgeon and Apothecary	Mr. Robert Garner (retired May 1832, when Mr. Isaac Massey was elected and continued in this post until 1836)
Honorary Secretary	Thomas Wakefield
Treasurers	Ichabod and I.C.Wright Esqs. & Co.

The Rules of the Nottingham Dispensary probably owed more in their principles and details to the Rules of the General Hospital and the experience of their application since 1782 than to the study of the Rules of other Dispensaries. By comparison, as an example, the Rules of the York Dispensary were perfunctory and sketchy in contrast to the meticulously drafted Rules of the Nottingham Dispensary. (14)

The detailed management of the Dispensary was conducted by the Committee which met weekly and consisted of the President, the Vice-Presidents and 12 other Governors, and was open to any other Governor to attend. Four of the Governors were ineligible for one year, and for the first and second years the retiring Governors were to be fixed by lot, but afterwards by seniority of service. (15) Because of the need for the Committee from time to time to have expert medical advice the 1850 Rules contained an amendment so that one Honorary Medical Officer at least became a member of the Committee. (16) In the 1868 Rules a modification of the make-up of the Committee was that the two Auditors became members. The President and Vice-Presidents were henceforth to be *ex officio* Members of the Committee. These revised Rules are of particular interest in that they give specific details of the Committee's duties -

> to regulate all matters relative to admission or discharge of patients.
>
> to enquire into the discharge of their duties by the medical staff.
>
> to order or control the ordering of all drugs, fixtures, repairs and other requisites, for carrying on and upholding the Institution.
>
> to fix and order payment of salaries.
>
> to pass and order payment of accounts.

to direct the investment of monies.

to enquire into the conduct of the officers and servants of the Institution.

to regulate the affairs of the Institution generally.

In 1868 the responsibility and power of the Committee was increased considerably in one important respect: up to that date the resident Surgeon and Assistant Resident Surgeon could only be appointed or removed officially at a General Meeting. But in 1868 it was agreed that 'the Committee shall have power to appoint and remove the Resident Surgeon and the Assistant Resident Surgeon; the Secretary, the Dispenser and other Officers and Servants not specified as to be appointed at a General Meeting'. (17)

The main Committee appointed sub Committees with specialist members to study, investigate, check, control and recommend action in specific areas. The Finance Committee advised on investments in stocks and shares, mortgages, rents and the financial aspects of building extensions and improvements. The Inspection Committee inspected and controlled the maintenance and repairs of all medical and household equipment and the fabric of the Dispensary's buildings. The Drug Committee with its medical members' and Dispenser's views to call on controlled the selection of drugs used by the Dispensary and recommended the policy on supply sourcing. In 1855 there was a debate as to whether to continue to source on a quarterly basis from Nottingham druggists or whether for cost benefit reasons to source from London wholesalers. At the meeting on 16 July Dr. Massey's views prevailed and a compromise was reached to take supply of the main items from London and the rest from local druggists. (18) Price checks were often run by checking local prices against those of outside wholesalers. The Drug Order Book itself was the responsibility of the Resident Surgeon. (19)

The Drug Committee also kept a vigilant eye on drug costs. A salient example of its action was the investigation it conducted into the excessive cost of drugs used at the Hyson Green Branch in 1899. It was identified that the cost of drugs per patient at the Branch was double that at Broad Street. The Drug Committee's report stated:

1.there must be either (a) extravagance in prescribing (not the case)

or (b) extravagance in dispensing or (c) absolute waste or (d) systematic robbery or (e) a combination of the latter three.

2. direct the Branch Doctor's serious attention to the matter and ask him to supervise ordering of the drugs and surgical dressings for the Branch.
3. Serve notice on Dispenser Coates and engage a new, full time Dispenser at £90 per annum.
4. All drugs and surgical dressings for the Branch to be ordered through Broad Street except for emergencies. London drugs to go through Broad Street.
5. Smithurst [the Broad Street Dispenser] to take stock at the Branch and superfluous quantities to be returned.

The excessive drugs bill for the Branch had in fact been caused by the corrupt actions of Dispenser Coates. Although Robinson the Branch Resident Surgeon in consultation with the Honorary Surgeon had in some cases deliberately prescribed some expensive drugs, Coates had repeated the supply of items when there was no repeat prescription. He had also supplied excessive quantities. Furthermore all supplies came from his own Druggist business and none from a London source. (20)

The General Hospital was a more complex organisation to run than the Dispensary. Nevertheless there were many elements of similarity. The Dispensary Committee fulfilled the day to day management rôle of the Institution in a parallel way to Weekly and later Monthly Board Meetings of the Governors of the Hospital. In the same way that the Dispensary was supported by specialist sub Committees, so were the Hospital Boards supported by a Finance Committee, a Medical Board and a House Committee. Both Institutions most of the time achieved a competent level of management.

From the start the Dispensary operated on a recommendation system like that of the General Hospital with Donors and Subscribers having privileges. Rule 3 stated 'Donors of £5 : 5 : 0 or Subscribers of 10s. 6d. shall have the privilege of recommending three patients; Donors of £10 : 10 : 0 or Subscribers of £1 : 1 : 0 six patients; Donors of £21 or Subscribers of £2 : 2 : 0 twelve patients and in the same

proportion for any higher Donation or Subscription'. Unique to the Dispensary compared to the General Hospital which did not provide for home visiting, Rule 4 indicated 'A recommendation for a patient to be visited at home, is considered equivalent to two recommendations for patients personally attending the Dispensary and a recommendation for a Truss equal to three recommendations'. The latter reflected the high incidence of rupture amongst agricultural and industrial workers.

Rule 6 stated 'Donors of £10 : 10 : 0 or Subscribers of £1 : 1 : 0 and upwards are Governors'. This also paralleled the General Hospital with Governors having voting rights at the General Meetings.

Again, the charity gave the incentive of patient recommendations to Churches and Chapels contributing funds and to collectors in particular. Rule 7 stated 'Ministers preaching sermons, and making collections for the benefit of the charity, or the individual paying in the money so collected, are considered as contributing subscriptions, and have the privilege of recommending patients in proportion to the sums which they shall respectively pay into the hands of the Treasurers'. The incentive of recommendation was also given to the Local Government body, which from time to time sought medical assistance from the Dispensary especially in times of epidemics, and to Friendly Societies seeking treatment for members. Rule 8 stated 'The Chief Magistrates of any body corporate giving a Subscription, or the person appointed by any Society to pay a Subscription, shall have the same power of recommending patients as a Subscriber'.

As with the General Hospital, special rights were given to the Honorary Medical Officers as shown in Rule 13. 'The Physicians and Surgeons giving their professional gratuitous services to this Institution, are Governors, and each of them during their attendance shall exercise the same privilege as Subscribers of £5 : 5 : 0 per annum'.

The development of the Dispensary and changing circumstances inevitably led to modifications in the Rules including those relating to Donors and Subscribers. The main amendments made in this area in the 1850 Rules were that Donors of £10 : 10 : 0 and upwards in one sum were made life Governors and that Subscribers of £1 : 1 : 0 and upwards were Governors during the payment of such subscription and

were entitled to vote at all General Meetings of the Institution and were eligible to all its offices. An addition was made so that Donors of £50 and upwards, or Subscribers of £5 : 5 : 0 or upwards could recommend 30 patients. The original recommendation related to Trusses was removed. Lastly, to reduce abuse of the Charity, all recommendations were to be vetted by the Committee to decide if they represented true objects of charity or could afford to pay privately. (21)

In 1868 further amendments were made to the recommendation privileges of Benefactors and Subscribers: (22)

Donations in Guineas	Annual Subscriptions £ s. d.	No. of Patients that may be recommended annually
	10 6	4
10	1 1 0	8
20	2 2 0	16
30	3 3 0	24
40	4 4 0	32
50	5 5 0	40
60	6 6 0	48
70	7 7 0	56
80	8 8 0	64
90	9 9 0	72
100 or upward	10 10 0	80

Two recommendations were still required for home visits.

In 1888 a change was made to the qualifications of Governors in that Donors of 20 guineas and upwards in one sum were to be Life Governors (previously 10 guineas). Donor privileges were halved as an attempt to exercise some control over the growing patient numbers. (23)

Donations in Guineas	Numbers of patients to be recommended annually
20	8
30	12
40	16
50	20
60	24
70	28
80	32
90	36
100	40

On top of this one extra recommendation was to be awarded for every additional £2 : 10 : 0 donated. Home visits still required two recommendations.

As has been mentioned above similar social categories of people founded the Dispensary and the General Hospital. The appeal for charitable donations and charitable subscriptions to fund the Institution was made to the same body of citizens of the County and Town of Nottingham. One would therefore expect competition for funds between the two Institutions and a measure of overlap in financial contributions. This can be analysed to some extent in the extant Donor and Subscription lists and some other records and will be addressed in Chapter 7 on the Dispensary Finances.

As was the case with the General Hospital, so also with the Dispensary, there were two tiers of Medical Staff, which reflected the 'class system' of medicine in Victorian England whereby Physicians were superior to Surgeons with their trade antecedents, and both, well before 1831, were superior to Resident Surgeons and Apothecaries who fulfilled a lower rôle in the community. Simply put, within the Hospital and Dispensary the Honorary Physicians and Surgeons were part time consultants who received no payment, whereas the Resident Surgeon and Apothecary was a full time salaried worker. In the Dispensary in particular, it was the Resident Surgeon and Apothecary who provided the bulk of the medical advice and treatment for patients who presented themselves at the Dispensary or who were visited at home.

As we have seen above the Dispensary began with two Honorary consulting Physicians and four Honorary acting Surgeons appointed at a General Meeting for three years and eligible for reelection at the end of that period. The education, training and practice demarcations of the age are reflected in the Rules: (24)

> No Physician shall be eligible to this Institution unless he be graduated at the Universities of Oxford, Cambridge, Edinburgh, Glasgow or any other University where a residence of not less than 1 year is required, or be a licentiate of the College of Physicians in London. And no Physician practising Midwifery or engaging in the business of a Surgeon or Apothecary, or connected in partnership or

> otherwise with any person in such practice shall be eligible to this Charity. And no Surgeon shall be eligible to this Institution unless he has taken his Diploma as Surgeon at the Royal Colleges of London, Dublin, Edinburgh, or the faculty of Glasgow and shall be a licentiate of the Apothecaries' Company, or a graduate in Medicine. No one shall be eligible who is engaged after the manner of a Chemist or Druggist in the sale of drugs.

The Rules required each Honorary Physician to be consulted at the Dispensary 'in weekly rotation'. Each Honorary Surgeon had to attend the Dispensary to advise his patients at 10 a.m. two days per week on a rotation basis. If an Honorary Medical Officer was unable to attend on the fixed day he could engage another to officiate for him and if this was not possible the Resident Surgeon could stand in. (25)

To safeguard patients and the Dispensary against malpractice 'No amputation or other important operation, except in cases of immediate necessity shall be performed without previous consultation with two Honorary Surgeons of the Institution; and no Honorary Surgeon shall act contrary to the expressed opinion of the Honorary Surgeons present'. (26)

Another aspect of the Rules was that although Resident Surgeons and Apothecaries could be engaged from outside the region, Honorary Medical Officers from 1850 onwards had to have resided or practised in Nottingham for at least one year preceding the day of their election. (27)

During the first 28 years of the Dispensary's operation the Honorary Medical Officers, in keeping with the practice at the General Hospital and with the conventional practice throughout England, gave their services free. With much controversy involved, the change to the medical arrangements for the Institution made in 1859 meant the payment of fees to the Honorary Medical Officers for the first time:

> One of the Honorary Surgeons shall be required to attend in rotation on one day in each week at 10 a.m. for the purpose of being consulted by the Resident Surgeon on any cases thought desirable. And the Honorary Surgeon for the week shall visit such persons at their

> homes if so required and see the cases through. Each Honorary Surgeon shall on the week of attendance receive a fee; and the Honorary Physician shall attend when required by the Honorary Surgeon and receive a fee. The fees to be fixed and regulated by the Committee.

The amount to be paid to the Medical Officers was modest: £1 per week or £52 per annum to be divided at the end of the year between the four Honorary Surgeons. (28) In spite of the small fee there were problems with the principle on all sides. It placed the services of the Honorary Medical Officers more under the control of the Committee than before. It undermined the voluntary nature of services and cash donated to the Charity. It also added to the expense of the Institution. The fees were a continuous bone of contention amongst certain benefactors and subscribers. So, after several years of argument, in 1864 the Honorary Medical officers agreed to resign their fees which in practice had cost the Dispensary £63 per annum which could now be spent on appointing a much needed Assistant Resident Surgeon. Thereafter the Honorary Medical Officers received no fees or salary. (29)

The Resident Surgeon and Apothecary was the key figure in the day to day operation of the Dispensary's out-patient and home patient medical relief. His qualification and engagement terms were different to those of the Physicians and Surgeons. He had to be -

> ... a member of the Royal College of Surgeons of London and Edinburgh or of the faculty of Glasgow and a licentiate of the Apothecaries' Company, and shall undertake to continue in his office for not less than three years, but the Committee shall have power of releasing him from his engagement if they see fit. If he intends to leave at the expiry of his agreement, he shall give three months previous notice by a letter to the Chairman and the Committee.

Only in 1902, by which time it was becoming more difficult to recruit Resident Surgeons and Assistants, was the engagement period reduced to two years. (30)

> The Resident Surgeon shall reside in the Dispensary, and shall

> be precluded from any other professional business, and shall not on any account be allowed to attend any patient not belonging to the Charity.

In 1858 for example, the Committee refused to allow the Resident Surgeon, F. W. Clarke, to charge for a Certificate of Death in order to obtain the Burial Allowance from a Sick Club. As a further example, in 1876 the Committee turned down a request from Major Lane, the Gaol Governor, for the Dispensary Surgeons to certify cases of mania in the gaol. (31)

As well as his annual salary the resident Surgeon and Apothecary 'shall have the benefit of the House, clear of all outgoings of rent, taxes and rates; coals and candles'. He had to 'cause the medicines duly to be compounded in conformity with the prescriptions and directions of the Medical officers, and cause them to be delivered, properly labelled, with plain and accurate directions to the patients'. A Dispenser was appointed 'to compound the medicines under the direction of the Resident Surgeon'. This was done from the beginning. One of the outstanding employees of the Dispensary, highly regarded for his competence and integrity, was the Broad Street Dispenser J. Smithurst, who finally retired through illness in 1910 at the age of 79 years after 60 years service. As an unusual act of munificence the Dispensary agreed to pay his salary to the end of the year and thereafter to provide a superannuation allowance of £75 payable monthly. (32)

The Resident Surgeon was also obliged to

> register the names, ages, residences, and diseases of the patients, distinguishing those who attend at the Dispensary from those who are attended at their own homes; and he shall state when each was admitted; by whom recommended, by whom attended; when discharged; and in what state. ... In all cases of emergency, he may dispense medicines, or give assistance to patients, without recommendation, only for one day ... he shall only visit the home patients in cases of emergency, and when requested by the acting Surgeon ... He shall perform minor operations of surgery at the desire of the Surgeons of the Institution and he shall cause the general dressings for the surgical patients to be prepared every

morning and kept in readiness.

He also had to keep an inventory of surgical instruments. He had to report to the Committee 'if from appearances it looks as if a patient could pay'. ... 'He must constantly endeavour to use the most rigid economy in the consumption of drugs and other articles, and not to give orders for any, excepting by the directions of the Committee'. (33)

The working hours were long as the Dispensary was open for admissions as stated earlier every day except Sunday. It opened at 9 a.m. and closed at 10 p.m. 'But medicine prescribed in the course of the day need not be delivered after 7 o'clock, except in cases of emergency'. (34)

Whereas to be appointed Honorary Medical Officers had to have lived or worked in the region for a year to qualify for election, there was no such requirement for the Resident Surgeons or Assistants. They could be local or from anywhere in Britain. Posts when vacant were not only advertised in the Nottingham press but, following their foundation, from 1823 in the *Lancet* and from 1858 in the *British Medical Journal*. Also from time to time contacts with London hospitals were used to recruit staff. This rather looser initial attachment to the local community created another difference between some of the Resident Medical Officers and the Honorary Medical Officers.

The difference in status between the Honorary Medical Officers and the Resident Medical staff inevitably led to friction and rivalries which surfaced from time to time. In 1857 there were Subscriber complaints against the Honorary Medical Officers accusing them of not being as attentive to patients as they ought to be. Their response was to accuse the Resident Surgeon of not calling upon them as often as he should. (35) The inference throughout the Committee Minutes is that in many situations the Resident Medical Staff thought they were competent themselves to deal with most cases and did not have much need of the Honorary Medical Staff. The fee issue above, debated from 1859 to 1864, bore a relationship to regularising the consultancy rôle of the Honorary Medical Officers. The Report on the 33rd. Annual General Meeting casts interesting light on interrelationships and workloads: (36)

Honorary Surgeons and Physicians only see patients at the

> Dispensary. The more serious cases are solely under the care of the House Surgeon, who has to visit every one of them, and are not attended by the Honorary Medical Officers at all; excepting when the House Surgeon has some difficult case and requests advice and aid of some of the Consulting Surgeons.

It states that home visiting by eminent Medical Officers would be incompatible with their private practice. As to workload, the House Surgeon's work had doubled since 1832 (443 to 843 home visits).

> On Mondays he has, during the busy portion of the year, to see as many as 60 or 70 patients, at their respective homes, in the course of the day; and on an average, throughout the week he has to attend to 74 out and home patients daily. ... In addition since Enclosure [Nottingham General Enclosure Act 1845] on the North and South sides of the town inhabited portions of the Borough have greatly extended ... [to] over three times the area the Dispensary covered in 1831. Already these distant cases have grown from 19 in 1855 to 181 in 1863.

So increasingly, as seen in 1859 and again in 1863, the intervention of the Honorary Medical Officers was largely at the behest of the Resident Surgeon. The Honorary Staff continuously struggled for their rôle to be utilised. As late as 1881 the Committee was still having to exhort the Resident Surgeons to call upon the services of the Honorary Staff when required. (37) The Resident Surgeon's professional status in any case had started to improve with the 1858 Medical Act, when Physicians, Surgeons and Surgeon Apothecaries were entered on the same Medical Register. It was not until the 1868 Rules of the Dispensary that it was a statutory requirement for all Medical appointees to be on the Medical Register.(38)

Another change in the weighting of the Medical Staff took place over time in that whereas two Honorary Physicians were appointed at the outset, as seen in the 1850 Rules, by then there was only one Honorary Physician. In 1887 it was decided finally to abandon the appointment of Honorary Physician as in practice there had not been one for years. (39) Four Honorary Surgeons however continued to be appointed throughout, with the addition of Isaac Massey, honoured for his

work, as Consulting Surgeon for Life from 1887 till his death in 1891.

It has been mentioned earlier that, apart from the fee interlude, Honorary Medical Officers gave their services free because such appointments gave them status in the community and brought them into close contact with the President, Vice Presidents and Committee members of the Institution, all of which gave them access to build up their private client list. In the 'class pecking order' more status accrued from being on the Honorary Medical Staff of the General Hospital than of the Dispensary. When the opportunity occurred consultants resigned their posts at the Dispensary to move to the General Hospital: Dr. Storer, Honorary Physician, 1841; J. Thompson, Honorary Surgeon, 1858; Dr. H. O. Taylor, Honorary Surgeon, 1889; Joseph Thompson Jnr., Honorary Surgeon, 1891. (40) For similar reasons former Resident Surgeons and Apothecaries seized the opportunity to be appointed to the Honorary Medical Staff of the Dispensary, usually after they had worked successfully in private practice for some time after leaving their labours in the Dispensary. Examples of such Honorary Surgeon appointments are: Isaac Massey, 1838; Edgar Beckit Truman, 1867; J. Thompson Jnr., 1869; George Bentley White, 1887. (41)

To work as a Medical Officer for a Parish Poor Law Hospital or Dispensary before 1834 or for a Poor Law Union after the Poor Law Amendment Act was the lowest starting place in a medical career for a Surgeon and Apothecary whose ambition was to develop a private practice. Slightly more reputable in the hierarchical order was to obtain an appointment as a resident Surgeon and Apothecary to a public Dispensary. Many newly qualified practitioners even began as Assistant Resident Surgeons and Apothecaries. As we have seen the Rules applying to the Resident Medical Staff were stringent, the hours long, the work volume enormous. Against that, one had a guaranteed regular income. In the early days of the Nottingham Dispensary Resident Surgeons were paid around £120 per annum and Assistants £30 per annum. The progression of salaries over the years can be followed in the Dispensary's Committee Minute books. By the end of the study period Resident Surgeons at Broad Street and the Hyson Green Branch were paid around £200 to £220 per annum and Assistants £170 to £180 per annum. On top of salary the appointee benefited from full board including coal and candles. The

opportunity to gain medical experience through the wide range of disease conditions to be treated, was enormous. The post itself had status. This could be enhanced if one developed a reputation for skill and success. The resident Medical Officers had exposure to a cross section of the community from the sick poor, those responsible in the Corporation for Public Health, to the important citizens of the town who were the managers of the Charity, Donors and Subscribers. To work for the Dispensary was a stepping stone to branching out and developing a successful private practice.

Most Resident Surgeons stayed in their posts the statutory three years. Some continued beyond this: Isaac Massey four years from 1832; Dr. E. B. Truman five years from 1860; Dr. G. B. White four and a half years from 1873, and the founding Hyson Green Resident Surgeon Mr. G. A. Robinson four years from 1896. The Committee Minute books show many examples of the type of position to which its Resident Surgeons and sometimes their Assistants progressed. The following Resident Surgeon movements took place:

1852 William Maltby enters general practice

1855 Thomas Barwis enters private practice

1865 Edgar Beckit Truman enters private practice

1871 - Thomas resigns to succeed to the medical practice of his recently deceased uncle

1877 G. B. White enters private practice

1883 J. M. Tweed resigns to take up medical post offered by the New Zealand Government

1887 R. D. Barber resigns as he has the opportunity of buying a medical practice in a district where he is well known

1888 T. Davies Pryce takes up the post as Surgeon to Nottingham Oddfellows

1893 T. W. Kelly enters private practice

1895 H. E. Belcher enters private practice

1907 W. B. Blandy enters private practice

T. F. Wilson resigns to go into a private partnership

1909 C. H. Brownhall enters private practice

In addition, in 1846 Assistant Resident Surgeon Gates became Resident Surgeon at the contiguous Radford Poor Law Union.

The Nottingham Dispensary filled a similar need in public healthcare cover as many other Dispensaries in towns and counties where there were voluntary hospitals as well as the ubiquitous Poor Law provisions. Like the Nottingham General Hospital the Dispensary was vigilant to take no patients who could afford to pay for private healthcare. It was equally eager to refute the misapprehension that it was auxiliary to the Poor Law Union. 'Its primary objective is to afford medical aid to those working classes who are not in receipt of parochial relief ... to promote and maintain in them that independence of mind which renders them reluctant to become chargeable to the parish'. (42) Allen explains how the York Dispensary was established in 1788 because the York County Hospital could not cope on its own, and how the Dispensary was complementary to the voluntary hospital. (43) The establishment of the Nottingham Dispensary bears some parallels in that by 1831 the General Hospital could no longer cope with the volume of out-patients who qualified for admission, nor could it reach at home those patients unable to travel to its doors. But above all it could not cater for the considerable number of patients in great need who were excluded by its Rules from treatment.

For those who were too ill, weak or elderly, the Dispensary offered the great benefit of home visits, above all by its Resident Surgeons. This was of great benefit to the geriatrics, the incurable, the terminally ill and those with very serious infectious diseases who should not risk infecting others by attendance at the Dispensary surgery. A breakdown of patients seen at the Dispensary and at home will be given in Chapter 6 on Patient Numbers and Costs. The year 1841 saw a great number of consumptive patients. The General Hospital was unable to retain them beyond a limited time especially as many of them had no prospect of recovery. These became home patients of the Dispensary with regular medical attention including what were then described as 'expensive drugs'. (44) In 1857 one-third of the patient deaths recorded by the Dispensary were phthisis sufferers. Again a large portion of these had been discharged from the General Hospital and received

as Dispensary patients 'in the hope of alleviating their sufferings'. (45) The situation repeated itself in 1860 when of 66 recorded deaths 27 were cases of consumption 'chiefly of persons discharged as incurable from the General Hospital, or in a very advanced stage of disease, when they became patients of the Institution'. (46)

The Minutes of the Annual Meetings and of the Committee contain many references to the common diseases treated by the Dispensary. As examples these ranged from the influenza epidemic in 1848 to measles, rheumatic diseases, scarlet fever and typhoid in 1868; typhoid singled out again for special mention in 1901 when the Resident Surgeons for the first time were obliged to make a Statistical Medical Report; to the whooping cough and pneumonia epidemics in 1903. (47) In spite of all the efforts made with vaccination, smallpox was not an infrequent scourge. As examples there were 26 cases and one death in 1865 followed by 44 cases in 1866. There was an epidemic in 1871-72. Between November and December 1871 and January and December 1872 there were 2,317 cases of smallpox in the Borough and 362 deaths. In the early stages of the epidemic 3,689 persons were revaccinated and not one of these was attacked by the disease. There was a further epidemic in 1885,when the Nottingham Health Committee requested help from the Dispensary's Medical Officers to attend some smallpox cases at its Garden Hospital fever unit. In return they promised to pay cab fares and to increase their subscription to the Dispensary. The request was declined because the Dispensary's Medical Officers were already overstretched. (48) The Dispensary did nevertheless give help when possible. In 1889 the Dispensary received £57 : 15 : 0 from the Health Committee as a contribution to its Resident Surgeons' having attended 165 cases of infectious diseases at the Garden Hospital. (49)

One of the commonest of afflictions of the urban poor in the study period was what was generally called diarrhoea, characterised by loose stools, often vomiting, high temperature and dehydration. With the limited knowledge of the cause of disease more specific diagnosis was not normally possible. So diarrhoea covered any type of gastroenteritis caused by bacterial infection of food or water and prevalent in the living conditions of the time, including poor knowledge of simple hygiene. Diarrhoea was sometimes referred to as English cholera,

sometimes dysentery and even the plague of Asiatic cholera, though this was generally diagnosed as a separate disease. It was increasingly recognised that the number of cases of diarrhoea in a year 'form some index to the general health of the town'. (50) The Committee Minutes for 1848 and the Annual Reports for 1850 and 1856 all mention high levels of diarrhoea. Better sanitary arrangements in the Town are cited as the reason for the low level of diarrhoea in 1877 and close cooperation between the Dispensary Medical Officers and the Officers of Health of the Borough in 1882. All these efforts did not see an end to outbreaks of diarrhoea, with a major epidemic in 1911 blamed upon a fine and dry summer. (51) One of the commendable humane features of the operation of the Dispensary was that when large outbreaks of diarrhoea and Asiatic cholera returned, the Dispensary made everyone aware that treatment was available without the necessity of recommendations.

Few diseases were more emotive than Asiatic cholera (cholera vibrio) which first reached England from the European mainland in October 1831. There were four main outbreaks in England: 1831 - 32, 1852, 1853 - 54, and 1866. (52) Nottingham was a victim of the disease in the first three outbreaks. Nowhere in the records of the General Hospital is there any mention of the treatment of cholera patients, not even in its small fever house. The brunt of the first wave of epidemic was borne by the Nottingham Board of Health, the Parochial Guardians of the Poor, and especially the Dispensary. The precise number of cholera patients treated by the Dispensary cannot be identified separately but it was recorded that 'patients were indiscriminately received at the Dispensary, and were visited at their houses during the time the disorder prevailed'. 'If these are added to the above patient numbers the total number of persons cured and relieved by this establishment during the past year was nearly 4,000!'. (53) It was explained that Nottingham benefited from the experience of cholera obtained by Dr. Isaac Massey when he was studying under Baron Dupuytren, Chief Surgeon at the Hôtel Dieu Hospital in Paris. (54) However, August and September 1834 saw a further outbreak of cholera. The Dispensary again played its rôle: '500 patients were admitted without recommendation, of these 240 were visited at home'. (55) There were cholera patients again in 1846 when the cholera epidemic accounted for 4,212

patients for the Dispensary, which claimed its actions greatly diminished the impact of the disease. (57) There were still cholera patients being treated in 1850 but the next large outbreak was in 1854 when again the Dispensary cooperated closely with the Sanitary Committee of the Corporation to help arrest the disease by providing medicines and 'to secure medical attendance of a medical officer night and day at the Dispensary to attend cases of cholera'. (58) After this year no reference is found in the Dispensary records to further cholera epidemics.

Patient numbers and their costs and the Finances of the Dispensary will be treated in subsequent chapters. Suffice it to conclude here that the major contribution of the Dispensary was, for the non pauper sick poor, to meet those healthcare needs which were not met by the General Hospital for reasons of exclusions and limited resources. At all levels from President, Vice Presidents, Committee members, Donors and Subscribers, the Dispensary was supported by similar sectors of Nottingham society to those of the General Hospital. They saw the two Institutions as complementary. The organisation and administration was on the whole competently managed throughout the study period and gained much from the experience of setting up and managing the General Hospital from 1781.

The two tier medical staffing of Honorary and Resident Officers again reflected what happened at the General Hospital and was common throughout the country. It mirrored the 'class system' of the medical world as it evolved in England. Nevertheless the Dispensary provided a competent level of what was available in terms of diagnosis and treatment within the limited but developing clinical and surgical knowledge of the time. Its Resident Surgeons and their Assistants were the backbone of the Dispensary where the patients were concerned. They provided treatment, alleviation of suffering, comfort and care on a large scale, above all for the mass of chronically ill who otherwise would not have been treated. They also, often at considerable risk to themselves, dealt with those afflicted with infectious diseases. Finally it is worthy of reiteration that one of the most important benefits they gave to the sick poor, not provided by the General Hospital, was home visiting on a substantial scale.

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7. NR 1831, 28 April. The letter is dated 16 April.

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14. Allen, Oswald, *History of the York Dispensary,* (York: Pickering, 1845). pp.6-7.

15. DD ND 27/1, Rules 1831. Rules 16 and 17.

16. DD ND 27/2, Rules 1850. Rule 30.

17. DD ND 27/3, Rules 1868. Rules 24, 29 and 30.

18. DD ND 1/1, Committee Minute Books. 3 March 1845 - 27 Dec. 1858. Minutes of the meeting on 16 July 1855. pp.292 - 294.

19. *ibid.*, Minutes of meeting on 11 March 1850. According to the Dispensary's Grant of Authority, the Resident Surgeon entered in the Day Order Book the drugs required to be ordered for the ensuing week. He signed this before it went before the Committee to be counter signed by the Chairman.

20. DD ND 1/4, Committee Minute Books 3 Jan. 1887 - 30 March 1914. Minutes of meetings on 16 October and 4 December 1899. pp.355 - 358.

21. DD ND 27/2, Rules 1850. Rules 4, 8, 14, 15.

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30. DD ND 27/1, Rules 1831. Rule 38.
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DD ND 1/4, Committee Minute Books, 3 Jan. 1887 - 30 March 1914.

Minutes of meeting on 29 August 1910. p.694.

33. DD ND 27/1, Rules 1831. Rules 43, 47 and 49, and Additional Regulations for the Resident Surgeon.

34. DD ND 27/1, Rules 1850. Rule 17.

35. DD ND 1/1, Committee Minute Books, 3 March 1845 - 27 Dec. 1858.

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36. DD ND 6/3, Annual Reports 1860 - 1869.

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37. DD ND 1/3, Committee Minute Books, 3 July 1871 - 27 Dec. 1886.

Minutes of meeting on 28 March 1881. p.283.

38. DD ND 27/3, Rules 1868. Rules 47, 48 and 59.

39. DD ND 6/5, Annual Reports 1880 - 1889.

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DD ND 6/2, Annual Reports 1850 - 1859.

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DD ND 6/6, Annual Reports 1890 - 1899.

61st. Annual Meeting. Report for year ending 31 Dec. 1891.

41. DD ND 6/1, Annual Reports 1831 - 1850.

7th. Annual Meeting. Report for year ending 31 Dec. 1837.

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43. Allen, Oswald, *op.cit.*, pp.12 - 13.

44. DD ND 6/1, Annual Reports 1831 - 1850.

11th. Annual Meeting. Report for year ending 31 Dec. 1841.

45. DD ND 6/2, Annual Reports 1850 - 1859.

27th. Annual Meeting. Report for year ending 31 Dec. 1857.

46. DD ND 6/3, Annual Reports 1860 - 1869.

30th. Annual Meeting. Report for year ending 31 Dec. 1860.

47. DD ND 1/1, Committee Minute Books, 3 March 1845 - 27 Dec. 1858.

Minutes of meeting on 23 Feb. 1848. p.61.

DD ND 6/3, Annual Reports 1850 - 1859.

38th. Annual Meeting. Report for year ending 31 Dec. 1858.

DD ND 6/7, Annual Reports 1900 - 1909.

71st. Annual Meeting. Report for year ending 31 Dec. 1901.

73rd. Annual Meeting. Report for year ending 31 Dec. 1903.

48. DD ND 6/3, Annual Reports 1850 - 1859.

35th. Annual Meeting, Report for year ending 31 Dec. 1865.

36th. Annual Meeting. Report for year ending 31 Dec. 1866.

DD ND 6/4, Annual Reports 1870 - 1879.

48th. Annual Meeting. Report for year ending 31 Dec. 1878. The smallpox epidemic figures were extracted from a report of the Health and Sanitary Committee of Nottingham Corporation.

DD ND 1/3, Committee Minute Books, 3 July 1871 - 27 Dec. 1886.

Minutes of meeting on 9 Nov. 1885. p.440.

49. DD ND 6/5, Annual Reports 1880 - 1889.

59th. Annual Meeting. Report for year ending 31 Dec. 1889.

50. DD ND 6/3, Annual Reports 1850 - 1859.

37th. Annual Meeting. Report for year ending 31 Dec. 1867. When this remark was made, relating to cleanliness of living conditions and to the

state of nutrition, there were in that year 2,378 cases of diarrhoea, 686 more than in 1866.

51. DD ND 1/1, Committee Minute Books, 3 March 1845 - 27 Dec. 1858.
Minutes of meeting on 23 October 1848. p.81.
DD ND 6/2, Annual Reports 1850 - 1859.
20th. Annual Meeting. Report for year ending 31 Dec. 1850.
26th. Annual Meeting. Report for year ending 31 Dec. 1856.
DD ND 6/4, Annual Reports 1870 - 1879.
47th. Annual Meeting. Report for year ending 31 Dec. 1877.
DD ND 6/5, Annual Reports 1880 - 1889.
52nd. Annual Meeting. Report for year ending 31 Dec. 1882.
DD ND 6/8, Annual Reports 1910 - 1919.
81st. Annual Meeting. Report for year ending 31 Dec. 1911.

52. Morris, R. J., *Cholera 1832*. (London: Croom Helm, 1976).
Pelling, Margaret, *Cholera, Fever and English Medicine 1825 - 1865*, (Oxford: O.U.P., 1978).
Both describe how the disease reached England and spread, the lack of understanding of its cause and spread until the eventual association with contaminated water supply and the isolation of the bacillus by Koch in 1883.

53. DD ND 6/1, Annual Reports 1831 - 1850.
2nd. Annual Meeting. Report for year ending 31 Dec. 1832.
NR 1832, 13 July.
Credit must also be given to the Corporation which formed a new Board of Health of 22 members including leading Physicians and Surgeons such as Pigot, Williams, Davidson, Howitt, Blake, Butlin, Attenburrow and Robert Davison, to deal with the interment of the dead, disposition or removal of the afflicted and the removal of nuisances. A Cholera House was set up but there are no details of the numbers treated there.
ibid.,1832, 16 Nov. The Board of Health was dissolved the previous week. The total of cholera deaths reported was 296.

54. DD ND 6/6, Annual Reports 1890 - 1899.

(54) 61st. Annual Meeting. Report for year ending 31 Dec. 1891.

This is mentioned in the biographical details of Dr. Massey given on his death in 1891.

55. DD ND 6/1, Annual Reports 1831 - 1850.

4th. Annual Meeting. Report for the year ending 31 Dec. 1891.

56. DD ND 1/1, Committee Minute Books, 3 March 1845 - 27 Dec. 1858.

Minutes of meeting on 10 August 1846. pp.33-34.

57. DD ND 6/1, Annual Reports 1831 - 1850.

19th. Annual Meeting. Report for year ending 31 Dec. 1849.

58. DD ND 6/2, Annual Reports 1850 - 1859.

20th. Annual Meeting. Report for year ending 31 Dec. 1850.

24th. Annual Meeting. Report for year ending 31 Dec. 1854.

DD ND 1/1, Annual Reports 1831 - 1850.

Minutes of meeting on 19 August 1854. pp.259-260.

Chapter 6. Nottingham Dispensary - Patient Numbers and Costs.

Chapter 3 on Nottingham General Hospital Patient Numbers and Costs demonstrated the growth in patient numbers, the steps taken by the General Hospital to increase in-patient capacity, and the extent to which it coped with the ever increasing out-patient demand. All this was in spite of the substantial constraints of the General Hospital's patient exclusions and the absence of domiciliary visiting. The General Hospital alone could not meet the needs of the sick poor of the community. As described in the previous chapter it was not geared to treat the large numbers of patients with the various common infectious diseases , nor was it structured to treat the chronically ill or patients suffering from incurable and terminal diseases. The General Hospital's management and sponsors therefore supported the establishment of the Nottingham Dispensary.

This chapter will explore the total number of patients treated by the Dispensary compared to the General Hospital. It will show the growth trend in patient numbers and relate it to the outbreak of epidemics and the steps which were taken to increase resources in staff and premises to meet the growing demand. The analysis will also demonstrate the numbers of patients treated as out-patients presenting themselves at the Dispensary compared to the numbers treated at home. Following the establishment of the Hyson Green Branch the proportions of out- and home patients served by the Broad Street Dispensary and the Branch will be examined. As earlier with the General Hospital an attempt will be made to look at the relationship between the patient growth of the Dispensary and the population growth of Nottingham.

Another aspect of patient numbers which will be explored will be the volume of accident and emergency cases related to the total. A similar analysis will be made of dental cases. Patient numbers and their growth also had implications for the medical staff work load, so this will be discussed.

The extant data on costs per patient for the Nottingham Dispensary will be reviewed to show the cost movement over time and the dramatic comparison with patient costs at the General Hospital. Comment will be

made on how typical this was compared to parallel institutions in other parts of England.

The enormous contribution of the General Hospital to the treatment of the non-pauper sick poor in Nottingham has been demonstrated in the chapters on the General Hospital, as have the shortcomings of the Hospital in the areas of sickness it did not cover. The magnitude of the shortcomings was revealed in a quantifiable form following the foundation of the Nottingham Dispensary on 9th.May 1831. The Dispensary's Annual Reports for 1832 until the end of the study period in 1911 contain data on patient numbers broken down between out-patients who presented themselves at the Dispensary premises and those who were visited at home. There is also a considerable amount of data available quantifying accidents and emergencies, and in later years for teeth extractions.(1) The figures for out- and home patients have been extracted and presented in Appendix V - Patient Numbers (page 342). In the same Appendix in- and out-patient numbers for the General Hospital for parallel years have been shown for comparison. Some caution needs to be used in comparing the figures for the two institutions. Chapter 3 contains a detailed discussion of patient numbers for the General Hospital, and Appendix II (page 322) tabulates the data extracted from the Hospital archives explaining its format and content which is not consistent for all years. The main difference between the data shown for the Hospital and for the Dispensary is that patient numbers for the latter institution do not include patients remaining on the books from the previous fiscal year, but are admittance figures for the year. Numbers of patients remaining on the books for the Dispensary are only shown in the Annual Reports 1832 to 1838, and have been excluded from the Dispensary figures in Appendix V in order to facilitate the comparability of the annual Dispensary figures. For 1832 to 1838 the patients remaining account for on average 13% additional patients. From this it might be hypothesised that the Dispensary patient numbers throughout the tabulation are understated by around 13%. Equally, in looking at the detailed figures in Appendix II, for those years where patient remaining figures are available, it might be hypothesised that the General Hospital figures are overstated by around 18% in relation to the annual

admittance figures only.

Perhaps the most important aspect of the Dispensary's activities up to 1911 was the sheer volume of patients which it treated throughout the period, and how the upward trend continued. It shows the enormous medical needs of the sick poor in the community and the massive contribution made to treatment and care by the Dispensary in addition to the major rôle played by the General Hospital. Appendix V shows patient numbers by year. Although around 3,000 patients were being treated each year the numbers were largely on a plateau until 1848, a year in which there were high levels of diarrhoea, but the patient numbers only doubled in 1849 when a peak of 6,820 of patients was reached, largely due to a severe cholera outbreak. The following year was also one of the worst years for cholera and diarrhoea with total patients still as high as 4,788. Patient numbers never again returned to the 3,000 level. 1854 again saw a cholera outbreak and the total patient numbers climbed to 6,608. The upward trend in numbers continued. Population growth played an important part in the growth in patient numbers and this will be examined later. Suffice it to say that in 1865 patient numbers at 9,816 reached their highest level to date. From this year numbers were over three times those of the foundation year . 1866 was the last year when cholera broke out, but the year also saw 44 cases of smallpox contributing to the patient total of 7,802. 1868 was something of a landmark year when a peak of 10,736 of patients was reached, four times the 1831 number. Diarrhoea was widespread with the cases increasing year on year from 2,378 to 3,127 with the blame put on the intense heat and droughts in the summer. (2) Annual numbers continued to be over 7,000 and often over 8,000 until 1884 when they rose to over 10,000, and after 1895 they rose steeply beyond the 10,655 of that year to over five times the foundation year figure, when 14,501 was reached in 1897. 1911, the last year of the study period, was another year of widespread diarrhoea. (3) Patient numbers reached 16,787, the second year of sixfold increase over the patient numbers in 1831.

Taking into account the earlier caveat on the under and overstatement of the General Hospital and Dispensary figures, we see from Appendix V that for much of the study period the Dispensary total patient numbers matched fairly closely the numbers for the General Hospital. With some

exceptions the Hospital numbers were higher from 1850 to 1893, but then it was not until 1901 that the Hospital figures ran ahead of those of the Dispensary. It is important to emphasise in comparing the total patient numbers for the two institutions that the healthcare provisions were complementary and not competitive to one another. The Dispensary gave relief to large numbers of patients as shown who would not otherwise have been treated and cared for unless some of them as a last resort sought relief from the Poor Law system.

Where the General Hospital is concerned, in- and out-patients, accident and emergency numbers have been analysed and discussed in Chapter 3 . In- and out-patient numbers have been shown in summary in Appendix V so that a clear comparison can be made between the General Hospital out-patient numbers and the out-patients treated by the Dispensary. As at the Hospital these were patients who presented themselves at the institution for treatment. The tabulation also enables us to see clearly the numbers of patients who were treated at home by the Medical Officers of the institution. These patients had to obtain two recommendations to be seen at home. They were normally people too ill from infectious disease or too gravely afflicted by chronic , debilitating or terminal illness to make their way physically to the Dispensary premises. Otherwise they would be accident or emergency patients , for example many of them cholera victims, who were too seriously ill to reach the Dispensary. (4) Furthermore, because of the urgent exigencies of the situation, accident and emergency patients were attended to without recommendation.

From the tabulation we see that in 1831, 443 patients were seen at home. This rapidly rose to at least 1,000 by 1866. In the 1880s the level rose to over 1,200. This continued to grow until from 1906 we have annual figures in excess of 1,500, over three times and often nearly four times the numbers in the foundation year. Another way of measuring the significance of home patient numbers is to look at the proportion they represented of total patients. This is shown arbitrarily for the census years.

...

	Home Patients	% of total Patients
1831	443	17 . 31
1841	1,104	34 . 88
1851	1,209	33 . 80
1861	1,081	11 . 01
1871	1,131	14 . 19
1881	1,274	14 . 70
1891	1,308	15 . 00
1901	1,497	12 . 10
1911	1,589	9 . 47

The number of patients treated at home was considerable. Even though the percentage of total patients treated at home diminished after the first twenty years the quantum treated at home continued to increase as detailed in Appendix V. In terms of healthcare cover in the community it is important to remember that these seriously ill people would have been neglected totally from a professional medical care point of view without the home visiting of the medical officers of the Dispensary.

The magnitude and significance of accident and emergency/casualty figures for the General Hospital were discussed in Chapter 3, with figures tabulated in Appendix II. Turning to the Dispensary, the out-, home- and total patient numbers attributed to the Dispensary in Appendix V included accident and emergency cases. These had an enormous importance for the rôle of the Dispensary in the community. The Dispensary was the place where patients could go immediately to seek relief and comfort when there were outbreaks of diarrhoea , cholera, smallpox and fevers as shown earlier. When epidemics struck the Dispensary acted quickly to open its doors to patients without the precondition of a recommendation. This recurs again and again in the Annual Reports. These patients accounted for the majority of cases described as emergencies. Where accidents were concerned the General Hospital as a generalisation dealt with the most severe cases because they had at their disposal a higher level of surgical skills than the Dispensary. Nevertheless, the Dispensary was a major source of treatment for accident patients whether they came from the workshop, mine or railway, from agricultural work or from mishaps in the home. As with emergencies, accident cases were seen without recommendation.

A good example of the types of accidents and emergencies which

commonly occurred is given in the analysis contained in the Report given at the 21st. Annual Meeting of 1,642 accidents and emergencies which the Dispensary dealt with in 1851. (5)

Fractures of the upper extremities 126, of lower 15	141
Injuries of the upper extremities 424, of lower 235	659
Burns 186, Abscesses opening 35, Diseases of urinary organs 87	308
Intestinal ruptures 26, Froenum Linguae 32, Diarrhoea 192	250
Organs of respiration 92 of circulation 4 of digestion 51	147
Measles, scarlatina, fever, erysipelas	53
Cases of poisoning 15, Hysteria 14, Opthalmia 3, Hemorrhage 5	37
Others	47
Total	1,642

Table 10 (page 164) gives a cross section of accident and emergency case numbers. They are for the census years plus 1832, the year when cholera first struck Nottingham, and 1848, a year of widespread diarrhoea, which have been referred to earlier. As can be seen from the Table the data is more comprehensive for some years than others. (6) The most striking feature displayed by this table is the sheer magnitude of the number of accident and emergency cases. The emergency numbers throughout the whole period 1831 to 1911 as revealed in the annual reports reflect the rise and fall of the incidence of infectious diseases. The accident level is high throughout and as one would expect reflects the dangers of the workplace, poor safety measures, long working hours reducing workers' concentration and awareness of hazards, as well as dangerous conditions in the home particularly where open fires were concerned. The report on 1856, for example, singled out for comment the 'great increase in the number of fractures to upper and lower extremities due to the additional factories opened ... the increase in machinery and injuries' , which totalled 706. The same report referred to the increase in burns and scalds treated by the General Hospital as well as the Dispensary (196 Dispensary cases), and pointed out that most cases were children left unsupervised at home while the parents were at work. (7)

For the period after 1860 we can also see how the majority of the

accident and emergency cases were dealt with at the Dispensary. Nevertheless a small but not insignificant number of the most serious cases were treated at home. An aspect of considerable importance when analysing the types of patient treated by the Dispensary is the large proportion of total patients represented by accidents and emergencies. From the total we can see that this was seldom less than 20% and could rise in a number of years to over 40%.

In normal circumstances a patient required one recommendation to visit the Dispensary and two recommendations to be seen at home by the Medical Officer. Although there is no hard evidence to support the proposition, one must have some suspicion that the accident and emergency waiver of recommendations was used by some to circumvent the cumbersome procedure of seeking a recommender before being able to avail oneself of the Dispensary's services of medical advice and drugs. If this speculation contained some truth it would partly account for the high proportion of total patients represented by accidents and emergencies.

People with dental problems were treated as out-patients. The slow evolution of the science and technology of dental treatment meant that in most cases the only treatment was teeth extraction and that is the categorisation we find in the General Hospital and Dispensary archives. It would appear that relatively few dental patients were dealt with by the General Hospital, although the absence of adequate data may distort the picture. A detailed table 'Account of Diseases' appears for the first time in the 35th. Annual Report. (8) In the 75th. Annual Report the format of the now designated 'Table of Diseases' changes. (9) In the 79th. Annual Report the 'Classification of Diseases' recommended by the Registrar General William Farr , widely used by many voluntary hospitals, was also adopted by the Nottingham General Hospital.(10) This format continued to be used up to 1891-92. All these tabulations, however, refer to the Hospital's in-patients only and no dental figures for patients are given. It is probable that there were teeth extraction patients but these do not show because of the absence of out-patient details. In the 110th. Annual Report 1891 - 1892 a major change in disease reporting took place so that in this year and thereafter a breakdown is given of out-patient and casualty ailments as well as for in-patients. Teeth extraction

figures are shown in the Casualty tabulation. (11) From the annual Medical Reports we are able to see , as shown in Table 11 (page 164), that in 1891, 292 teeth extractions were made and that this rose to 540 by 1911.

However, the number of teeth extractions made by the General Hospital was modest compared to that of the Dispensary. Before 1860 separate figures for teeth extractions are only shown for 1851, 1852 and 1854. As seen in Table 2, after 1851 over 1,000 extractions per year were made. In the Tabular Statement contained in the 81st. Annual Meeting Report dental figures are shown for every year 1860 - 1910. The 1911 figure is shown separately in the same report. We see from the figures the large numbers of dental patients who presented themselves. They did not drop below 1,000 and there were often over 2,000 and 3,000. The years shown in Table 11 are by way of example. Similarly if the ratio of dental to total patients is examined, we see that a relatively high proportion of patients were accounted for in this category, averaging nearly 20% for the period 1851 - 1911.

Teeth extractions formed part of the routine work of Resident Medical Officers in the General Hospital and the Dispensary. The importance of dental work was nonetheless recognised by the appointment of an Honorary Dental Surgeon to the Dispensary in 1867. The qualification required was that he should be either a member of the Royal College of Surgeons or a Licentiate of Dental Surgery. (12) The first reference to be found to the appointment of a dental specialist at the General Hospital is the inclusion of a 'Surgeon dentist' in the medical staff in the 1891 Annual report. (13) We can thus see that it was to the Dispensary that the majority of sick poor presented themselves for dental treatment which was an important aspect of the healthcare provision it provided to the community.

In Chapter 3 consideration was given to the relationship between population growth of the County and Town of Nottingham and the growth in patient numbers of the General Hospital. An indexed comparison of trends from 1785 to 1911 was made in Figure 1 (page 50) and discussed in the text of that chapter. The main conclusion was that the growth in patient numbers, especially

out-patients, greatly outstripped that of population, and that this was probably mainly due to the sheer incidence of disease and accidents. Turning to the Dispensary, a similar comparison is made for the years 1831 to 1911 on an indexed basis, comparing population growth to that of out-, in- and total patients for the Dispensary. The General Hospital total patients trend is also included for comparison. The trends are shown in Figure 6 (page 166). The actual figures, taking the census years as examples, are shown in Table 12 (page 165).

The main thing that this data shows is that the patient growth trend related to population growth was very similar for both the Dispensary and the General Hospital. Total patient growth for the Dispensary was even more in excess of population growth than was the case for the General Hospital. This was especially true for the treatment of out-patients, but even home patient growth was well ahead of population growth. It has been emphasised several times that the Dispensary offered the treatment of patients not covered by the General Hospital. As with the General Hospital these patient growth trends most probably reflect the high incidence of disease and accident in the community with the patient numbers also reflecting the possibilities of treatment and relief provided by the Dispensary.

It is a complex subject to seek to establish a quantifiable link between housing, workplace conditions and public health. Suffice it to say that for Nottingham the First and Second Reports of the Commissioners on the State of Large Towns and Populous Districts made in 1844 and 1845 respectively show the appalling housing conditions that existed in Nottingham in the early 1840s. Such conditions were conducive to the spread of infectious disease and to the horrifying mortality data contained in the Reports. (14) This was in spite of the design and construction of the Trent Water Works 1830 - 1831 by Thomas Hawksley, which gave Nottingham one of the first pure water supplies in the country for drinking and sanitation purposes. It did not prevent the cholera outbreaks from 1832 onwards but it could be hypothesised that it helped to reduce their extent. These conditions were due in large measure to the Corporation's failure to break the deadlock over enclosure to give relief to the cramped housing conditions. The 1845 Enclosure Act with its progressive provisions gave the opportunity to improve

housing conditions but implementation was slow and the Commissioners' work was not complete until 1867. (15) Further steps forward were made in 1847 when a Corporation Sanitary Committee was established under the evangelical Whig William Felkin , and when the first Sanitary Inspector was appointed in 1851.

The incidence of disease was also probably exacerbated by unemployment and low wages. 1780 to 1800 saw a boom in the town's cotton spinning industry and buoyant days for the widespread hosiery industry but around 1815 framework knitting began to decline.From 1837 to 1842 there was chronic depression in the trade which continued to around 1850. The 'hungry forties' contributed in a big way to malnutrition and physical debility, which along with cold homes encouraged the onset of disease and its transmission. In the 18th. Annual Report of the Dispensary , for 1848, specific mention is made of the rise in numbers of patients treated due partly to deep distress in the town and linking disease with malnutrition. (16) The converse of this is that in the 20th. Annual Report for 1850 comment is made on the improvement in health in the town 'owing to the exertions of the Sanitary Committee and to the improvement of trade and the low price of main items of consumption so that the poor can obtain more and better food'. (17)

The growth in patient numbers meant that in less than ten years the Dispensary had outgrown the premises in Hockley. In response to this situation purpose built premises were constructed in Broad Street at a cost of £1,797, opening in 1841. The new building not only provided ample Committee, consulting and waiting rooms, dispensing facilities and accommodation for the permanent staff, but was designed to demonstrate to the outside world the munificence of the supporters of the charity and to be an object of civic pride. The two floored building, stuccoed and with Grecian columns, was designed by Messrs. Nicholson and Goddard of Lincoln and built by Nottingham's Messrs. Drewry & Son. A woodcut of the building featured in future Annual Reports. The spirit of the occasion is well reflected in the press report of the opening: (18)

> The Dispensary is at once a great ornament to the town, and a bright record of the kind and truly noble feelings which actuate those who support it. An institution like

> this, which affords relief to the wounds of the unfortunate and the pains of the sorely sick, ought to be perpetuated in characters of gold; but a still greater reward is given to its founders and upholders, in the blessings of those who have reaped its benefits, and in the best judges of its all bountiful and healing powers.

Major improvements were made in 1859 when a new waiting room, new consulting room and operations room at a cost of £300 were opened ' to match the growth in patients'. As part of this expansion a lease had been taken on premises at the rear of the main buildings. (19)

The gradual geographical extension of the town's housing areas as the Enclosure Act was implemented led to more patients and to greater distance to be travelled to visit patients at home. The stresses and strains which this put on the Dispensary resources and on the Resident Surgeon in particular are well illustrated by a letter dated 2 March 1863 from Edgar Beckit Truman, one of the most able Resident Surgeons, to the Dispensary Committee, making the case for permanent assistance in consequence of the great increase in duties. He presented the following information:-

A. No. of recommendations - uniform yearly increment.

Year	1855	1856	1857	1858	1859	1860	1861	1862
Home Patients	567	546	523	714	743	719	786	843
Out Patients	1088	1194	1290	1333	1378	1634	1772	1938

B. Extension of term of recommendation (Dec.1855) from 2 to 3 months.

As of every 7 cases 2 avail themselves of the recommendation until the 3 months are completed. The figures in the foregoing table in order to correspond with those of 1855 would stand as follows.

Year	1855	1856	1857	1858	1859	1860	1861	1862
Home Patients	567	702	672	918	955	924	1010	1084
Out Patients	1088	1535	1658	1713	1771	2100	2278	2491

C. The increased travel distance in the case of home patients owing to the rapid growth of the Town especially in the direction of the Meadows, St. Anne's Wells Road, Great Alfred Street, Robin Hood Street and their branches. On examining

the Home patient book, the following are the numbers of those visited in the new and distant parts of the Town.

1855	1856	1857	1858	1859	1860	1861	1862
19	24	34	86	94	81	123	175

The Drug Bill increase [this will be addressed under Patient Costs] corresponds accordingly as there is a commensurate work increase in the dispensary to that of the House Surgeon, therefore the work of both is double that of 7 to 8 years ago. So assistance to both is required, (20)

The reaction was to reduce the recommendation period from 3 to 2 months and to allow only the Resident Surgeon discretion to extend beyond 2 months. A proposal to levy a small patient charge (1d. per out-patient and 2d. per home patient) was on 4th. May postponed *sine die.* But the main point of Truman's case, the request for assistance, was not conceded until he had produced further evidence of overwork in February 1864. Only then was it finally agreed to appoint an Assistant House Surgeon who began his duties in April. (21) The Town was then divided between the two Surgeons for home visiting purposes.

The 1877 Extension Act, as we have seen in Chapter 3, was a landmark in increasing the geographical area to be covered by the Dispensary as well as the General Hospital. Between 1831 and the 1881 Census the town population had increased 3.5 times and that of the County including the Town nearly doubled. The Dispensary, at its Annual Meeting in February 1881 set itself the goals to extend the buildings in Broad Street/Heathcote Street and set up a Building Site and Extension Fund in the following year; to extend home visiting to Sneinton, Lenton and Radford including Hyson Green; to appoint a third Resident Surgeon (cost £400 to £500 per annum) to cope with this extended coverage. (22) The building alterations, including the accommodation for the third Medical Officer began in 1882 and were completed two years later at a cost of £6,673. One Resident Surgeon and two Assistant Medical Officers were covering Sneinton and the greater part of New Radford before the end of 1882, but by 1884 this had changed to two Resident Surgeons. No reason is given in the archives but it is most likely to have been cost. (23)

The Dispensary management continued to be dissatisfied with its

coverage of the extended town. Their ambitions were to set up two Branch Dispensaries, one in the west and the other in the south suburbs, and in 1893 they requested the Weekly Board to prepare cost estimates. (24) The report in the following year showed that each branch was likely to cost around £600 per annum to run which was at the time beyond the Dispensary's means. This was exacerbated by the low level of subscriptions then being made by the new areas (only £50 per annum) and a special appeal was made to Radford, Hyson Green, Carrington, Basford, Bulwell and Lenton to increase their assistance. (25) It was not financially possible to establish two Branches so it was decided on the recommendation of the Extension Committee to focus on Hyson Green as the area most in need. This covered New Radford, part of Old Radford, Hyson Green and New Basford, a population of around 50,000. The President William Bradshaw was the driving force and the Hyson Green Branch officially opened on 14th December 1896. The following was proudly printed on the recommendation forms:- 'The Branch Institution, 130 Gregory Boulevard is now open and the area which the resident Surgeons will visit patients at their homes is now extended as far as Ilkeston Road, Churchfield Lane, Bobbers Mill Road, Gauntley Street, Radford Road, Fairfax Street, Nottingham Road, Clinton Rise, and Sherwood Rise and patients residing within this extended district are requested to send their recommendations to the new Branch'. By its opening Bradshaw had given a total of 200 guineas towards the opening costs of £370. In the following year he donated another £210. The annual expenditure was to be around £600. A Resident Surgeon, Mr. G. A. Robinson, was appointed at £200 per annum plus rooms and attendance, a Housekeeper at £18 per annum and a servant at £10 per annum. (26)

The Branch was an enormous success as can be seen by the growth in patient numbers in Appendix V (page 342) and as will be shown later in figures demonstrating the patients treated by Broad Street and those treated by the Hyson Green Branch. Within a year a Clinical Assistant was appointed to the Branch (later to be called Assistant Resident Surgeon in line with Broad Street). To create an equilibrium in patient numbers per Medical Officer, in 1899 the City was divided into four Districts instead of three for home visiting purposes. (27) The pressure of patient numbers also led to an overhaul of the Broad Street premises in

1900 to enlarge and make the accident room as aseptic as possible and to provide a new and separate room for Dentistry. (28) Efforts were also made to improve the standards of hygiene in the waiting and treatment rooms of the Dispensaries:- 'Spittoons, as recommended by the Committee on Tuberculosis, filled with a powerful antiseptic solution have been placed in all the waiting rooms and closets, with printed warnings as to the dangers of promiscuous spitting'. (29)

The success of Hyson Green Branch led to the construction of a purpose built Dispensary between the Hyson Green Reading Room and the United Methodist Free Church on Gregory Boulevard at a cost of £3,000 with the Corporation granting the site free of cost. This new building, was vaunted as 'a model of all a Dispensary should be' and an application of 'modern Sanitary Science', and opened on 25th. September 1905. (30) It was a testament to the extensive patient needs met by the Branch for the districts of the City which it served.

The importance of the Hyson Green Branch and the treatment opportunities it gave to the extended areas of the City is best indicated by its patient figures compared to those of Broad Street. The division of the City into four Districts each with its own visiting medical Officer from 1899 also helped to boost the number treated by the Branch , although Broad Street remained more important. It is possible to study the trend because the separate figures for Broad Street and Hyson Green are given in the Annual reports for each year from 1897. The following sample of years illustrates the comparative importance of the two Dispensaries.

		Patients			Home Visits	
1897		Broad St.	Hyson Green	Total		
	Home	1,507	257	1,764	Broad Street	12,867
	Out	8,878	1,672	10,554	Branch	3,640
	Dental	1,690	497	2,187		
				14,501	Total	16,507
1900	Home	1,219	256	1,475	Broad Street	8,945
	Out	6,126	3,035	9,161	Branch	3,298
	Dental	1,419	1,612	3,031		
				13,667	Total	12,243

...

1905		Broad St.	Hyson Green	Total		
	Home	983	407	1,390	Broad St.	10,300
	Out	5,996	3,443	9,438	Branch	4,165
	Dental	3,354	1,017	4,371		
				15,199	Total	14,465
1909	Home	966	611	1,577	Broad St.	6,232
	Out	5,323	5,126	10,449	Branch	5,347
	Dental	1,840	1,847	3,687		
				15,713	Total	11,579
1911	Home	1,049	540	1,589	Broad St.	6,257
	Out	7,406	4,434	11,840	Branch	5,549
	Dental	2,111	1,247	3,358		
				16,787	Total	11,807

The growth in patients both home and out- and the increase of the Nottingham dwelling area through enclosure after 1845 and through boundary extensions from 1877 meant an ever increasing workload for the Medical Officers. Their growth in numbers never kept in step with the growth in patient numbers. In 1911 there were still only two Resident Surgeons and two Assistant Resident Surgeons to cope with a total of 16,787 patients in the year. As already seen the Dispensaries were open six days a week, morning and evening, and on top of this came home visiting. In Chapter 5 (page 124) the workload change between 1832 and 1863 is quoted. In this chapter we have seen the workload data presented by Resident Surgeon E. B. Truman in 1863. In the figures above for the sample years 1897 to 1911 we not only see the out- and home patient numbers for Broad Street and Hyson Green but in the tables beside them , also taken from the Annual reports, the numbers of home visits made by the Medical Officers. There is a major difference in home patient numbers and home patient visits, which is what one would expect in the situation of patients who are chronically ill, incurable or terminally ill in a majority of cases. This is well illustrated in analysing the figures above.

Number of visits per Home-patient per year.

	1847	1900	1905	1909	1911
Broad Street	8.5	7.3	10.4	6.45	5.9
Branch	14.0	12.8	10.3	8.75	10.27

It is not possible to calculate accurately but it would appear reasonable to assume that the amount of time devoted to each patient whether at the Dispensary or at home was very short. Accident patients probably took most time where diagnosis of the injury and its treatment , whether bone setting, minor surgery or dressing of burns and scalds were concerned. Most emergencies such as diarrhoea and fever patients would have been treated routinely. Diagnosed chronic illness would also be routine. It must also be borne in mind that at the start of the Dispensary medical science was not very advanced and only progressed over time till the end of the study period. The rôle of the Honorary Medical Officers also played a part in that they were mostly involved in the diagnosis and treatment recommendations for new and usually the more difficult cases presenting themselves. Much of the work of the Resident Medical Officers was routine prescribing of medicines, surgical supports such as trusses, and minor surgery such as teeth extraction. Nonetheless the volume of work, the long hours, time and energy consuming travel, visiting patients in uncongenial surroundings, all added up to extremely onerous work for the Resident Medical Officers. It was the burden of work as well as the desire to seek career progression that caused such a rapid turnover of staff.

Turning to the subject of patient costs, long before the foundation of the Nottingham Dispensary it was recognised that Dispensaries had one salient advantage over Voluntary Hospitals: they were much cheaper. As mentioned in Chapter 5, the hospitals had high fixed assets and staffing costs, high running costs for fuel and feeding patients and staff, and after the 1840s as clinical and surgical treatment became more advanced additional costs were incurred. This was the situation, for example, found in Doncaster by Hilary Marland and in York by Katherine Webb in their studies of the local Dispensaries. (31) The most comprehensive data is given in a table compiled by Irvine Loudon where he compares the costs at three Voluntary Hospitals and six Dispensaries in the late 18th. and early 19th. centuries.

Institution	Year	Expenditure £	In-patients	Out-patients	Total Admissions	Cost per Admission
Bristol Infirmary	1800	4122	1290	2508	3798	£1. 1. 8
Liverpool Infmry	1810	6473	1107	1008	2111	£3. 1. 4
Newcastle Infmry	1802	3311	461	438	899	£3.13. 8
Liverpool Dspns	1810	1494	-	10408	10408	2.10
Newcastle Dspns	1802	455	-	3017	3017	3. 1
Surrey Dspns. London	1785	1019	-	4689	4689	4. 4
Public Dspns, London	1792	379	-	c.1500	c.1500	5. 1
Carlisle Dspns.	1800	345	-	3143	3143	2. 2
Whitehaven Dspn	1800	157	-	4964	4964	0. 7 1/2

The best direct comparison is between Liverpool Infirmary (cost per admission £3. 1. 4) and Liverpool Dispensary (cost per admission 2s. 10d.) '...food and fuel amounted to 64% of the total cost at the Infirmary and 3% at the Dispensary. Drugs and dressings, on the other hand, although they cost much the same when calculated at cost per admission, accounted for 38% of the costs of the Dispensary (or 73% if wine and spirits for medical purposes are included) while they accounted for only 5.5% at the Infirmary'. (32)

A similar relation in costs closer to the dates of the Nottingham Dispensary is also provided by Loudon in the same paper. In this he analyses the costs at Exeter Dispensary for 1839 and in the Devon and Exeter Hospital for 1834. (33)

Year	Exeter Dispensary 1839	Devon and Exeter Hospital 1834
Outpatient admissions	1,728	624
In patient admissions	-	1,101
Total admissions	1,728	1,725
	£	£
Total expenditure for the year including	504	4,807
Drugs and dressings	303	335
Wine and porter for in patients	-	83
Food, fuel, coal and candles	28	1,885
Repairs	13	144
Salaries and wages	100	511

...

Costs per admission	£. s. d.	£. s. d.
Total costs	5. 10	2. 15. 9
Drugs	3. 6	3. 11
Salaries and wages	1. 2	5. 11
Food, fuel, coal and candles	0. 4	1. 1. 10
Other	0. 10	1. 4. 1

Patient costs for the Nottingham General Hospital have been analysed and discussed in Chapter 3. The figures are compatible with those shown by Loudon. The Nottingham General Hospital in-patient costs are again shown to be consistent with those of 36 other provincial Voluntary Hospitals without medical schools when one studies the tabulation drawn up by Burdett, which shows a comparative average for the years 1887, 1888 and 1889. (34) Neither Loudon nor Burdett show Hospital out-patient costs separately whereas the data is dissected for the Nottingham Hospital.

The costs per patient for the Nottingham Dispensary are detailed in Appendix VI (page 345). The data for the years 1832 to 1829 is derived from the 9th. Annual Report. (35) No data is available in the archives for the period 1839 to 1860. For the period 1860 to 1911 the patient costs are calculated from the tabular Statement in the 82nd. Annual Report. (36) These figures are compared with the General Hospital figures for in-patients and out-patients for similar years. Some care needs to be taken in comparing the Dispensary patient costs with the General Hospital out-patient costs as we do not know from the Hospital accounts whether their out-patient costs are fully absorbed or marginal costs only including drug costs and perhaps some staff expense. The Dispensary figures also include the cost of home-patient visiting and they always calculated that a home visit cost twice that of an out-patient.

The cost-per-patient figures confirm the contention that a Dispensary was a cost effective way of treating the sick poor of the community. The first four years had relatively high costs ranging between three and four shillings per patient. Even the opening of the Branch in 1896 had little immediate

impact on costs. It has to be said that the General Hospital costs were even lower for out-patients throughout the period , but it has to be reiterated that the Hospital did not have the expense of home visiting and we are not sure of their cost factors.

From 1901 to the end of the study period we have several years of higher costs, years of over four shillings and one of over five shillings and another of over six shillings. No definite explanation can be given. One element is probably the extra expense involved in funding the new dedicated Dispensary in Hyson Green which opened in September 1905. During these years there was also an increase in staffing level with a Resident and Assistant Resident Surgeon at both Broad Street and Hyson Green. Both establishments also had a Dispenser and Broad Street had an Assistant Dispenser as well. Furthermore, with the passage of time more and better drugs became available which also produced more expense. In spite of this, after 1905 we do see a reduction in patient costs to the three shillings and four shillings plus level. Taking into account the caveats above, throughout the period the Dispensary costs were seldom more than one shilling per patient out of line with the Hospital out-patient costs. It is almost unheard of in the Dispensary Annual Report to find any alarm or dissatisfaction expressed over patient costs. The Nottingham Dispensary did indeed provide low cost healthcare for a vast number of sick poor people in the community.

The cost of the drugs provided to patients was often nearly half the total patient cost. This is illustrated by data contained in the 9th. Annual Report referred to earlier:

	Cost per Patient	
	Drugs	**Total**
	s. d.	s. d.
1832	1. 9 1/2	4. 0
1833	1. 2 1/2	3. 1 1/2
1834	1. 8 1/2	3. 6
1835	1. 10 1/2	4. 0
1836	0. 11 1/2	2. 8 1/2
1837	1. 6 1/2	3. 3 3/4
1838	0. 9 1/2	2. 3 1/4
1839	1. 1 3/4	2. 5 3/4

To control this major cost item the Drug Committee, referred to in the first chapter on the Dispensary, was set up at an early stage to monitor and control drug costs, vetting purchasing and the quantity and types of drugs used. There are also interesting insights into drug costs and the relationship to patient costs in the Annual Report for 1862. Concern was expressed at the jump in annual drug costs, including quinine and cod liver oil, to £260. Mr. E. B. Truman the Resident Surgeon provided an analysis to explain the increase. Amongst the reasons he gave were the extension of the term of recommendation from two to three months referred to earlier, and 'the great increase in consumptive cases, which are the most expensive class. The following is a list from the Home patient book alone: it is most likely that the Out patient book will show the same relation'. he was referring to the growing proportion of consumptive cases to others and quoted the following figures:

Year	No.of Home Patients	Cases of Phthisis	Proportion to other cases
1852	897	20	1 : 44.85
1853	696	25	1 : 27.84
1854	669	40	1 : 16.73
1855	567	32	1 : 17.71
1856	546	36	1 : 15.16
1857	523	41	1 : 12.76
1858	714	48	1 : 14.88
1859	743	80	1 : 9.28
1860	719	83	1 : 8.66
1861	786	91	1 : 8.64

Truman went on to give a further reason for the rise in drug and therefore patient costs, 'because of the distress in the town and consequent want of good food and especially animal food, patients do not get well, without a free use of stimulating medicines, which are the most expensive; and that they linger longer on the books than they did this time last year'. (37)

Although not a major element in total patient costs, the Dispensary decided in 1840 to drop out of one specific area of healthcare, namely midwifery. Up to that year it had provided surgical attendance as well as a midwife. In 1840, 134 cases of midwifery were paid for as a cost of £26 : 16 : 0. However, the decision was taken to relinquish this branch of the Charity's work and Rule 57 was rescinded to implement it. (38)

I n conclusion, it has been shown how from treating 2,559 patients in 1831

the Dispensary continued to meet the ever growing needs of the sick poor in Nottingham so that by 1911 it was treating 12,720 patients. It fulfilled a need which the General Hospital could not meet on its own in spite of the large numbers of out- patients it treated as well as those who were treated in its wards. Considerable emphasis has been placed on the importance of the home visiting offered by the Dispensary in addition to treatment and relief given at its doors. We have also seen the extent to which the Dispensary looked after accident, emergency and dental cases. It also expanded its staff and its physical premises to cope with the extra patients needing care ensuing from the housing developments which followed the 1845 Enclosure Act and the boundary extensions after 1877. As in the case of the General Hospital, patient numbers always out-stripped population growth. The Dispensary proved to be a highly cost effective way of treating its patients. We have seen evidence of how closely drug costs, a major element in total patient costs, were controlled. With very few annual exceptions patient costs were held to a modest level throughout the study period, and taking into account the likely differences, were at least as well controlled as the out-patient costs of the General Hospital. The enormous difference between the Dispensary patient costs and those of the General Hospital in-patient costs gives a good measure of how economic to the community the Dispensary was as a vehicle for providing healthcare to the sick poor. An important final comment is that in Nottingham the healthcare provided by the Dispensary was not competitive but complementary to that furnished by the General Hospital.

REFERENCES.

1. DD ND 6/1 TO 6/8, Annual Reports 1832 - 1911.

2. DD ND 6/3 , Annual Reports 1860 - 1869.

   38th. Annual Meeting. Report for year ending 31 Dec. 1868.

3. DD ND 6/8, Annual Reports 1910 - 1919.

   81st. Annual Meeting. Report for year ending 31 Dec. 1911.

4. DD ND 6/1, Annual Reports 1831 - 1850.

   4th. Annual Meeting. Report for year ending 31 Dec.. 1834. In that year the Report refers to 500 cholera patients admitted without recommendation, and that of these 240 were visited in their homes.

5. DD ND 6/2, Annual Reports 1850 - 1859.

   21st. Annual Meeting. Report for year ending 31 Dec. 1851.

6. DD ND 6/1, Annual Reports 1831 - 1850. The figures for out-, home and patient totals are taken from the Annual Meeting Reports for the years concerned. For 1831 and 1832 there is no breakdown between out- and home patients.

   DD ND 6/2 , Annual Reports 1850 - 1859. The total for 1851 is taken from the Annual Meeting Report . There is no breakdown between out- and home patients.

   DD ND 6/8, Annual Reports 1910 - 1919. The figures for 1861 to 1901 are taken from the Tabular Statement contained in the 81st, Annual Meeting Report for year ending 31 Dec. 1911. The figures for 1911 are from the same report; only a total figure is available as the Tabular Statement ends with the year 1910. The Tabular Statement figures are broken down by accidents and emergencies for both out- and home patients.

7. DD ND 6/2 , Annual Reports 1850 - 1851.

   26th. Annual Meeting Report for year ending 31 Dec. 1856. As well as the accidents referred to there were 1,114 diarrhoea cases in the same year.

8. Uhg.R1 1835 - 1836 Annual Report.

9. Uhg.R2 1856 - 1857 Annual Report.

10. Uhg.R3 1860 - 1861 Annual Report.

    Eyler, John M., *Victorian Social Medicine. The ideas and methods of*

William Farr, (Baltimore: John Hopkins, 1979).

Hardy, Anne, ' Death is the cure of all diseases': Using the General Register Office cause of death statistics for 1837 - 1920. *The Society of the Social History of Medicine,* 1994.

The nosology developed by William Farr had two main functions: a classification or arrangement of diseases, and a list of known diseases. Farr published his first system in 1839. He revised it twice before the 1860 system which was then widely used by the voluntary hospitals. The 79th. Annual Report of the Nottingham General Hospital specifically refers to the 'classification as adopted by the Registrar General'.

11. Uhg.R6 1891 - 1892 Annual Report. We do not know if this new format Medical Report began earlier than 1891 because the Annual Reports for 1881 - 1891 are missing from the archives. Certainly Farr's nosology was modified by Ogle in 1881 and this may have led to the change.

12. DD ND 6/3, Annual Report 1860 - 1869.
37th. Annual Meeting. Report for year ending 31 Dec. 1867.

13. Uhg.R6. 1891 - 1892 Annual Report.

14. First report of the Commissioners, Royal Commission on the state of large towns and populous districts, 1844. PP 1844 (c572) Vol.xvii.
Thomas Hawksley's evidence Q 5219 - 5501 , pp.298 - 330, describes the pure water system. But it also shows that although water closets could be installed to benefit from the water supply there were not infrequent problems of drainage and sewerage disposal which would inevitably propagate disease.

The Appendix contains Mortality Tables which show how low life expectancy was amongst workers and the variation by Town district. In particular,the table on page 138 shows that the 'average duration of life amongst males is only 20.5 years and amongst females 23.9 years'.

Second report of the Commissioners, Royal Commission on the state of large towns and populous districts,1845. PP 1845(c602), Vol.xviii.
The Report by J. R. Martin on the Sanitary Condition of Nottingham, in Appendix Part II graphically describes the overcrowding , e.g. 4,000 inhabitants within a square of 220 yards(p.251), but also refers to the sewers 'in general defective in number, construction and fall'(p.253). It describes the cesspools and necessaries in working class quarters (p.253) and the nuisance of lodging houses (p.254).

15. Nottingham Enclosure Act, 8 and 9 Vic. Cap.7.

Chapman, S. D., Working Class Housing in Nottingham during the Industrial Revolution, in Chapman, S. D. (ed.) *The History of Working Class Housing*, (Newton Abbot, 1971.)
The 1845 Enclosure Act was to give each house its own privy and prohibit back to backs. Each house was to have a garden or yard of not less than 30ft. and must have three distinct bedrooms and walls not less than 9 inches thick. From 1851 to 1857 there was a building boom when 2,000 houses, 74 factories and 41 warehouses were built. However, it was not until 1877 that the first council house was erected in Nottingham.

Beckett, J. V., and Brand, K., Enclosure, improvement and the rise of the 'New Nottingham', 1845 - 1867, *Transactions of the Thoroton Society*, Vol.XCVIII, 1994, (Nottingham : Technical Print, 1995). This paper describes some of the conflicts between the Corporation and the Commissioners, how deadlocks were broken and some of the progress made.

16. DD ND 6/1, Annual Reports 1831 - 1850.
18th. Annual Meeting. Report for year ending 31 Dec.1848.

17. DD ND 6/2, Annual Reports 1850 - 1859.
20th. Annual Meeting. Report for year ending 31 Dec. 1850.

18. DD ND 6/1, Annual Reports 1831 - 1850.
10th. Annual Meeting, Report for year ending 31 Dec. 1840.
11th. Annual Meeting. Report for year ending 31 Dec. 1841.

(18) NR 1841, 20 August. The press report on the Broad Street opening also referred to Thomas Wakefield as the main proponent of the original Dispensary. Wakefield became bankrupt in 1847 when it became evident that he had misappropriated trust funds to finance his own business. There is however, no evidence in the Dispensary records or the local press that he tried to misuse any of the funds of the Dispensary.

19. DD ND 6/2, Annual Reports 1850 - 1859.

29th. Annual Meeting, Report for year ending 31 Dec. 1859.

20. DD ND 1/2, Committee Minute Books, 16 March 1863.

21. *ibid.*, 1 and 16 Feb., 7 Apr., 1864.

22. DD ND 6/5, Annual Reports 1880 - 1889.

50th. Annual Meeting. Report for year ending 31 Dec. 1880.

51st. Annual Meeting. Report for year ending 31 Dec. 1881.

23. *ibid.*

52nd. Annual Meeting. Report for year ending 31 Dec. 1882.

53rd. Annual Meeting. Report for year ending 31 Dec. 1883.

54th. Annual Meeting. Report for year ending 31 Dec. 1884.

55th. Annual Meeting. Report for year ending 31 Dec. 1885.

24. DD ND 6/6, Annual Reports 1890 - 1899.

63rd. Annual Meeting. Report for year ending 31 Dec. 1893.

25. *ibid.*

64th Annual Meeting. Report for year ending 31 Dec. 1894.

DD ND 1/4, Committee Minute Books, 11 Feb. 1895.

26. DD ND 6/6, Annual Reports 1890 - 1899.

66th. Annual Meeting. Report for year ending 31 Dec. 1896.

DD ND 1/4, Committee Minute Books, 27 Apr., 8 Oct., 16 Nov., 14 Dec., 1896, 22 Feb. 1897.

27. DD ND 6/6, Annual Reports 1890 - 1899.

69th. Annual Meeting. Report for year ending 31 Dec. 1899.

DD ND 1/4, Committee Minute Books, 26 Feb. 1900.

28. DD ND 6/7, Annual Reports 1900 - 1910.

70th. Annual Meeting. Report for year ending 31 Dec. 1900.

29. *ibid.*

71st. Annual Meeting. Report for year ending 31 Dec. 1901.

30. DD ND 1/4., Committee Minute Books, 27 Oct 1904, 26 Sep.1905. The latter contains a description of the new premises in terms of rooms, hygienic walls, floors and ventilation, to render it as aseptic as possible.

DD ND 35/1 - 4. Photos of the exterior and of the accident and waiting rooms give a clear record of the quality of provision made in the dedicated Branch building.

31. Marland, Hilary, *Doncaster Dispensary 1792 - 1867. Sickness, Charity and Society,* (Doncaster: Waterdale Press, 1989).

Webb, Katherine A., *One of the most useful charities in the city: York Dispensary 1788 -1988.* (York: University of York, 1988). The data given are not very comprehensive. She does instance however, that the total patient cost at the Dispensary was much less than that at the County Hospital but high compared to other Dispensaries. It averaged 4s.6d. per head in the 1790s and early 1800s. (p.8).

32. Loudon, Irvine S., The Origins and Growth of the Dispensary Movement in England, *Bulletin of the History of Medicine* 55 (1981); 322 - 342. Table V p.339 and Loudon's commentary.

33. *ibid.* Table 6 p.340.

34. Burdett, H. C., *Hospitals and Asylums of the World. Vol.III Hospitals - History and Administration.* (London: Churchill, J. and A, 1893).

The Nottingham General Hospital average cost is shown as £5. 6. 10. The majority of the average costs are over £4 and £5. The Devon and Exeter Hospital quoted by Loudon had an average cost of £6. 11. 11 for these years.

35. DD ND 6/1. Annual Reports 1831 - 1850.

9th. Annual Meeting. Report for the year ending 31 Dec. 1839.

36. DD ND 6/8. Annual Reports 1910 - 1919.

82nd. Annual Meeting. Report for the year ending 31 Dec. 1912.

The costs are derived by dividing total patients treated into the expenses.

The data does not allow a separate calculation to be made for home and

out-patients. Total patients include home and out-patients, accidents and emergencies and dental patients.

37. DD ND 6/3. Annual Reports 1860 - 1869.

32nd. Annual Meeting. Report for the year ending 31 Dec. 1862.

38. DD ND 6/1. Annual Reports 1831 - 1850.

10th. Annual Meeting. Report for the year ending 31 Dec. 1840.

TABLE 10. NOTTINGHAM DISPENSARY - ACCIDENT AND EMERGENCY CASES

	Treated as out Patients	Treated at home	Total	% of Total Patients
1831	No breakdown		193	7.5
1832	No breakdown		599	18.2
1836	307	172	479	15.6
1841	580	357	937	29.6
1848	1,525	216	1,741	45.0
1851	No breakdown		1,642	46.0

	Accidents	Emergencies	Accidents	Emergencies		
1861	777	3,152	33	262	4,224	43.0
1871	799	2,001	21	151	2,972	37.3
1881	1,310	1,101	42	84	2,537	29.3
1891	1,474	509	11	66	2,060	23.5
1901	2,327	301	14	57	2,699	21.8
1911	No breakdown				3,461	20.6

TABLE 11. DENTAL PATIENTS - NUMBER OF TEETH EXTRACTIONS

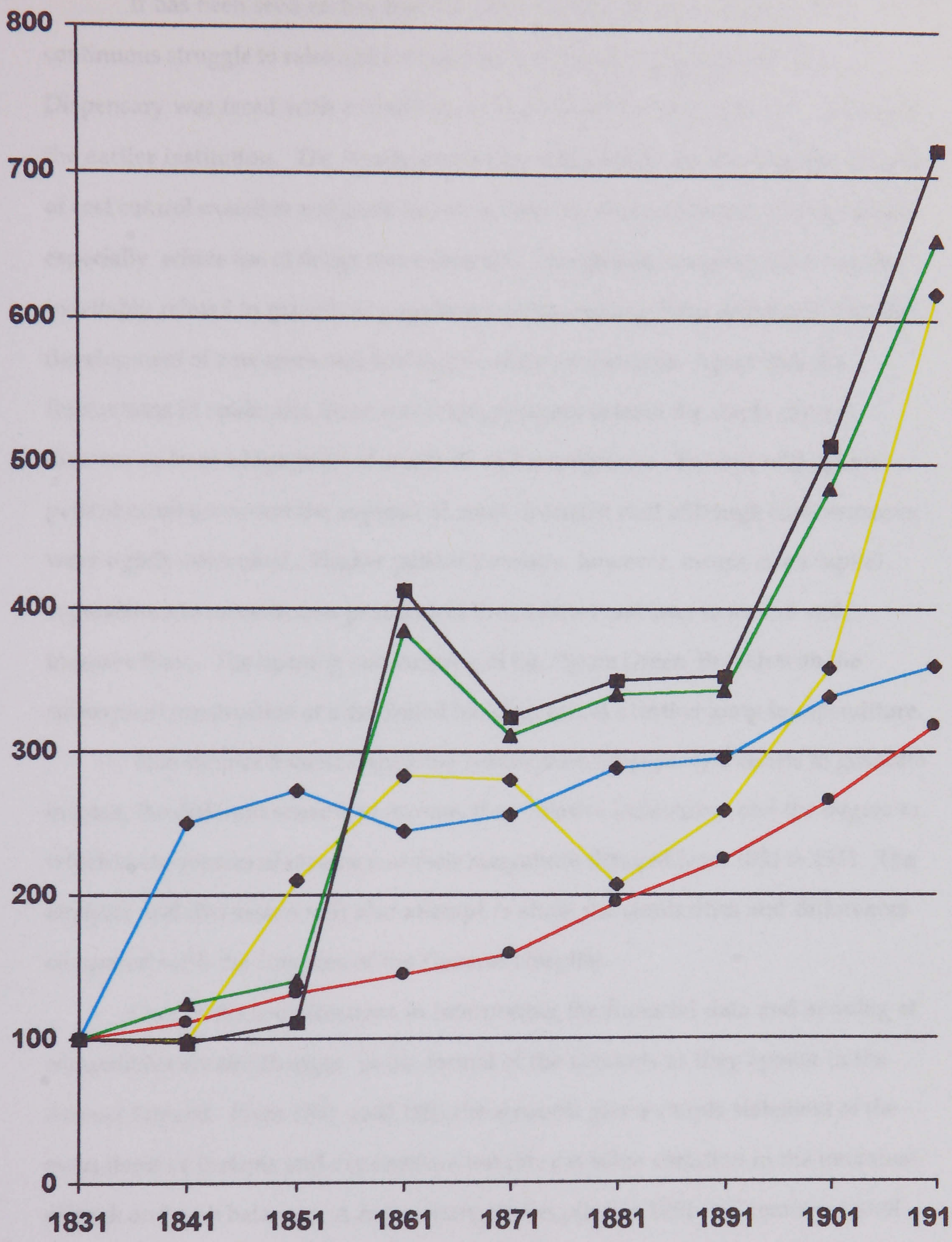
	General Hospital	Dispensary	% of total Dispensary patients
1851		458 first time reported	12.8
1852		1,455 included in out-patient figures	31.29
1854		1,486 ditto	32.5
1861		3,026 included in total patient figures	30.8
1871		1,175 ditto	14.7
1881		1,529 ditto	17.6
1891	292 shown under casualty included in the patient figures	1,170 ditto	13.4
1901	496 ditto	1,925 ditto	15.5
1911	540 ditto	3,358 ditto	20.0

TABLE 12. PATIENT NUMBERS AND POPULATION

	1831	1841	1851	1861	1871	1881	1891	1901	1911
Population Nottingham County including Town	225,400	249,910	294.438	323,784	355,457	438,642	505,311	596,705	716,519
Indexed growth	100	110.9	130.6	143.6	157.7	194.6	224.2	264.7	317.9
General Hospital Total Patients	3,795	3,737	7,932	10,691	10,616	7,827	9,795	13,590	23,515
Indexed growth	100	98.5	209.0	281.7	279.7	206.2	258.1	358.1	619.6
Dispensary Total Patients	2,559	3,165	3,576	9,816	7,972	8,669	8,756	12,374	16,787
Indexed growth	100	123.7	139.7	383.6	311.5	338.8	342.1	483.5	656.0
Dispensary Out-patients	2,116	2,061	2,367	8,735	6,841	7,395	7,448	10,877	15,198
Indexed growth	100	97.4	111.8	412.8	323.2	349.5	352.0	514.0	718.2
Dispensary Home patients	443	1,104	1,209	1,081	1,131	1,274	1,308	1,497	1,589
Indexed growth	100	249.2	272.9	244.0	255.3	287.6	295.2	337.9	358.7

FIGURE 6. PATIENT NUMBERS AND POPULATION

(indexed trends, 1831 = 100)



Chapter 7 - Nottingham Dispensary - Finances.

It has been seen earlier that the General Hospital was engaged in a continuous struggle to raise and increase income to match expenditure. The Dispensary was faced with a situation on finances which bore many similarities to the earlier institution. The steady patient growth seen in the last chapter, in spite of cost control exercises and periodic retrenchments, meant increases in expenditure especially where use of drugs was concerned. The growth in expenditure was also inevitably related to growth in population partly ensuing from enclosure with the development of new areas and borough boundary extensions. Apart from the fluctuations in epidemics there was seldom remission from the staple chronic diseases or from a high level of accidents and emergencies. To cope with greater patient numbers meant the expense of more specialist staff although such increases were tightly controlled. Higher patient numbers, however, meant more capital expenditure to move to new premises in Broad Street and later to extend and improve these. The opening and running of the Hyson Green Branch with the subsequent construction of a dedicated building meant a further jump in expenditure.

This chapter focusses upon the Nottingham Dispensary's efforts to generate income, the different sources of income, their relative importance and the degree to which these sources of income and their magnitude changed from 1831 to 1911. The analysis and discussion will also attempt to show the similarities and differences compared with the finances of the General Hospital.

One of the complications in interpreting the financial data and arriving at compatibles are the changes in the format of the accounts as they appear in the Annual Reports. From 1831 until 1851 the accounts give a simple statement of the main items of receipts and expenditure but there is some variation in the treatment of bank and cash balances. A major change takes place in 1851 and continues until 1858. The accounts during this period are presented in three columns. The first records total payments which include accounts left owing from the previous year. The second joins together the settlement of liabilities from the previous year with the payments and liabilities of the current year. The third presents the 'actual cost' of the current year comprising only the payments and liabilities belonging to

that particular year. In 1858 the format of the accounts was greatly simplified and although there is no reference to such an intention, largely brought into line with the format used by the General Hospital, which although it predated it resembled the 'uniform system' of hospital bookkeeping developed by Henry Burdett. This formed the basis of the structure of the summary of accounts data contained in the Tabular Statements of the Dispensary which appeared for the first time in the 1897 Annual Report and was updated each year thereafter. The Tabular Statement covered every year from 1860 onwards. I n changing to the new format in 1858 the Dispensary Committee stated that it 'has now determined to discharge all outstanding bills previous to the Annual Report so that the balance sheet in future presents only the accounts of each year ending 31 December'. (1) The presentation also excludes all bank and cash balances, as do the Tabular Statements.

In order to analyse income data, to make comparisons from year to year and to identify trends, it has been necessary to establish common income categories throughout the study period and to extract the data from the annual accounts and Tabular Statements, and to allocate it to the appropriate categories. This has also been done in such a way as to make possible comparisons with the General Hospital data. From 1860 onwards the income headings of the Tabular Statements form the basis:

Annual Subscriptions

Legacies

Donations (note the words 'donations' and 'benefactions' are used synonymously)

Hospital Sunday

Hospital Saturday

Dividends and Interest

Rents

Sundry Receipts

For the period 1831 to 1860, because the accounts separate the data in this way and because of the intrinsic interest of the data, there are headings for Entertainment

and Fees. After 1859 these would be included in the accounts under Sundry Receipts. Using the above income headings I have analysed the income for each year from 1831 to 1911 into the categories to study their relative importance and trends. I have deliberately excluded bank and cash balances from income and expenditure figures.

Most, if not all, Dispensaries struggled to generate enough income to match growing expenditure. Allen's history of the York Dispensary is short on detailed financial data, but even soon after its foundation in 1788 he refers to the 'continuous need to raise more funds' in spite of subscribers' contributions, sermons preached to raise funds and the policy to invest cash surplus into the purchase of shares. The need became even greater with the move to new premises in St. Andrewsgate in 1807 and to a purpose built new building in 1829. The latter was mainly funded from invested property. (2) Anning describes the situation of Leeds Dispensary where in most years ordinary expenditure exceeded ordinary income. (3) Marland's work on Doncaster Dispensary is lacking in financial information, but she indicates clearly that subscribers were constantly in arrears and that income from subscriptions fluctuated enormously and was frequently too low for receipts to meet expenditure. (4) In turning to the Nottingham Dispensary a somewhat similar financial struggle can be seen.

Where magnitude of expenditure is concerned, study of the annual income and expenditure figures in Appendix VII (page 347) reveals that, as would be expected, the start-up year expenditure of £1,190 : 9 : 4 is an extremely high figure; it was not exceeded till the exceptional year 1848 and then not until 1875. Even this did not cover all the initial expenses as although the expenditure figure in the accounts for 1832 dropped to £764 : 5 : 6 there was still a balance due to the Treasurer of £71 : 1 : 9 and unpaid tradesmens' bills totalling £118 : 4 : 0. These debts were not eliminated until the following year. Total expenditure was fairly even from 1832 until 1866 ranging monthly between something over £500 to £700 or £800. The peak of £1,334 : 16 : 5 in 1848 was largely caused by the Committee using part of John Spencer's bequest of £990 in that year to pay off the £600 mortgage which had been

taken out to help fund the new Broad Street dispensary in 1841. It also meant an end to the £27 per year mortgage interest. From 1866 expenditure continued to rise gradually being mostly over £1,000 per year and growing to over £1,500 from 1890. A major change took place in 1895 when it was decided to proceed with the Branch at Hyson Green. With the opening of the Branch in the following year expenditure leaped to £2,100 : 12 : 4 and never again dropped below £2,000 per year but continued to climb. 1901 saw a peak of £3,408 : 5 : 9 mainly due to capital improvements to the Broad Street premises: £720 : 8 : 0 on the aseptic accident room, sanitary improvements and the installation of electric light; £49 : 15 : 5 on new furnishings; £21 : 6 : 0 on surgical instruments. The highest expenditure peak of all - £4,638 : 0 : 6 - was reached in 1905 with the opening of the dedicated building in Hyson Green. In that year alone £1,896 : 5 : 4 of building and conveyancing expenses were incurred. Subsequently, expenditure dropped to a little over £3,000 per year and continued at that level to the end of the study period.

In the last chapter comparisons were made between the General Hospital and the Dispensary for Patient Numbers (Appendix V) and Patient Costs (Appendix VI). A comparison of Appendix IV (page 339) and Appendix VII (page 347) demonstrates how much greater was the expenditure of the General Hospital than that of the Dispensary. From its second year of operation the expenditure of the General Hospital was over £1,000 a year rapidly growing to twice this figure and later to three or four times. The escalation continued until by 1911 it had reached over £18,000 a year. In comparison, as we have seen above, the expenditure of the Dispensary was of a much lower order, from around the £500s /£600s in its early years rising to something over £3,000 a year in the last few years of the study period. The main differences are reflected in the General Hospital's in-patient costs (Appendix VI; page 345): high fixed overheads in the capital costs of buildings, building extensions and the running and maintenance costs; more sophisticated equipment than the Dispensary and much higher staffing costs for nurses and medical staff.

The figures in Appendix VII, at face value, show that during the 80 years of the study period there were 16 years when expenditure exceeded income and one year when it was identical. Seven of the deficit years occurred before 1845. As we

shall see later, to some extent the Dispensary's finances strengthened as time went on and it could benefit from surplus funds invested in stocks and mortgages, participation in Hospital Sunday and Saturday collections, as well as developing the major Annual Subscription base. The income and expenditure figures do not, however, show a comprehensive picture of the financial health of the Institution. They do not include the balances held by or owing to the Treasurer, and from time to time the Treasurer supported the debt outstanding. The local Wright family, of whom Ichabod (1767 - 1862), who built Mapperley Hall, was the most well known, acted as Treasurers and bankers to the Dispensary throughout the study period. The annual accounts do not usually show interest on borrowings. There is also only rare mention of the periodic Building Extension Fund in the Annual Reports and Committee Minutes. Current account records have not survived. The expenditure figures also exclude the sums invested in stocks and mortgages. These details can to a large extent be culled from from Committee Minutes and some Annual Reports, but such figures are excluded from the data in the Tabular Statements covering the period 1860 to 1911. The total income and expenditure figures also disguise the extent to which ordinary income based largely on Annual Subscriptions failed to meet ordinary expenditure, and how in a number of years the Dispensary only achieved solvency through the windfall income from legacies and donations. In this respect the Nottingham Dispensary was similar to the other Dispensaries such as those referred to earlier.

The fragility of the Dispensary's solvency up to around 1860 is well illustrated by a number of years in which the burden of debt was borne by the Bankers, although Appendix VII shows income to exceed expenditure:

Balance due to Bankers

	£	s.	d.	
1835	125	0	61/2	
1836	119	8	71/2	
1840	172	9	1	
1841	172	9	1	(on top of this were unpaid bills of £192:1:6)
1843	116	13	3	
1845	85	7	3	

Appendix VII shows income matching expenditure. But in addition to the sum due

to the Treasurer were debts unpaid for 1845 of £269 : 17 : 8 and for 1844 of £28 : 1 : 3.

In spite of the benefit derived from the John Spencer (Nottingham lace dresser) bequest in 1848, in the following year there were still £167 : 12 : 8 of accounts not paid. The Annual Report pointed out that (5)

> ... expenditure grossly exceeds ordinary income. The impression is that the Institution is rich following the Spencer legacy. But after the mortgage repayment £426 remains to invest and this yields in annual interest little more than £13. The additional payment of Spencer money in the year of £225 : 19 : 4 has been absorbed by current expenditure and has not been invested. But for donations and legacies the Institution would have long since closed.

In 1850 the Dispensary was still in debt: £122 : 1 : 1 owed to the Treasurer and £113 of outstanding accounts. To alleviate the plight a special effort was made successfully to obtain 60 additional subscribers. But the difficulties were not over so in 1851 a Special Sub-Committee was set up to conduct a cost reduction exercise in every department. The efforts made and the results achieved are described in the 1852 Annual Report: (6)

> The state of the funds of the Institution was in some measure repaired by donations and legacies which came in , yet your Committee had continually to draw upon capital; and they therefore felt that such a disproportion between the permanent receipts and expenditure must eventually bring the Institution into a state of insolvency, resolved to take measures of retrenchment and economy in every department. The results were to some degree exhibited in the 1851 Report which showed an income from permanent sources of £522: 9 : 11 and expenditure reduced from £648 to £552 : 14 : 11 leaving a deficiency of only £30 : 5 : 0. The same system has been pursued during the past year with more

gratifying results. permanent income is about the same as 1851 *viz.* £521 : 18 : 2 but expenditure reduced to £425 : 17 : 4 leaving a surplus in hand of £96 : 0 : 8. There have likewise been received donations, legacies and miscellaneous receipts amounting to £260 : 15 : 1, so instead of being indebted to the Treasurers and paying interest on money advanced, the Committee now reports a balance in the hands of the Treasurers on the general transactions of the year 1852 amounting to £296 : 18 : 8.

Special recognition was made of the efforts and knowledge of Dr. Massey in contributing to the success of the retrenchment.

Appendix VII income and expenditure figures do not show the complete situation for 1859 and 1860. In the former year the decision was taken to proceed with the building improvements to the Broad Street premises although £125 : 12 : 7 was due to the Treasurer. In the following year although ordinary expenditure amounted to £779 : 3 : 8 there was in effect £420 : 10 : 0 of extraordinary expenditure on building alterations.

By the time the Branch was opened in Hyson Green in 1896 the finances were in a much healthier state with Subscriptions at a good level, important earnings from investments and contributions from Hospital Sunday and Saturday funds. Nevertheless there were some ripples as described in the 1898 Report: 'Financially the year began with a deficit of £251:16:9 brought forward from 1897. The Committee converted this into a credit at the end of 1898 by changing £350 of capital into income which they trust will be made up in the current year by an increase in subscriptions especially in the neighbourhood of Hyson Green, which at present does not contribute an adequate amount to balance the expenditure caused by the special staff, drugs ...' (7) When the dedicated Branch building was constructed in 1905 the finances were in a sound state including the benefit of substantial legacies. Even so £1,896 : 5 : 4 of building and conveyancing expenses were incurred related to the new Branch which do not show in the expenditure

figures in Appendix VII.

Consistent, dependable sources of income were imperative to finance the work of both the General Hospital and the Dispensary and especially their expansion over time. As demonstrated with discussion of the General Hospital finances (Chapter 4) and illustrated by the figures in Table 5 (page 99) , Annual Subscriptions were always a major source of income for the Hospital; we have seen how this was supplemented by income from investment of capital and later by the contributions from Hospital Sunday. A major change took place with Hospital Saturday which steadily became the most important of all sources of regular income. In contrast, as we shall see later, although investments of capital yielded important income, the contributions from both Hospital Sunday and Hospital Saturday collections were relatively minor where the Dispensary was concerned. The most important regular source of income throughout the study period was Annual Subscriptions. Table 13 (page 198) shows the income from this source at five-yearly intervals. Until the 1860s the income from this source was around £400 to £500 per year. Thereafter it gradually climbed until from around 1890 it it was over £900 and by 1911 had risen to over £1,500. The percentage of total income was rarely less than 43% and was often over 50%, and from time to time rose to over 70%. The fluctuation in percentage importance was mainly influenced by the often sharp variations in the levels of legacies and benefactions.

Chapter 5 describes how the Dispensary was founded largely on the initiative of leading church, chapel and civic figures supported by the local middle classes and landed aristocracy. As an institution to care for the sick poor not covered by the General Hospital it was typical of the philanthropic social concerns of the times. But as with the General Hospital it has also to be observed that funding of the Dispensary was a less expensive way of providing healthcare than the General Hospital and reduced the burden on the rates for those who had to support pauper sick through the Poor Law system. Engels is possibly too cynical when he says , 'The English bourgeoisie is charitable out of self-interest; it gives

nothing outright, but regards its gift as a business matter, makes a bargain with the poor , saying: "If I spend this much upon benevolent institutions, I thereby purchase the right not to be troubled any further"...' (8) But there was also a strong element of truth in this attitude. It was important not only to be charitable but to be seen to be charitable, thus as with the General Hospital a part of the published Annual Report of the Dispensary usually contained a list of Subscribers and the sums given. This gave one standing in the community and the recommendation and Governor rights described in Chapter 5. It had of course the additional benefit of informing the sick poor to whom they could go to solicit recommendations.

The list of subscribers who contributed to the founding of the Dispensary in 1831 is appended to the Rules for that year. There were 537 in total, mostly individuals with the occasional firm such as Boothby and Co., Etherington and Duplex, the watchmakers, Thomas Hallam, the Druggist John Harrison and the Druid's Tavern. There were a number of clergy including the Archbishop of York, and aristocracy such as the Duke of Newcastle and Earl and Dowager Lady Manvers. The majority of subscriptions were for 1 guinea with many of 2 guineas or a half guinea. Subscriptions of 5 guineas were exceptional. In comparing the General Hospital Subscribers list for the same year only 136 of the total Dispensary subscribers also subscribed to the General Hospital. Although some gave equal sums to each Institution the majority gave twice as much to the hospital. As examples, the Rev. R. Alliott gave 1 guinea to the Dispensary and 2 guineas to the Hospital, as did the Rev. J. J. Cleaver. The Archbishop of York gave only 2 guineas to the Dispensary whereas he gave 5 guineas to the Hospital. Thomas Wakefield made identical donations to those of the Archbishop; William Roworth gave 1 guinea to the Dispensary and 2 guineas to the Hospital. As to the aristocracy, the Duke of Newcastle only gave 3 guineas to the Dispensary but a handsome £21 to the Hospital. Earl Manvers gave 2 guineas to the Dispensary and 5 guineas to the Hospital. The Dowager Lady Manvers gave 2 guineas to the Dispensary and nothing to the Hospital.

The subscribers list which survives for 1897 shows a number of changes from

1831. (9) The list is in two parts; the first is of 525 subscribers now made up not only of private individuals but also of many firms such as Nottingham Mills Co., Wilford Road (1 guinea), Shipstone & Sons, New Basford (2 guineas), Walker, J. and T, Forge Mills, Bestwood Colliery (1 guinea); Poor Law Institutions such as the Nottingham Board of Guardians (10 guineas); local bodies such as Nottingham Corporation Gas Company (5 guineas) and Notts. County Council officials (2 guineas); churches and chapels such as Broad Street Baptist Chapel (5 guineas), Castle Gate Congregational Church (5 guineas), St Andrew's Church wardens (10 guineas); sick funds and friendly societies such as the Albion Order of Oddfellows (2 guineas), Bakers Association (Masters) (4 guineas), Bulwell Friendly Societies (5 guineas), Manchester Unity Oddfellows (2 guineas); and aristocracy such as the Right Hon. Earl Manvers (2 guineas) and Lord Savile, Rufford Abbey (10 guineas). The second part of the list is of subscriptions from employees of 63 firms detailed by name and address. These include works' departments and some sick clubs. As in 1831 most subscriptions are for 1 or 2 guineas. The half guinea has disappeared, but now there is a sprinkling of 3, 4 and 5 guinea sums. There is also an increase in the number of subscriptions to both the General Hospital and the Dispensary: of the 525 Dispensary subscribers, 256 also gave to the General Hospital. As before the amount given to the General Hospital is generally at least twice that given to the Dispensary for the parallel year.

As one would expect, not all individuals and firms supported the work of the Dispensary. A comparison between the subscribing firms and owners on the nearest surviving Subscribers list of 1897 and a table of the 40 biggest Companies by capital value in Nottingham around 1900, gives a picture of the Companies who were Subscribers and those who were not:-

Nottingham's 40 biggest Companies c.1900.

(Companies marked * were Subscribers to the General Dispensary)

*	I. & R. Morley	hosiery
	Boots	chain stores and manufacturing
	Stanton Ironworks, Ilkeston	coal and iron
*	James Shipstone & Sons	brewing
	Humber, Beeston	cycles

	Hardy's Kimberly Brewery	brewing
*	Nottingham Brewery Ltd.	brewing
	Home Brewery Co.	brewing
*	Simon May & Co.	lace merchants and manufacturers
	New Hucknall Colliery Co.	coal mining
*	William Hollins & Co.	spinners, weavers and clothing manufacturers
	Grand Clothing Hall	men's clothing
*	Thomas Adams & Co.	lace merchants and manufacturers
	W. H. Hutchinson & Sons Ltd.	brewing
*	Joseph Burton & Sons Ltd.	grocers
	Burton Brewery Co.	brewing
	Digby Colliery Co.	coal mining
	Bestwood Coal & Iron Co.	coal mining
	Burroughs Adding Machines	adding machines
	Nottingham Suburban Railway Co.	transport
	Richard Birkin & Co.	lace manufacturers
	Linby Colliery Co.	coal mining
*	John Player & Sons	tobacco
	John Jardine & Co.	lace machine builders
*	R. J. Dexter	cigar manufacturers
	Trent Navigation Co.	transport
*	Armitage Bros.	grocers
*	M. Jacoby & Co.	lace merchants and manufacturers
*	W. E. & F. Dobson	lace manufacturers
	Daft & Skevington (Sampson's Factory, Lenton)	lace manufacturers
	Manlove Alliott & Co.	hosiery
	Turney Bros.	leather
*	Raleigh Cycle Co.	cycles
*	Nottingham Manufacturing Co.	hosiery
*	Goddard, Massey & Co.	engineers and iron founders
	Wollaton Colliery Co.	coal mining
	Anglo-Scotian Mills, Beeston	lace manufacturers
	Ed. Cope & Co.	lace manufacturers
*	Griffin & Spalding	departmental store
	J. Pidcock & Co.	malt and corn merchants

This does not reveal reasons for the choice. It is likely for example, in the case of Jesse Boot and the branches of his business, that decisions were taken consciously to support the funding of the General Hospital but not the Dispensary as well. (9)

The closest surviving subscription list to the end of the study period is the one for 1910. (10) This continues the pattern for 1897 with regard to mix of subscribers and the sums given. There is an increase in the number of Anglican churches subscribing. It is also worth remarking that , as well as two members of the Player family subscribing 2 and 5 guineas each, J. Player & Sons Ltd., Castle Factory , subscribes 5 guineas. The number of subscribers for the year is 479 but the separate subscription list of employees of firms has grown to 151, well over double the 1897 figure. A number of the subscriptions are of greater size than in 1897, for example the four branches of I. and R. Morley give £30 : 5 : 6 in total, the National Telephone (Factory) Provident Fund £10 : 15 : 0, Raleigh Cycle Company Ltd. £35, and J. Player & Sons (Benevolent Fund), Castle Factory £22 : 1 : 0. In this year of the 479 subscribers, 216 also subscribed to the General Hospital at similar proportionate levels as in the past.

Where funding by subscriptions is concerned nowhere in the surviving records is there any indication of either the General Hospital or the Dispensary soliciting subscriptions to the detriment of the other. This is probably partly because the two institutions were complementary in their healthcare provision, and partly because both institutions offered recommendation and governor rights valued within the community. The overlap of subscribers to both institutions was considerable.

Subscriptions were the backbone of the Dispensary's finances. Considerable efforts were made to solicit subscribers, to increase their number and to replace those who defaulted, left the area or died. It was equally important to collect arrears and recommendation rights were withheld until subscribers had paid up. At the start of the Dispensary Secretary and Collector were combined rôles . He had to 'regularly collect the subscriptions as they became due and pay the same to the Treasurer every week. He is to lay before the Committee at their first meeting in every month the names of new Subscribers, of such as are deceased or have declined'. (11) Although such an appointment may have been made earlier, the first mention of a separate Collector being appointed appears in 1859. This was John Henson, paid £8 a year and reporting to the Secretary. By 1860 his responsibilities are extended to the collection of rents on the Dispensary's

properties with his salary increased to 10 guineas compared to the secretary's salary of £30. (12) In 1862 the remuneration package was changed to introduce incentive: £8 basic salary a year plus 2 1/2 % commission on all subscriptions plus 5% for new subscriptions. (13) From 1893 onwards an Insurance Fidelity Guarantee Policy for £200 was taken out on the Collector's behalf. (14) The importance of the Collector's work is shown by the rise in his annual remuneration compared to that of the Secretary as shown in the Annual Reports:

	Collector			Secretary		
	£	s.	d.	£	s.	d.
1866	17	0	0	30	0	0
1876	23	12	2	40	0	0
1897	33	3	2	57	10	0
1906	34	7	7	98	12	0
1911	40	3	11	100	0	0

As well as the unremitting work of the Collector and Secretary to obtain subscriptions there are frequent petitions for new subscribers in the Annual Reports, and the good works of the Dispensary with the number of patients relieved were used to justify the need for subscribers' support. To relieve the debt in the early years a special effort was made in 1836 to raise subscriptions to £601 : 12 : 6 compared to £465 : 13 : 6 in the previous year. This was combined with special donations from 'friends of the Institution' to be referred to later. (15) Typical of the exhortation for the public to subscribe was the circular letter proposed by the Committee on 3 March 1845 and similar efforts made by the Committee in the following year 'to bring the Dispensary's needs to the wealthier class of the community'. On 19 April 1858 the Committee arranged for a letter to be printed, to be sent out with the Annual Report, to non subscribers soliciting subscriptions. The need for increased subscriptions became even more critical if the Dispensary was to expand its services to the extended town. As shown in the last chapter, special appeals were made in 1894 for extra new subscribers in Radford, Hyson Green, Carrington, Basford, Bulwell and Lenton. We have also seen how a similar need arose when the Branch was opened in Hyson Green. The uphill struggle did, however, yield the increase in subscriptions illustrated in Table 13 (page 198).

In contrast to Annual Subscriptions, donations and legacies were irregular, windfall income. Nevertheless, funds from this source enabled the Dispensary to survive and to expand its activities as there were many years in which ordinary income fell short of ordinary expenditure. The fluctuating nature of this source of income is shown in Table 14 (page 199), which shows the contributions from donations and legacies at five-yearly intervals. As can be seen, in the foundation year itself over half total income, £695 : 13 : 6, came from public donations. The early years were an especial struggle. We have seen already that a special effort was made in 1836 to increase Subscription income, but the debt due to the Bankers was only eliminated by special donations made by 'friends of the Institution' who were mainly leading figures within the community.

	£	s.	d.
John Smith Wright (brother of Ichabod)	52	10	0
William Elliott Elliott	20	0	0
Mrs. Elliott	10	0	0
Dowager Lady Sitwell	10	0	0
Ichabod Wright	10	0	0
John Heard	10	0	0
Samuel Smith Esq. & Co.	10	0	0
The Worshipful Mayor (T.Wakefield)	5	0	0
Messrs. Barker and Adams	5	0	0
Joseph Frearson	5	0	0
Vickers	5	0	0
Samuel Fox	5	0	0
Henry Enfield	5	0	0
William Enfield	5	0	0
Venerable Archdeacon Wilkins	5	0	0
William Hanney	5	0	0
Mr. Batty	5	0	0
Friend of John Mills	2	2	0
Miss Stovin	1	0	0
	175	12	0

A further sum of £180 : 7 : 0 was given by the same group in 1838. (16)

The construction of the Broad Street Dispensary building led to considerable indebtedness. This burden would have continued for many years but for

legacies. In 1846 £200 came from William Elliott Elliott as well as £100 of other legacies to liquidate the major part of the Building Fund loan. But the £600 mortgage could only be paid off by the John Spencer bequest of £990 in 1848 with a further portion of £225 : 19 : 4 in the following year. (17) Minor but nonetheless welcome donations were received from the Borough Sanitary Committee as a contribution to the extra expenses incurred by the Dispensary in the treatment of cholera patients: 15 guineas in 1854 and 5 guineas in 1858. (18) Special donations made an important contribution to paying for the enlargement of the Broad Street Dispensary completed in 1860. The alteration expenses totalled £456 : 16 : 0. In 1860, £80 of non specific donations was supplemented by £359 : 16 : 0 of special donations to meet the outstanding bills. (19) From time to time the Dispensary benefited from especially large legacies. As well as the Spencer bequest mentioned above, a legacy of £1.012 : 6 : 6 was bequeathed by W. Jarman in 1879 and £3,000 duty free was left by Isaac Massey M.D. in 1892, an appropriate gift after his many years association with the Dispensary. In 1896 over half the year's income came from legacies: £1,137 : 10 : 0 from Miss Jane Frances Boote and £1,013 : 10 : 1 from John G. Skipwith being the major sums. (20) It was not uncommon for Presidents of the Dispensary to make donations, such as Col. Seely M.P., a major benefactor of the General Hospital and its convalescent homes, who gave £50 after his year as President in 1893. The salient example however is William Bradshaw, who was the main driving force behind the establishment of the Hyson Green Branch in 1896. He was President for the year and by then had given three donations totalling £210. To the same end in that year the Duke of Portland gave £15 , and £10 in the following year; ex Mayor Alderman J. Bright gave £25 and the Cyclists' Parade £10. Bradshaw was President in 1898 and 1899 and, not content to see the Branch established in Hyson Green in 1896 , he was a prime mover also for the construction of the dedicated Branch building which opened in 1905. The annual accounts show that he gave a further £30 in 1903 and £50 in 1905. An important lump sum contribution towards setting up the 1905 building was an anonymous donation of £500 in 1904. In the same year the Lenton and Nottingham Co-operative Society gave 50 guineas in memory of James Walter who had been their President for 25 years. In 1905 itself legacies totalled £3,506 : 0 : 2, amounting to

56.74% of Dispensary income. As well as many already mentioned a major legacy of £3,097 : 13 : 6 came from James Burrows and £300 from the Hon. Mrs. Noel. The same year saw a donation of £50 from Messrs. Player & Sons. The Player family and workers were supporters of both the General Hospital and the Dispensary. As an example, in the last year of the study period W. G. Player donated £100 to the Dispensary.

Chapter 4 , Nottingham General Hospital Finances, demonstrates how the Hospital pursued a policy of developing dividends and interest on capital invested as a major source of regular, reliable income. Table 6 (page 100) shows examples of quantum cash income from this source which, as a percentage of total income rarely dropped below 14% and was very often around 20% or appreciably more. In the case of the Nottingham Dispensary a similar policy was pursued and from the stage when the Institution became sufficiently solvent to have funds disposable for investment, earnings from this source became by far the most important source of regular dependable income after subscriptions. Table 15 (page 200) shows the position at five yearly intervals from 1831 to 1911. The finances of the Dispensary were in such a critical position in the early years that it was not until 1848 and onwards that invested capital became an important earner. After a modest start in 1850 Dividends and Interest accounted for 16.7% of total income. Thereafter the percentage was always over 10% and frequently over 14%, and 20% and over in many years. As Table 15 shows, the income in cash terms was considerable. A similar investment policy was pursued by most other Dispensaries. At York, for instance, in the 1860s and 1870s at least 50% of income was derived from interest on investments. (21)

From the inception of the Dispensary the 1831 Rules (Rules 20 and 21) made provision for investments in public funds to earn interest, and arranged for three Governors to be nominated as Trustees by the Committee to manage the investment funds. The Trustees joined together in giving power of attorney to the Treasurers to accept such stock and to receive dividends. This management method continued throughout the study period. The clearest statement of policy is contained in the 1868 Rules: 'Any monies not wanted for immediate use, shall be invested in the

names of the Governors, to be nominated Trustees by a General Meeting, or by the Committee, in any of the Public Stocks or Funds of Great Britain, or upon Government or other Securities usually sanctioned by the Court of Chancery, or upon Real Securities in England or Wales, or upon the Security of any County or Borough Rates, or upon Bonds or Debentures of any Railway Company in England, paying dividends or ordinary shares at the rate of not less than 3% on the paid up capital, in respect of such shares.' (22)

The sources of information on invested capital are the Dispensary's Annual Reports including accounts for the whole of the study period, details of the week by week management of the Dispensary's finances in the Committee Minute Books which survive from 1845 to 1911, and the Investment Ledger which only remains from 1880 to 1911. No Minutes exist for the Finance Committee of the Dispensary. This data gives an adequate picture of how the finances of the Institution were managed in relation to its policy. The scale of operations and their complexity were much greater for the General Hospital than for the Dispensary. In comparing Table 6 and Table 15 it can be seen from the income levels derived that the investment folio managed by the Hospital was usually around five or more times larger than that of the Dispensary before 1896 and two to three times greater after 1900. The Hospital's investments, as demonstrated earlier, were managed with considerable skill. It would appear from a number of the difficult situations incurred from time to time that the Dispensary's investments were not always managed with the same degree of sophistication.

Shortage of funds, as mentioned earlier, meant a late start to realising earnings from investments. As shown in the Annual Reports, of the early funds put on bank deposit in 1834, £100 was taken into income as was £101 : 18 : 2 in the following year to help the solvency situation. Only in 1848 and onwards by investing the surplus funds from the Spencer bequest at 3 1/4 % was regular income derived from investments. Even then, in 1851 some stock had to be resold to refund Spencer's Executors £150 : 11 : 2, a sum overpaid by them. The fragility of the financial situation was again revealed in the 1857 accounts which show a sale of capital of £618 : 16 : 4 to be taken into income. Investment could also be restrained by other exigencies. Between 1878 and 1881 the Dispensary was in negotiation with

the Charitable trustees to pay for the surrender of the existing leases and the purchase of the freehold of the Dispensary premises between Broad Street and Heathcote Street. This was settled in July 1881 with the agreement also of the London Charitable Commissioners. The Dispensary settled for £3,150 plus costs with completion to be by 25 March 1882. This stretched the Dispensary's resources and in the 1879 Annual Report it was decided to hold off from investing the £1,152 : 6 : 6 from legacies including the £1,102 : 6 : 6 W. Jarman legacy, as the money would be needed for the freehold purchase. (23) The move to build a dedicated Dispensary inevitably put a considerable strain on funds. Although in the 1904 Annual Report there were legacies of £200 and donations £674 : 7 : 6, the cash surpluses were set aside to meet the new building costs so no investments were made in that year.

Although the List of Investments which appears for the first time in the Annual Report for 1897 and most years thereafter shows the type and sum of investment, the earning ratios are not shown. The Investment ledger entries are also not entirely satisfactory in that they are often sporadic and not comprehensive. The best way to identify the types and terms of investments made is from the accounts accompanying the Annual Reports and especially from the Committee Minutes. Several categories of investments were made:

Consols - In the early years of the General Hospital much prudent investment was made in Consols as a safe, steady source of return. In contrast, Consols attracted little investment from the Dispensary. The accounts for 1854 show a purchase of £200 of Consols @ 3 1/4 %. The legacy from Miss Jane Frances Boote in 1896 was in the form of a transfer of £1,137 : 10 : 0 of Consols @ 2 3/4 %. (24)

Railway Stocks - The General Hospital took advantage of investing in the relatively high earning stocks offered by the expanding railway network. This was not so for the Dispensary whose experience of dabbling in this area led them into difficulties. As seen from the Committee Minutes on 7 September 1863 they tried to invest £800 in the Llanelly Railway and Lock Company in its 5% debenture bonds. This effort failed and they substituted London, Chatham and Dover Railway debenture bonds. On 16 July 1866 this investment ran into trouble. It was reported to the Committee on that date that 'the coupon for the half year's

interest due 1st. July ... had been returned to the Treasurer unpaid'. The railway company was in financial trouble and requested the 'indulgence of Debenture Holders for a short time'. On 16 December that year the Committee acted to exchange the overdue coupons for deferred warrants. The saga continued and on 6 February 1871 'The Secretary was instructed to transmit the Bond of the London, Chatham and Dover Railway Company for £800 to the Trustees of the Dispensary dated 24 September 1863 with the deferred interest coupons amounting to £100 for unpaid interest to 30 June 1868 to be exchanged for Certificates of Arbitration Stocks in accordance with the Arbitration Trust award'. Later, on 24 July, the Committee minuted receiving a dividend of £21 : 3 : 11 on the railway company's stock. There is an entry in the Investment Ledger referring to the same problematical stock - 'Scrip Arbitration Debenture Stock in London, Chatham and Dover Railway 29 August 1891 @ 4 1/2 % half yearly interest payment'. There are no other references in the Dispensary archives to any other railway stocks being held.

Mortgages on private property - these hardly feature in the General Hospital's portfolios. They were one of the most favoured types of investment for the Dispensary. Before an offer was made an estate agent was employed to value the property in order to ensure that the market value was always well in excess of the mortgage. The deeds were deposited with the Treasurers. One of the early mortgages was £400 advanced to Mr. Potts in December 1857 (interest rate not shown but probably around 3 1/2 per cent) against a property surveyed and valued at over £650. But as early as 11 June 1858 it was necessary to pressure Potts to pay the interest. In response, on 18 January Potts paid the interest due and promised to pay promptly in the future. (25) In the majority of cases however there was no problem of mortgagees defaulting on payments.

Another example of mortgage management where a mortgage was sold on is in the Minutes of the Committee meeting of 19 March 1866. 'The Secretary announced that Mr. Alvey of Burton Joyce upon whose property the Dispensary had a mortgage of £500 @ 5% had sold the same for £675 to Mr. William Hearnshaw of Wrights Bank who was willing to pay the mortgage off or to continue it or reduce it to £400. It was agreed to continue at £500'.

Another typical property mortgage was that minuted by the Committee on

5 June 1874 when it was agreed to offer a mortgage of £700 to Mr. Taylor of the firm of Bassett and Taylor on two houses in Porlbie [?] Street recently purchased at a cost of £11,000 @ 5%. Again, on 30 October 1876 it was agreed to advance a mortgage of £1,800 to Mrs. E. C. Thacker on her two houses and shops in Pelham Street @ 4 1/2 %, and to Mr. Moses Stanley , ironmonger, £1,500 @ 4 1/2 % to be secured against his freehold property in Parliament Street which had cost him over £3,000. There are numerous other examples up to the end of the study period.

Mortgages, loans and annuities to and in civic bodies and utilities - this was an area of investment utilised by the General Hospital. It was frequently favoured by the Dispensary for both its good returns and security. Below is a list of examples together with the dates when the Committee agreed to make the investments:

16 Jan.1865 To loan £600 @ 4 1/2 per cent for 5 years to the Local Board of Nottingham.

24 Jan.1870 Above bond due for repayment. Decision taken to reinvest it in the Local Board for a further 5 years @ 4%.

2 Jan.1871 To invest £400 with Nottingham Water Works Company on a bond for 5 years @ 4%.

13 Mar.1871 To invest a further £300 in the same water company on the same terms as in January.

10 Mar.1873 Decision to invest £500 in the purchase at 96 of Ambergate Stock, leased to the Great Northern Railway @ 4 1/8 %. They were unable to purchase the stock so on 25 March decided to invest the same sum in the Local Board of Health of Nottingham (no terms given). On 7 April the amount invested increased to £600.

11 Oct.1875 Corporation bonds of £600 and £500 due and repayable. Resolve £300 to be repaid to Dispensary for cash reasons, and reinvest £800 with the Corporation.

13 Mar.1876 Agree to advance £1,000 to the Corporation of Nottingham @ 4% mortgage debenture

7 Mar.1887 Purchase 3 Corporation Gas Annuities of £3 : 5 : 0 p.a. at total cost of £261 : 10 : 0.

18 Apr.1887 Purchase 2 Corporation Gas Annuities of £3 : 5 : 0 p.a. at total cost of

£176 : 7 : 6.

27 Apr.1888 Purchase 8 Corporation Gas Annuities of £3 : 7 : 0 p.a. at total cost of £714.

28 May 1900 Invest £4,000 with Nottingham Corporation @3 1/2 % for 3 years certain.

4 May 1903 Invest £500 on mortgage of the City rates @ 3 1/2 %.

(As an aside, in August 1904 the Committee propose to give notice to the Corporation that they would require £1,500 of the capital sum invested towards the Hyson Green building costs).

5 Nov.1906 To improve the return, move £3,500 on deposit with the Capital and Counties Bank and invest it in a mortgage with the Derwent Valley Water Board @ 3 5/8 %.

Money on Bank Deposit - like the General Hospital the Dispensary only put money on bank deposit while awaiting investment at a higher return. There was however a tendency for the Dispensary to keep more funds on deposit than was the case with the Hospital, because it could be at short call and help them to resolve times of financial difficulty. These manipulations from time to time involved them in some tense negotiations with their bankers. The following are some examples of the dealings together with the dates of their occurrence in the Committee minutes:

8 Jan.1866 Agreement to invest £200 with the Nottingham and Notts. Banking Company on an accountable receipt for 1 year (the bank would allow 5% if left for 1 year but only 4% if drawn earlier).

27 July 1867 The Nottingham and Notts Banking Co. inform the Committee that they would only be offering 2% on deposits from 1 August, so the Committee on 5 August considers moving some of its deposits to the Nottingham Corporation who are giving 4 1/4 %.

6 Mar.1882 Agreement to deposit with Messrs. Wright's Bank £3,000 on note for 6 months certain @ 3 1/2%.

1 Feb.1892 A good example of fund management occurred in 1892 when Legacies totalled £3,100 including the £3,000 from Dr. Isaac Massey. Wrights Bank at first offered 3 1/2 % on not less than 1 year deposit. The Trustees negotiated 3 1/2% if the £3,600 was deposited for 12 months, 3% for over six months and under 12 months, and 2% under six months. On 30 May the Committee went ahead to deposit £500 only on the terms last negotiated. On 25 July they were able to obtain a return of 4% on the £3,000 through a mortgage on a wholesale baby linen manufacturer's premises in Bishopsgate London. They were secure when the property was valued at £5,550. The mortgage was completed on 17 October. At a later stage in July 1894 Wrights improved their terms by offering 3 1/2 % on all money deposits at 14 days notice. On 10 December that year the Committee shifted £950 from current to deposit account on those terms.

6 Feb.1893 The Committee even haggled with Wrights, their bankers and Treasurers, over the commission they charged on their current bank account. Over the last 15 years there had been an average annual credit balance of £1,052 and £97 had been charged for commission during that time. On 13 February Wrights agreed to charge in future one sixteenth per cent commission and to allow interest from day to day on the current account. On 17 April both sides agreed to settle the dispute. The Committee agreed to drop the matter and Wrights made a donation of £10 to the Dispensary's funds.

16 Dec.1895 With the opening of the Hyson Green Branch it was necessary to have funds on short call but to earn the maximum possible. The Committee agreed to withdraw £3,500 from the current account to put it on deposit with £500 already there. The total £4,000 was now on deposit @ 3% for six months certain with one month's notice of withdrawal.

A major difference between the finances of the General Hospital and the

Dispensary is the relative importance of the contributions to regular income made by the Hospital Sunday and Saturday Funds. Chapter 4 showed that both funds were set up primarily to aid the finances of the General Hospital and only secondarily to give some modest support to the Dispensary and other medical charities. Hospital Sunday remained throughout an important, constant but not increasing source of income, whereas Hospital Saturday became steadily the most important source of income (Figs.4 and 5 and Table 7 quantify this). These two funds together with subscriptions became the anchors of the Hospital finances. In contrast, where the Dispensary is concerned, whereas the monies from both funds were worthwhile additional regular income for the Institution, as can be seen from the yearly figures in Table 16 (page 201) the sums were small and the percentages of total income throughout were also very modest. Other medical charities benefited even less from the distribution of the two funds, not that this was any consolation to the Dispensary. (26)

The Dispensary was always dissatisfied with the small sums it received from the two funds and this was expressed in a number of its Annual Reports, for example in 1873, 1874 and 1875. It was always claimed that the shares were unfair in relation to the number of patients and types of patients treated. In 1875 the Committee sent a circular to each member of the Hospital Sunday and Saturday Committees presenting arguments for an increased share. The flavour of the debate is best illustrated by a letter which appeared in the *Nottingham Daily Guardian* of 13 March 1882 and deliberately reprinted and circulated with the Dispensary's Annual Report. It refers to a report of the annual meeting of the Hospital Sunday Fund, presided over by the Rev, Canon Morse, for the distribution of the fund:

> Statements were made which are likely to mislead and cause a misappropriation of the fund, to the detriment of some of the charities not represented ... Among other remarks I find the following: "On the other hand it was pointed out that the Dispensary was much more limited in its operations than the General Hospital, which did not merely 'dole' out medicine, but had a large medical and surgical staff and received in-patients also"; also "The money to be disposed of comes, moreover, not only

from the outlying districts, the inhabitants of which reaped 'no benefit' from the Dispensary".

The letter writer protests 'that the attempt to disparage one charity at the expense of another is unjust. If the gentleman who made the above remarks had been present at the yearly meeting of the Dispensary he would have known that not less than 7,140 patients have been attended by the Dispensary Surgeons, including the parishes of Arnold, Basford, Beeston, Bingham, Gedling, Lenton, Radford, and Sneinton; 1,274 of the above living in the old borough have been visited at their own homes , mainly suffering from the most acute diseases, amongst which may be named 79 cases of scarlet fever, 8 of typhoid fever; also 182 cases of consumption, 83 of which have been attended at their homes'. There was a long section about the Dispensary attending incurable as well as curable patients 'whilst at other medical charities incurable cases are inadmissible, as in-patients. It will at once be seen that when a patient becomes unable by the severity of his disease to drag his weary frame to the Hospital to receive his accustomed medical attention and 'dole of medicine', he cannot have further relief. The Dispensary then steps in and affords him the assistance which the other institutions have, under the circumstances, denied'. The letter was signed 'Charity', Nottingham, 7 March 1882.

In 1883 and 1886 the Committee contrived to negotiate for a large share of the funds, even threatening in the latter year to set up a separate Dispensary Sunday and Saturday fund. (27) The struggle to obtain a greater share continued to the end of the study period. An especial effort was made in 1899 after the Branch was in operation. Delegates met with each of the Hospital Sunday and Saturday Committee to argue that the Hyson Green costs justified a greater contribution. Only limited success was achieved in that the Hospital Saturday Committee agreed to increase the share by £10. (28)

The Dispensary benefited from a number of Sundry or Miscellaneous Receipts which made a small but useful contribution to income. Between 1831 and 1855 there was an annual ball and sometimes play organised on behalf of the Institution. This was often in association with the Annual Meeting. This yielded annual sums of often £20, £30 and sometimes over £40. Apprentice fees provided some income although sporadic. The 1845 Annual Report contained a typical

advertisement: ' Institution in want of an Apprentice:- Premium £150'. The Committee Minutes of 28 September 1846 show a typical example of the incidence of payment . John Smithurst, the future Dispenser, was engaged as an apprentice. His father paid a £50 premium at the time of binding, £50 more six months later and another £50 at the end of 12 months. The apprenticeship was for five years. A very minor source of income was the sale of trusses which could raise £4 to £6 a year. The 1858 accounts show a windfall of £54 : 15 : 0 from the disposal of several paintings.

The most important of Miscellaneous items, however, both because of their dependability and volume were rents on Dispensary properties. These were adjacent in Heathcote Street and Broad Street, and rented out as workshops and/or accommodation. These show in the accounts and Tabulations from 1860 to 1911. Up to 1885 they yielded around £30 or so a year, but after that, with the extension of the Dispensary's properties, over £120 to more than £200 a year in 1910 and 1911. From 1885 rents contributed appreciably more than either Hospital Sunday or Hospital Saturday separately.

The Nottingham Dispensary remained a charitable institution offering free treatment to all its sick poor patients throughout the study period. It was inevitable that its financial difficulties should lead to consideration of a move to Provident Dispensary status where potential patients contracted to make regular modest contributions to cover possible medical treatment. The 'self-help' ethos of a substantial sector of society not only created pressures which in one case led to the 1834 Poor Law Amendment Act, but to a move to convert free Public Dispensaries into contributing Provident Dispensaries. The attitude to charity was shown in Holland's tract on Dispensaries, where he argues against regular medical provision as it is 'certain to produce habitual dependence upon charity, instead of upon individual exertion', and further, 'the more profuse and systematic the relief offered, the more numerous claimants'. (29) The idea of the 'Provident System' arose in 1830 with Derby one of the first to set up a Provident Dispensary followed by Coventry in 1831, Paddington in 1838 and Brighton and Northampton in 1845. (30) In Leicester self supporting Dispensaries had been established in 1826 and 1833, which were converted into a single Provident Dispensary in 1862. The

monthly subscriptions were 4d. per head or one shilling for a whole family. In 1872 a deputation of the Nottingham Dispensary Committee was delegated to study the operation of the Leicester scheme and to report back. In the Annual Report for the same year the decision was reported that they were reluctant to move from being a free charity and preferred to solicit funds from other sources such as from operatives and employers. In spite of shares of the Hospital Sunday and Saturday Funds not coming up to expectations the Dispensary confirmed at the Annual Meeting in 1882 its earlier decision not to change its free status.

Hodgkinson explains that the later flagging support for Provident Dispensaries was illustrated by the mistakes at Leicester. She cites that each Medical Officer received each week a list of new candidates and he determined eligibility. But many were admitted who could afford to pay privately. It was said that some members leaving £1,000 on death received free attention for four shillings and four pence a year of which a Medical Officer received one shilling and nine pence. There was no medical examination prior to admission so chronic cases were accepted. All sorts became Governors and could overrule Medical Officers. It was even said that some doctors gave superior treatment to their private patients. (31) We do not know from the Nottingham archives the reasons for the Dispensary rejecting the Leicester scheme but the above findings may well have been similar to those found by the deputation.

To conclude, the Nottingham Dispensary throughout the period 1831 to 1911 made a major contribution to the care of the sick poor in the Nottingham region and complemented the provision made by the General Hospital. Like the General Hospital it coped with great effort but successfully with ever increasing patient numbers and expanded its operations following the implementation of the local Enclosure Act and the later boundary extensions. Like the General Hospital the Dispensary never departed from the principle of providing free healthcare counselling and treatment. Inevitably charitable funding was a struggle but in spite of financial crises the Dispensary always remained solvent. Unlike the General Hospital in the 1860s and 1870s onwards the Dispensary did not benefit other than in a minor way from the Hospital Sunday and Saturday movements; its earnings

from the rent of properties in the Broad Street and Heathcote Street areas of the town often equalled or exceeded those from the two funds. The overwhelmingly most important source of income throughout the study period was Subscriptions and big efforts were made continuously to maintain and expand this source. It represented widespread support across the community from those who had money. It also included an important measure of support from churches and chapels, and from employers and employees in local industries who through giving as subscribers obtained in return recommendation and Governor rights. Whereas Subscriptions offered reliable, regular income , funds from legacies and donations, though often substantial, were irregular and unreliable. The Dispensary however could not have survived without these gifts as they often enabled it to draw back from the brink of insolvency, to fund expansion of operations including improved, extended premises in town and the establishment of Hyson Green Branch. They also provided surpluses of cash which could be invested. Earnings from Dividends and Interest became the second most important source of income for the Dispensary. The scale of investments made and the volume of earnings was considerably less than the equivalents for the General Hospital. There were also important differences in the investment portfolio. Although the investments were not managed with quite the same skill and sophistication as those of the General Hospital they were nonetheless managed sufficiently well for this to be a major source of consistent income.

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   28th. Annual Meeting. Report for year ending 31 December 1858.

2. Allen, Oswald, *History of the York Dispensary* (York: Pickering, 1845) pp.13-14, 26-27,77.

3. Anning, S.T., 'The Leeds Public Dispensary', *Publications of the Thoresby Society*, Vol.16, Part 2. (Leeds: The Thoresby Society, 1974)

   In Appendix VI p.161, ordinary income from Subscriptions rarely covered expenses so the Treasurers who received the income and made all payments of expenses were often owed considerable sums *e.g.* in July 1826 the Treasurer was owed £567, in August 1846 £1,000, and in February 1909 £1,418. From time to time special appeals were made to reduce indebtedness *e.g.* in 1858 £747 was raised for this purpose. p.143.

4. Marland, Hilary, *Doncaster Dispensary 1792 - 1867. Sickness, Charity and Society.* (Doncaster: Waterdale Press, 1989). p.35.

5. DD ND 6/1, Annual Reports 1831-1850.

   19th. Annual Meeting. Report for year ending 31 December 1849.

6. DD ND 6/2, Annual Reports 1850-1859.

   22nd. Annual Meeting. Report for year ending 31 December 1852.

7. DD ND 6/6, Annual Reports 1890-1899.

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8. Engels, Frederick,*The Condition of the Working Class in England*, (London: Granada,1969). p.304. Engels came to England in 1842 and wrote his work between September 1844 and March 1845. The work shows his familiarity with the Housing, Factory and Children's Employment Commissions ' reports on Nottingham during the period.

9. DD ND 28/1 Nottingham Dispensary List of Subscribers 1897.

   Uhg R7 116th. Annual Report 24 March 1897 - 24 March 1898.

   Beckett, John, (ed.), *A Centenary History of Nottingham*, (Manchester: Manchester University Press, 1997). Table 20.1, Nottingham's major Companies (by value), c. 1900. p.481.

10. DD ND 28/13 Nottingham Dispensary List of Subscribers 1910.

Uhg R9 129th. Annual Report 1910.

11. DD ND 27/1. Rules 1831, Rule 37.

12. DD ND 6/2. Annual Reports 1850-1859.

29th. Annual Meeting. Report for the year ending 31 December 1859.

DD ND 6/3. Annual Reports 1860-1869.

30th. Annual Meeting. Report for year ending 31 December 1860.

13. DD ND 1/2. Committee Minute Books 3 January 1859 to 26 June 1871
Minutes of meeting on 7 July 1862. New package was backdated to 1 January 1862.

14. DD ND 1/4. Committee Minute Books 3 January 1887 to 30 March 1914.

Minutes of meeting on 17 April 1893.

15. DD ND 6/1. Annual Reports 1831-1850.

6th. Annual Meeting. Report for year ending 31 December 1836.

16. *ibid.*, also 8th. Annual Meeting. Report for year ending 31 December 1838.

17. *ibid.*, 16th. Annual Meeting. Report for year ending 31 December 1846;

8th. Annual Meeting, Report for year ending 31 December 1838;

19th. Annual Meeting. Report for year ending 31 December 1849.

18. DD ND 6/2. Annual Reports 1850-1859.

24th. Annual Meeting . Report for year ending 31 December 1854;

28th. Annual Meeting. Report for year ending 31 December 1858.

19. DD ND 6/3. Annual Reports 1860-1869.

30th. Annual Meeting. Report for year ending 31 December 1854.

20. DD ND 6/4. Annual Reports 1870-1879.

49th. Annual Meeting. report for year ending 31 December 1879.

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62nd.Annual Meeting. Report for year ending 31 December 1892;

66th. Annual Meeting. Report for year ending 31 December 1896.

21. Webb, Katherine A., *'One of the Most Useful Charities in the City': York Dispensary 1788 - 1988.* (York: University of York,1988). p.12.

22. DD ND 27/3. Rules 1868. Rule 41.

23. DD ND 1/3. Committee Minutes for 1878 to 1881.

The step by step negotiations with the Charitable Trustees can be followed through the minutes of the monthly meetings. The Committee even had

ambitious plans to purchase for £10,000 the whole property between the Wesley Chapel and Goose Gate and Broad Street and Heathcote Street, (Minutes of 28 June meeting) but eventually settled for the purchase of the freehold of the existing premises.

24. DD ND 1/4. Committee Minutes 1887 to 1914.

Minutes of meeting on 13 July 1896.

25. DD ND 1/1. Committee Minutes 1845 to 1858.

Minutes of meeting on 14 December 1857, and 11 and 18 January 1858.

26. N hM/1/1. Minutes of the Hospital Saturday Committee, March 1899 to March 1913. The other beneficiaries were the Eye Infirmary, Childrens' Hospital, Samaritans Hospital, Convalescent Homes, Sanatorium, Blind Institution, Lenton Orphanage. These all received less than the Dispensary but the amount awarded varied considerably from year to year. The figures contained in the surviving minutes are unreliable to use as they are sums distributed for part rather than whole years.

27. DD ND 1/3. Committee Minutes 1871 to 1886.

Minutes of the meeting on 12 April 1886. The Committee was arguing for more funds to set up a Branch Dispensary and a letter was sent to consult church and chapel clergy. In the end they decided that a competitive attempt to set up separate Dispensary funds would be counter productive and did not proceed further.

28. DD ND 1/4. Committee Minutes 1887 to 1914.

Minutes of meetings on 6 and 20 March 1899.

29. Holland, Philip Henry, *Self Providence - v - Dependence upon Charity. An Essay on Dispensaries.* (Manchester: Love and Barton; London: Simpkin, Marshall, 1838). He explained that at the Derby Provident Dispensary (opened in 1830) 'none are allowed to become free members, whose weekly earnings amount to, for a single man 12/-; for a single woman 9/-; for a man and his wife 14/-; for each dependent child, 1/6 more'. p.7.

30. Anderson, John Ford, *Provident Dispensaries: Their Object and Practical Working* (London: reprint from *British Medical Journal,* 21 May 1870. p.6. He explains the principle of small periodical payments by potential

patients to supplement contributions from the more opulent -'to help those who help themselves'.

31. Hodgkinson, Ruth, *The Origins of the National Health Service. The Medical Services of the Poor Law, 1834 - 1871.* (London: Wellcome Historical Medical Library, 1967). Ch. 16, pp.612-616. Hodgkinson quotes as her source for Leicester the Report of the special Commission set up by the *Lancet* to enquire into the medical association and profession, 1895. Reprinted as 'The Battle of the Clubs' in the *Lancet,* 1895, ii,*passim.*

TABLE 13. NOTTINGHAM DISPENSARY - ANNUAL SUBSCRIPTIONS.

Year	Total Income			Subscriptions			Subscriptions as % of total income
	£	s	d	£	s	d	
1831	1300	14	3	574	9	6	44.15
1836	828	18	0	601	12	6	72.5
1841	713	13	0	493	15	0	69.28
1846	848	17	6	424	14	6	50.06
1851	620	17	4	453	14	6	73.11
1856	603	10	0	439	17	0	72.97
1861	729	6	1	443	1	0	60.77
1866	951	18	0	518	5	6	54.41
1871	1272	18	10	655	11	6	51.53
1876	1297	19	9	765	16	11	59.01
1881	1587	10	7	721	17	9	45.47
1886	1766	9	5	824	0	0	46.66
1891	1777	10	2	927	14	0	52.19
1896	5394	19	7	1053	12	0	19.54
1901	3070	16	0	1322	17	5	43.08
1906	3525	10	7	1328	10	9	37.69
1911	4274	11	8	1565	16	5	36.63

TABLE 14. NOTTINGHAM DISPENSARY - DONATIONS AND LEGACIES

Year	Total income £ s d	Donations £ s d	% of total income	Legacies £ s d	% of total income
1831	1300 14 3	695 13 6	53.46		
1836	828 18 0	199 17 0	24.13		
1841	713 13 0	189 0 0	26.51		
1846	848 17 6	88 0 0	10.37	300 0 0	35.34
1851	620 17 4	25 18 0	4.19		
1856	603 10 0	16 0 0	2.65	60 0 0	9.95
1861	729 6 1	14 2 6	1.92	90 0 0	12.35
1866	951 18 10	256 5 10	26.89		
1871	1272 18 10	71 18 6	5.66	144 9 0	11.31
1876	1297 19 9	116 7 3	8.94		
1881	1587 10 7	77 17 10	4.91	211 9 1	13.29
1886	1766 9 5	47 5 6	2.66	290 13 2	16.48
1891	1777 10 2	42 0 4	2.36	116 7 10	6.52
1896	5394 19 7	276 5 6	5.12	2926 0 1	54.25
1901	3070 16 0	169 14 9	5.54	380 0 0	12.37
1906	3525 10 7	378 13 0	10.75	518 5 3	14.69
1911	4274 11 8	130 14 0	3.06	1295 0 0	30.29

TABLE 15. NOTTINGHAM DISPENSARY - DIVIDENDS AND INTEREST

Year	Total Income £ s d	Dividends and Interest £ s d	% of total income
1831	1300 14 3	9 6 8	0.69
1836	828 18 0		
1841	713 13 0		
1846	848 17 6		
1851	620 17 4	68 15 5	11.11
1856	603 10 0	78 2 6	12.94
1861	729 6 1	133 8 9	18.24
1866	951 18 0	141 2 1	14.81
1871	1272 18 10	233 16 6	18.38
1876	1297 19 9	243 9 0	18.72
1881	1587 10 7	356 10 5	22.48
1886	1766 9 5	224 5 10	12.68
1891	1777 10 2	323 10 0	18.22
1896	5394 19 7	794 14 6	14.74
1901	3070 16 0	821 19 11	26.77
1906	3525 10 7	928 0 3	26.32
1911	4274 11 8	781 13 5	18.29

TABLE 16 - NOTTINGHAM DISPENSARY - HOSPITAL SUNDAY AND HOSPITAL SATURDAY.

Year	Hospital Sunday				Hospital Saturday			
	£	s	d	% total income	£	s	d	% total income
1871	128	6	11	10.05				
1872	30	18	9	2.71				
1873	60	1	4	4.38				
1874	87	0	4	7.20				
1875*	109	4	3	6.13				
1876	78	3	5	6.01	55	8	0	4.24
1877	79	1	5	3.86	50	0	0	2.45
1878	75	8	3	4.92	50	0	0	3.28
1879	62	1	6	2.57	44	13	0	1.86
1880	66	5	4	5.2	82	0	11	6.46
1881	57	13	1	3.65	126	14	8	7.8
1882	94	7	2	5.25	132	4	3	7.37
1883	130	10	11	5.42	132	5	6	5.46
1884	133	10	1	6.31	138	16	5	6.55
1885	146	16	11	9.4	112	4	3	6.89
1886	146	8	3	8.27	95	11	5	5.44
1887	129	0	5	7.15	90	4	0	4.99
1888	122	1	9	3.67	96	5	7	2.88
1889	132	4	0	8.11	80	11	11	4.98
1890	112	11	8	5.93	87	7	7	4.56
1891	118	4	10	6.64	76	8	7	4.27
1892	102	17	4	1.94	63	2	0	1.19
1893	96	17	11	3.11	72	12	0	2.34
1894	79	5	9	3.08	78	10	11	3.08
1895	73	6	5	1.92	82	5	0	2.16
1896	73	4	7	1.35	85	7	8	1.58
1897	67	16	9	2.85	98	12	8	4.14
1898	71	14	1	2.86	93	10	8	3.74
1899	67	2	5	2.14	103	5	7	3.29
1900	72	17	8	2.31	127	5	0	4.02
1901	74	1	2	2.41	115	16	6	3.78
1902	69	14	1	2.37	115	18	4	3.93
1903	64	4	4	2.23	127	18	6	4.46
1904	72	3	8	2.15	122	12	0	3.67
1905	73	4	7	1.18	85	0	0	1.38
1906	80	7	11	2.27	90	6	6	2.55
1907	49	4	10	1.36	93	5	8	2.58
1908	44	17	7	1.37	94	16	0	2.9
1909	58	4	2	1.61	139	1	1	3.86
1910	45	4	3	1.44	152	18	9	4.9
1911	49	7	3	1.15	133	16	6	3.13

*note - as mentioned in the Annual Report, the Dispensary received £50 from the Hospital Saturday Fund in 1875. By error it was added into Hospital Sunday in the accounts, thus overstating the income from this source. The error is repeated in the Dispensary's Tabulations

Chapter 8. Poor Law - Patients and Accommodation.

One of the major social and political concerns of society in this country from mediaeval times to our own has been how to make public provision for the unemployed, the destitute, the physically and mentally sick, the aged and infirm, orphans and children without private means of education. The Poor Law System which evolved from the 1601 Elizabethan Act onwards was an attempt to address these needs which became even greater as population expanded and the country became more and more intensely industrialised and urbanised. It is important to avoid this chapter becoming a study of the Poor Law System and its development in Nottingham. It attempts rather to address, as one aspect of that system, how health care was provided for the indigent sick and those suffering from the diseases and enfeeblement of old age. A certain degree of overlap cannot however always be avoided because of many elements in common such as workhouse buildings, administration, some staff, finances and the same central reporting after 1834. Furthermore healthcare, unlike the General Hospital and Dispensary, was not funded as a separate dedicated entity; its expenses were met out of the same rates that were levied on the local community for all aspects of Poor Law relief.

The study of healthcare under the Poor Law in Nottingham is also limited by some of the shortcomings of source materials. Until the implementation of the 1834 Poor Law Amendment Act the provisions of the Poor Law were administered by the three Nottingham parishes of St. Mary's, St. Nicholas' and St. Peter's. The surviving records are few and patchy. The same is true for the archives of the Nottingham Union. The richest source of information is the Nottingham newspapers, which cover the study period with few gaps. They are particularly valuable for the period 1834-36 when the Nottingham Union was set up and throughout its subsequent development. The Board of Guardians' weekly meetings were for many years reported in great detail, including most of the correspondence verbatim between the local Board and the central authorities: Poor Law Commissioners 1834-47, Poor Law Board 1847-70 and the Local Government Board thereafter. A fruitful supplement to the information in the newspapers is provided by the Annual Reports of these central bodies just mentioned. Taking the source

material together a fairly comprehensive picture can be built up of the healthcare provision: the numbers involved at different periods as out-patients and within the workhouse; the type of accommodation and how it changed over time; the types of patients and diseases treated; the doctors engaged and how they were administered and deployed to cover the community; dispensers and the provision of drugs; policy and care relating to imbeciles and lunatics; the cost of healthcare; the evolution of nursing; the rôle of vaccination; contributions to medical charities. We shall see how the Poor Law healthcare provision attempted to meet the widespread need of the destitute poor, a need which was not met by the General Hospital because of its many patient exclusions, or by the Dispensary which did not treat wholly destitute patients or those needing in-house care. We shall also see how over time the workhouse changed from its initially intended rôle as a method of dealing with primarily able-bodied unemployed to becoming mainly an infirmary *cum* geriatric home and eventually a major municipal hospital.

Before the General Hospital and Dispensary opened their doors to patients in 1782 and 1831 respectively the only institutions which offered treatment and care of all categories of sick poor were the three parish workhouses. St. Mary's workhouse was built in 1729 between York Street and Mansfield Road.(1) Although Eden's description of the house in 1797 does not segregate the categories of inmates it gives a flavour of the institution and its inmates. (2)

> The Workhouse is surrounded by other buildings, mostly much higher, so that the free current of air is completely obstructed. The rooms are close and the beds partly of flocks, and partly of straw. A few more beds have been ordered, as in the summer 3 and sometimes 4 persons are obliged to sleep in one bed. This may probably be the reason why vermin prevail here, though the floors, staircases etc., seem to be kept clean. A spotted fever rages in the house. There are 168 pauper inmates, *viz*. 42 boys between 6 months and 14 years, 35 girls under 20, 30 men from 20 to 60, and 61 women from 20 to 80. ... Most of the women are employed in nursing the young children, and few men who are able to work enter the house. ... The other

Parishes are burdened with Poor in nearly the same proportion. Population growth meant that by 1807 the workhouse was too small and the Vestry, after consulting a Medical Committee of the leading medical men of the town (Dr. Storer, Chairman, Dr. Clarke, Mr. Wright, Mr. J. Wright, Mr. Maddock, Mr. Carlton, Mr. Oldknow, Mr. Flewitt, Mr. Butlin and Mr. Attenburrow), decided to extend the workhouse to accommodate over 200; this was completed in 1808 on the same site as the old one. (3) In 1813 a dispensary was attached to the workhouse and a permanent surgeon, Mr. B. Wright of Bottesford, 'whose business it shall be to attend the Poor of the Parish, and vaccinate' was elected by the Vestry. Also elected was Henry Payne M.D. as Superintending Physician and Mr. H. Oldknow as Superintending Surgeon. From a dispute Oldknow was involved in over the druggist's bill we know that the number of patients treated between June 1812 and June 1813 was 965. (4) In 1815 a 'House of recovery from Fever' was built in the workhouse yard and opened with 16 patients. It was funded by money collected at the time of the 1802 Peace of Amiens. Funds from the same source were available should the other two workhouses wish to build fever houses but there is no record to show whether this was done. (5) Later in the year testimony was made to the benefits of the St. Mary's fever house in 'arresting progress of scarlet fever in the workhouse by a timely separation of the infected'. (6) At the same time the Medical Establishment expressed its satisfaction with the work done by the new Medical Surgeon Mr. Robert Fell and commented that 'the increase in numbers of patients testify the advantages the sick poor receive, more particularly that class of them who are so ill as to require attendance at home - a benefit only offered by this Establishment'. This is the earliest reference to the parish medical officer making home visits as well as attending patients coming to the dispensary and those sick within the workhouse. It also implies that the other two parishes did not offer this service. St. Mary's managed their medical affairs at this time through a Committee for the Medical Establishment consisting of two church wardens, four overseers and Mr. Oldknow on behalf of the Medical Officers. (7) Trade depression and high unemployment created even greater pressure on the workhouse. At the Vestry meeting on 9 July 1816 it was reported that the average number of poor in the workhouse during the last year had been 317 but no separation

was given between different types of inmate.

The information available on healthcare in the early years for St. Nicholas' and St. Peter's is extremely scant. St. Nicholas' Vestry mooted the construction of a workhouse in 1726 which was opened at the bottom of Gilliflower Hill three years later. This was outgrown and a larger building was taken over in 1814 at the foot of Park Row. (8) Overseers' Minutes give only a broad breakdown of inmates and do not separate out the sick and infirm; for example, in 1800 at Easter there were 57 inmates (16 men, 9 boys, 19 women, 8 girls, 5 infants), at Easter 1806 there were 66 inmates (20 men, 9 boys, 21 women, 16 girls), at 25 March 1817 there were 175 inmates (45 men, 42 boys, 52 women, 36 girls). At 25 March 1818 numbers had dropped to 86 (16 men, 22 boys, 29 women, 19 girls). (9) It is possible that St. Nicholas' employed a Surgeon's services in a similar way and a parallel time to St. Mary's. However, the first surviving record to indicate this is for March 1831 when Mr. Thomas Allan was appointed ' Surgeon for the Poor of the Parish' for half a year and Mr. Taberer for the next half year. (10)

St. Peter's in 1731 converted five houses known as White Rents into a workhouse in Houndsgate. (11) This was outgrown and a new workhouse was erected in Broadmarsh in 1788. (12) No details of healthcare provision have survived apart from the Parish Surgeon Dr. Birch's bill for medicines of £45.10.8 for the year 1811-12 and a fee of £2.18.0 to the Blind Asylum of Liverpool for a Parish pauper there for the same period, and Mayor Roworth's reference to a medical officer in each Parish before 1836. (13)

It is evident from the reports in the local press that the resources of the three parishes were not adequate to cope with the acute bouts of trade distress in the 1780s and early 1800s, nor was the new General Hospital geared to deal with infectious disease. Apart from the activities of Friendly/Benevolent Societies such as the Quaker George Bott's, the St. James', the Female Friendly Society and the Methodist one, the Corporation took the initiative in years of crisis; for example, it set up charitable public subscriptions for the relief of the poor in 1783, 1795 and 1799. In the following year the emphasis was placed upon 'relief of the sick poor'. Leading medical practitioners of the town gave advice on treatment and drugs. In that year 1,200 cases of sickness and distress were relieved. A report in the press

stated: -

> The number of sick poor is very large and the distress of many of them inconceivably great; in consequence the bills for medicines are larger than last year. Medicines are provided at prime cost. Medical Gentlemen in necessary cases have visited sick poor in their own homes and many restored to health who would have died. ... The Infirmary [General Hospital] , although an invaluable institution, extending its aid to many cases of distress, is found insufficient to relieve all the sick in the town at periods of general disorder and want.

Further Subscriptions were necessary in 1801, 1802 and 1804 when over £318 was raised ' for the relief of the poor ill of the fever, either by relieving them in their own homes or erecting a Fever House for their reception'. Subscriptions were also opened in 1805, 1807, 1808, 1816, 1819, 1820 and as late as 1826. After 1808 the specific reference to 'sick poor' is dropped and emphasis put upon relief of the distressed poor especially the need to find employment through public work tasks. (14)

Care of the sick poor through the workhouses of the three parishes and through home visiting as well in the case of St. Mary's followed the same pattern until the implementation of the 1834 Poor Law Amendment Act. New wards erected for the lunatic and insane in 1825 were regarded by St. Mary's Vestry as a good investment, as caring for the Parish lunatics there was considerably cheaper than in the Borough Asylum opened in 1812. (15) In the same year, through the controversy created at the time of the renewal of the contract for a further three years of Dr. Thomas Jowett, Resident Surgeon 1822-25, there is reference to the pressure of growing patient numbers as the population grew, extra work and aggravation treating sick vagabonds referred by the Vagrants' Office and the new lunatic wards. Dr. Jowett's brother was apprenticed to him and made up prescriptions when he was visiting the sick poor in their homes. (16)

The ever increasing burden on the rate payers of supporting paupers of all types provoked much debate which was reflected in the Nottingham press. The

so-called 'Nottingham Reformers': George Nicholls,the Rev. J. T. Becher, the Rev. Robert Lowe and Absalom Barnett, Assistant Overseer at St. Mary's, all attacked the Poor Law *status quo* and greatly influenced the Poor Law Commission, which reported in 1834, to expound the 'less eligibility' principle which became fundamental to the 1834 Poor Law Amendment Act. (17) More information than previously was made public on the operation of St. Mary's workhouse. This gives an insight into the composition of the inmates where it is clear that at this stage the workhouse was much more an institution for the sick and infirm than for the able bodied, although it has to be recognised that under Barnett's influence St. Mary's policy was to apply the labour test and to set able bodied unemployed to civic work. A report on the state of St. Mary's workhouse showed - (18)

Class	Sub Total
A. lunatics and idiots - males 9 females 12	21
B. lame, impotent, old, blind, unable to work - males 47 females 47	94
C. children under 9 who have been deserted or whose parents are not thought able to maintain them - legitimate 35 illegitimate 19	54
D. Sick from Vagrant Office - males 3 females 1	4
E. Persons more or less able to work or who do not come under any of the above headings - males 65 females 24	89
F. Servants and nurses - males 6 females 9	15
Grand Total	277

The 1834 Act brought about a major change in the structure of pauper relief in Nottingham. The Act was ferociously but vainly opposed by all three parishes and by the Corporation/Council, but it was not until June 1836 that the Nottingham Union was formed, moving from Vestry control and management to that of a Board of Guardians elected by the three parishes in July. It was also decided to consolidate indoor relief upon the St. Mary's workhouse with an official capacity of 500, and to close the other two houses. (19)

The application of the principle of 'less eligibility' with the prohibition of outdoor relief coincided with trade depression in the hosiery and lace businesses, with 1834 being one of the worst years for the lace makers. Inevitably workhouse numbers increased. By 9 December 1836 inmate numbers had risen to 313, and by 24

December to 362. With a different classification from that seen above the following table shows the mix of aged, infirm and able bodied, and that the majority of inmates were still aged or infirm, in spite of the application of the new principle. (20)

Class	SubTotal 9 Dec.	SubTotal 24 Dec.
1. aged and infirm men	86	97
2. able bodied men and youths above 13 years	21	23
3. boys above 7 and under 13 years	23	22
4. aged and infirm women	54	57
5. able bodied women and girls above 16 years	40	49
6. girls above 7 and under 16 years	20	24
7. children under 7 years	69	90
Grand Total	313	362

1834 was a year of acrimonious argument in St. Mary's parish occasioned by the Overseers, in the interest of saving expense, abandoning the Medical Establishment begun in 1813 and experimenting with employing doctors in private general practice on a part time basis. (21) The change was led by Overseer T. H. Smith, but as soon as he retired the Vestry reverted to the former structure of Medical Establishment and drew revised Rules for the Superintending Physician and Surgeon and Resident Surgeon, applying to home visiting, the hospital and to the dispensary. (22) This was adopted as the basis of the medical structure following the formation of the Nottingham Union in 1836. A full time, legally qualified medical practitioner, Henry Taylor, was appointed as Medical Officer. He was 'restricted from private practice' and was paid £120 per annum. Drugs and appliances were to be provided and funded by the Union. The medical Superintendence of the sick poor was entrusted to two Honorary Physicians and two Honorary Surgeons. Drs. J. C. Williams and G. Howitt were appointed to the former posts and Joseph Thompson and William Valentine to the latter. They had to be legally qualified and resident in Nottingham for at least two years. There was a rotation and reappointment system for these appointments. (23)

The 1834 Act mainly addressed the handling of able bodied paupers; it did not deal with the subject of aged, infirm and sick paupers, although it emerged pragmatically that the 'non-eligibility' principle was not meant to apply to them. There was certainly no clear regulation where provision of medical officers was concerned. Whereas in the case of the Nottingham Union the Poor Law Commissioners were happy to approve the arrangements proposed by the local Guardians, they were in the cases of the Southwell and Basford Unions content to support different arrangements. The first Annual Report of the Poor Law Commissioners enunciated the appointment of Medical Officers by tender and contract. (24) This was applied enthusiastically in the Southwell and Basford Unions. The contracts were to include the costs of attendance, appliances including trusses and drugs within the Medical Officer's annual salary. A fee of 10s. 6d. was paid for each case of midwifery attendance. In nearly every District the job went to the lowest tender. (25) An identical situation applied in the Bingham Union. (26) The tender system was abandoned by Basford in 1839 but was only very reluctantly dropped by Southwell in March 1843 following the General Medical Order of 12 March 1842 which mandated Unions to advertise medical posts at a fixed salary, indicating whether or not the salary included the expense of drugs and appliances as well as attendance. (27) A continuing theme running throughout the history of St. Mary's and the Union is the desire to make the best medical provision for the infirm and the sick poor by appointing medical officers dedicated only to their care and by funding drugs and appliances centrally. From time to time, in the interests of expense savings for the rate payers, attempts were made to change this but the best interests of the patients nearly always won the day. In this important respect Nottingham was different to most other Unions in the County and many others throughout England.

The trade depression in Nottingham did not abate in 1837, and at the beginning of 1838 nearly 10% of the local population was in receipt of some form of relief. (28) There was a rapid escalation in workhouse inmate numbers soon outstripping the 500 capacity and leading to gross overcrowding. In February 1837 there were 495 inmates, on 28 April 636, on 18 August 696, on 27 October 747, and on

8 December 971 which was the peak. (29) This situation developed in spite of the suspension of the prohibition on outdoor relief in August 1837, although the prohibition never applied to the medical visiting of pauper sick in their homes. The growth in pauper numbers was also reflected in pressure on medical provision. In September 1836 Absalom Barnett was saying - "more than 2,000 patients per annum are work enough for the Medical Officer". (30) According to Barnett's Minutes in early January 1837 a Dispenser was appointed to enable the Medical Officer 'to give more time to the visiting and medical treatment of the sick', and in early February Mr. Wolstenholme, Surgeon, was appointed as temporary assistant to Dr. Taylor to help him cope with the home visiting of patients. (31) The overall patient situation in January 1837 is glimpsed in a press report: - (32)

> There are in the Union hospital 31 cases, upwards of 40 inmates of the workhouse patients, and more than 280 patients out of the house, at least 60 of whom are visited at their homes, the rest attending for medical or surgical care at the Union Dispensary.

The crowded conditions in the workhouse were of great concern to St. Mary's Vestry who commissioned a detailed medical report from the Honorary and Resident Medical Officers. They found the Hospital too small for the number of beds and the ventilation deficient. They found 65 children in a space 42ft. x 13ft. 6in. x 8ft. high, with only two windows and a door; also that 'one of the rooms occupied as a nursery was also used as a dormitory, and a day room for healthy children and as a Hospital for contagious disease'. There were numerous cases of whooping cough and fever. They stated that the maximum number of children per bed should be 4 and not 6 and were against large tin buckets [lavatories] standing in sleeping rooms. They concluded that the present workhouse was altogether unfit for the accommodation of anything like the numbers involved at the time of their visit (491 inmates plus 128 children in the school). (33) This report supported the Guardians' action to reopen the St. Nicholas' workhouse and to move 50 sick patients there in late April as a way of reducing the overcrowding in the Union house. At this time there were 523 cases on the Medical Officers' books. (34)

A breakdown for the week of the numbers in the Hospital and Dispensary

and of out-patients was given for the first time on 7 July 1837 in the local press. (35)

Hospital

Remaining last week	51}		Discharged	5 }	
Admitted since	12}	63	Dead	0 }	5
Births	0		Remaining in the Hospital		58

Out-Patients

Remaining last week	334}		Discharged	58}	
Admitted since	75}	409	Dead	0}	58
Remaining 58	Workhouse Patients 47		Remaining on the books		456

By 15 August 1837 with 696 inmates in the workhouse and the Hospital reported as full, a total of 507 patients remaining on the books, with Assistant Commissioner Gulson present the Guardians manifested feelings in favour of a new workhouse. At the same time they increased capacity at the St. Nicholas' Hospital by annexing adjacent workshops. (36) With numbers continuing to rise at the end of the year a Committee was appointed to enquire into the expediency and expense of a new workhouse to include Hospital, nurseries and school. (37)

The period from 1833 to 1843 is one of the most dramatic in the history of Nottingham as it saw the debate over Poor Law reform and the implementation in the face of great criticism of the 1834 Poor Law Amendment Act. The 1835 Municipal Reform Act applying to Nottingham occasioned the end of the old self perpetuating Whig Dissenter Corporation and the inception of the Municipal Borough with an elected Council. Until its resolution with the 1845 Act enclosure was always a major issue. All these changes took place during a period of considerable trade distress for the staple industries of framework knitting and lace making. The building of a new workhouse in York Street to cope with the expanding numbers of unemployed, aged, infirm and sick poor became an issue of great contention and was largely a cross party issue. The pressure from the Poor Law Commissioners to build was resisted by those who were strongly against the

1834 reform and by rate payers, who in hard economic times resented the outlay, originally estimated at maximum £12,000 but which ended up at £29,000 . (38) There were prominent local figures on each side of the debate, for example Wakefield, Felkin, Fox and Carver supported the campaign for the new workhouse on humanitarian grounds as did Absalom Barnett. Richard Sutton was strongly against. The Rev. W.J. Butler of St. Nicholas' was against the new Poor Law but supported the new house, as he was outraged by the overcrowding. A humanitarian and Whig majority on the Board of Guardians initiated the building of the house, but the Tory and anti-Poor Law majority who dominated the new Board in December 1841 refused to agree to the completion of the building work or the habitation of the completed part, but were eventually forced into accepting the inevitable. The events of the above decade can be followed closely in the press of the day and are also well described by Roy A. Church's work on Victorian Nottingham. (39)

Total patient figures continued to rise to 784 on 2 March 1838 and then started gradually to decline, but even with the figure as high as 586 on 13 July under cost pressure the Guardians decided to terminate the Medical Establishment in St. Nicholas' and to reconstitute the Hospital and Dispensary in the York Street workhouse, in spite of a critical report by the Union Medical Officers on the fitness of the sick wards there for the reception of patients. (40) The pressure of patient numbers increased again. For the quarter ending 22 June 1839 a total of 1,240 medical cases were relieved. Dr. W. Watts who replaced Dr. Taylor as House Surgeon in September reported to the Guardians in December that he was unable to cope with all medical cases (693 total remaining of in- and out-patients), and the temporary assistance of Mr. Wolstenholme was allowed. (41) An unresolved problem between August and the year end was to provide suitable isolated accommodation for fever patients. (42)

While steps towards constructing a new workhouse were taken action was embarked upon to expand the Medical Establishment. (43) In early March 1841 the Medical Committee debated a revision of the medical arrangements for the Union, recognising that the present workload was too much for one man, at this time

Dr. Watts. 'He had to see the sick in the workhouse and then up to 70 visits in all parts of the town'. The original proposal was to divide the town into two medical districts, each with a full time surgeon, paid 200 guineas a year but having to provide medicines and appliances out of that income. The Districts were agreed as follows: District I - workhouse, St. Anne's, Sherwood and Park wards; District II - Byron, Castle, Exchange and St. Mary's wards. Following the retirement of Dr. Watts during March, Mr. G. E. Stanger was appointed to District I and Mr. W. G. Jalland to District II. On 23 April Stanger had 239 medical cases under his care and Jalland 148. It was not however until mid-September that the Board finally adopted the recommendations of the Medical Committee '... that the Dispensary in Barker Street be given up, and the present Dispensary in York Street be appropriated to the whole of the medical cases of the Union; and the stock of medicines now in the hands of Messrs. Stanger and Jalland be purchased by the Guardians at a valuation; that the Board accept the services of Messrs. Stanger and Jalland , and that each of those gentlemen be remunerated by a clear salary of £100 per annum , for their entire services, as prescribed by the Rules, the Guardians supplying at the expense of the Union, medicines, appliances and every other requisite'. A compromise was thus reached whereby the doctor resources were doubled, the most economic solution found regarding Dispensaries and salaries, while adhering to the principle of full time Medical Officers with drugs and appliances still provided by the Guardians, which in their view was the best system in the patients' interest. Furthermore the expansion had been encouraged by the Poor Law Commissioners. (44)

By late 1840 and early 1841 total numbers of workhouse inmates had doubled with a combination of population growth and intense industrial distress. The majority of inmates were still aged, infirm , sick and children, with able bodied in the minority. The 1834 Act with its 'less eligibility' ideology was suited to agricultural society and failed to foresee the impracticality of application to an industrial society subject to dramatic trade depressions. The Commissioners were pragmatic enough in the case of Nottingham and Radford to allow outdoor relief as a way of easing the burden upon the workhouse, hence the relatively low number of able bodied in the following table. (45)

Analysis of the Inmates of the 'Union Poor House', Nottingham.

26 December 1840 to 9 January 1841.

	Nos.
Men, aged, infirm, partially and wholly disabled	108
Women do. do.	53
Orphan and foundling children	117
Illegitimate children without parents	46
Illegitimate children with their mothers	44
Children of widows with their mothers	8
Children with their mothers whose fathers have deserted them	42
Children of 15 married couples in the house	36
On account of sickness, children	6
Mothers of illegitimate children with their children	37
Widows having their children with them in the house	4
Women, with children, whose husbands have deserted them	18
Out of work and other causes - single men	63
Out of work and other causes - single women	22
Widows who have no children in the house	3
Out of work and other causes - married men whose families are not in the workhouse	18
Ditto - married men with wife and family	15
Ditto - married women with husband and family	15
On account of sickness and accident - men	22
On account of sickness and accident - women	15
Insane, lunatic and idiotic - men	18
Insane, lunatic and idiotic - women	18
Total	728

A similar situation obtained in the Basford and Southwell Unions. In December 1836, out of 144 inmates in the Southwell and Upton workhouses only 15 were able bodied men and women. Rose has shown that even in the case of outdoor relief during the period 1842 - 46, 40-50% of those relieved were sick or victims of accidents. (46)

By the end of March 1841 the new workhouse was near completion, but by June an altercation developed over the cost of the new house. In late September Barnett was saying that much of the house could be occupied within a week. The

new Guardians wanted to ignore the completion and use of the new house and to renege on all expenses to do with it. Their proposal to move the children into St. Nicholas' House was refused by Chadwick himself who told them to move them into the new building. Senior came from London to urge the move and Archdeacon Wilkins lent his support in the interest of humanity, as at the beginning of December there were 908 in House, 384 patients in Medical District I and over 300 in District II. (47) There was continuous agitation and pressure from the Union Medical Officers for the move to take place. In late September and again in early December Stanger was drawing attention to the health dangers of the overcrowding. In mid December all four Honorary and both Resident Medical Officers collaborated to sign a report on the inadequate conditions of the workhouse and the danger of disease. For his efforts and the evidence he gave at an inmate inquest Stanger was attacked and severely reprimanded by the Board. (48) The Medical Officers persisted and in a report in early January 1842 recommended that the space per person in dormitories should be 400 cu. ft. , and although this would be less in day rooms, sick room space should be 'not less than one half more'. (49) Their efforts were not in vain as, exasperated, the Poor Law Commissioners at the end of December 1841 specially sent Mr. Henry Hancock the eminent surgeon to Charing Cross Hospital, skilled in childhood diseases, to inspect and report on the workhouses in the Nottingham Union and on the state of health of the inmates. His report of 4 January was damning of the York Street workhouse. He describes in minute detail the overcrowded, badly ventilated conditions of the sleeping and day rooms of men, women and children, and the two sick wards for men and three for women. Much of the section on Health of the Inmates is worth quoting for the picture it gives of the sick and their diseases as then diagnosed.

> The male sick-wards contain 19 men and 2 boys suffering from the following diseases, *viz.* : paraplegia, 1; diseased spine, 1; bronchitis, 5; pneumonia, 2; pleurisy, 1; diseased hip, 1; imbecility, 1; ulcer of leg, 3; syphilis etc., 4; stricture, 1; rheumatism, 1.
>
> The female sick-wards contain 15 women and 3 children, or girls, suffering from the following diseases. *viz.*: scald, 1; pneumonia, 2;

epilepsy, 1; abdominal tumour, 1; fever, 1; compound fracture of the leg, 1; rheumatism, 2; mammary abscess,1; diarrhoea, 1; rupia syphilis, etc., 5; peritonitis, 1.

Men - Among the men not in the sick wards are 2 suffering from amaurosis, 6 from hernia, 5 from chronic bronchitis etc., 6 from cold and cough, 1 consumption, 3 struma, 3 paralysis, 1 fistula in perinaeo, 1 cataract, 1 fever, 1 haemorrhoids, 1 diseased spine, 1 porrigo, 1 palpitation of the heart, and 1 entropium.

Women - Among the women not in the sick wards are 3 suffering from cold, 4 bronchitis etc., 2 diseases of the eyes, 1 sore legs, 1 hernia, 1 fits, 4 paralysis, 1 caries of the spine, 1 spasms. There are likewise 2 infants in arms just recovering from inflammation.

Boys - Among the boys are 12 suffering from struma, 1 from ichthiosis, 2 from bronchocele, 4 from cough, 1 headache, 1 amaurosis, 1 rheumatism.

Girls - Among the girls and children are 7 suffering from struma, 1 lippitudo, 1 general debility, 3 cough etc., 6 bronchocele, 3 fever, 1 prolapsus ani.

I do not consider the general condition of the children by any means healthy. Their flesh , especially that of the girls, is flabby, the abdomen large, and the tongue bearing evident signs of gastric irritation. A very large proportion of both girls and boys have strumous habits. ... These children require much more airy and better ventilated apartments than are at present allotted to them and I would observe that during my experience as surgeon to one of the largest infirmaries for children in London, I never met with an instance in which so many children were collected in such offensive, close and badly ventilated apartments as those which they now inhabit in the Nottingham Union house.

Henry Hancock is severely critical of the small cubic space per individual throughout the house and concludes that it is fit to hold 240 maximum. His evaluation of the St. Nicholas' house is severe and only sees it as emergency space

for up to 90 maximum. St. Peter's house he condemns as totally unsuitable as a workhouse. (50) The Report put great pressure on the Guardians and gave the Poor Law Commissioners the ammunition to set in February a ceiling of 240 inmates for the Union workhouse and 90 for St. Nicholas', which forced the utilisation of the new house. Barnett demonstrated how even with more outdoor relief the ceiling could not be met as there were '112 orphans with no relatives or friends, 46 bastard children deserted by their mothers, 33 idiots incapable of caring for themselves and 30 or 40 such persons who, if ejected, had no place to go. Besides a great number of aged and infirm, 7 women deserted by their husbands and having with them 17 children'. At the time of Barnett's statement there were 692 inmates, 223 Medical cases in District I and 185 in District II. (51) The move to the new house began at the end of March when Barnett reported he had transferred the sick women, the infirm men and women as well as some of the other women. It continued step by step until the new Fever wards were completed in November 1843. (52)

The new workhouse, certified to accommodate 1,150 inmates, gradually ceased to be adequate as it became like its predecessors a hospital for the sick, insane and elderly rather than a refuge for the unemployed able bodied. There was also a shift in the amount of space that was regarded as socially and humanely acceptable. At the beginning of December 1865 Dr. Smith, the Poor Law Inspector, began to press the Guardians to erect a separate Union Hospital. This was opposed by the popular feeling in the town because of cost. (53) This pressure however coincided with the *Lancet* 'Sanitary Commission for Investigating the State of the Infirmaries of Workhouses' which concentrated on the Metropolitan infirmaries. The investigations and reports in the *Lancet* continued throughout 1865 and 1866. As was found in Nottingham the Poor Law Board's minimum standard for sick space had become 500 cu.ft. although the *Lancet* believed that space for acute patients should be 1,000 to 1,200 cu.ft. and more for fever patients. (54) Following Dr. Smith's visit a Medical Report on the workhouse was produced by the House Surgeon Forbes Watson on 9 February 1866. (55) This gave minute detail on the cubic space in each of the sick wards, space between beds and ventilation. Almost everywhere the overcrowding was gross. His personal view was that 1,000 to 1,200 cu.ft. per sick person should be allowed 'as in military hospitals', and more for

infectious cases. The pressure continued for a 300 bed Hospital extension with plans approved by the Poor Law Board in December 1870, and the building was open for use in April 1872. (56)

The extension of Nottingham's boundaries in 1877 and the merging of the Nottingham and Radford Unions in June 1879 again stretched the Union's resources, and from the end of 1884 the Local Government Board urged action to resolve the problems of overcrowding. The discussion centred on the consideration of a new workhouse on a new site. In September 1887 the Local Government Board imposed an inmate ceiling of 746. (57) A long debate ensued between the Guardians and the Local Government Board over the new workhouse plans, costs and location. There was a hiatus when, following the sale of the York Street site to the Manchester, Sheffield and Lincolnshire Railway in 1896, the inmates were moved into temporary accommodation in Great Freeman Street and Beech Avenue. This transfer had been completed by mid January and in February it was stated that there were 1,061 inmates and 484 sick. In August it was suggested that the institution should be referred to as the 'Municipal Hospital' rather than the 'Workhouse Hospital'. (58) Meantime in October 1895 the Bagthorpe site adjoining the Municipal Infectious Diseases Hospital, was agreed upon for the new Institution and the foundation stone was laid in September 1898. (59) The inmates were removed to the new Nottingham Workhouse and Infirmary Buildings in September 1902. The formal opening of the new buildings was on 18 March 1903. The total capacity for those living in was 1,692: in the main building 703, infirmary 612, insane ('feeble minded and epileptic') wards 250 - total 1,565, plus nurses 55 and staff 72. The cost was £240,000. (60) But even in this magnificent institution it was not long before numbers were at full stretch. In May 1906 work began on the construction of a sanatorium for female inmates.

There was almost inevitably much resentment over the enormous investment in the new workhouse, the great increase in staff and inmate numbers since 1895 and the commensurate growth in costs at the rate payers' expense. Chairman of Guardians G. F. Horner defended the benefits of 'The finest Institution in the Country' against the attack of F. Gamble in January 1907. (61) But the onslaught was resumed at the A.G.M. of the Nottingham Chamber of Commerce

early in 1908 when Nottingham was suffering a similar financial crisis to that in the U.S.A. Stiebel derided 'Bagthorpe Palace' and stated ' we had a lavish, corrupt and extravagant Poor Law system under which it was possible for able bodied paupers to be housed and fed better than many of the struggling working classes'. Chairman Ward refuted the misconceived allegation with the facts: (63)

> On 1st January total pauper inmates were 1,544: 699 in the infirmary, 229 in the imbecile wards; and in the infirm wards 451 women and men not able bodied between 65 and 95 years of age. There were 102 temporarily disabled who were dismissed directly they got better. This left 63 persons - 31 men and 32 women who were in health and able bodied. Of these 31 men, all under 60 years, 6 were mentally deficient, 4 were crippled to some degree and 1 was deaf. That reduced the number to 20 of whom 11 were between 50 and 60 but even they were not allowed to 'home' Bagthorpe. They were kept on the move - they had reached the stage in life where they were too old for anyone to employ them. The remaining 9 were the 'ins and outs' of the week.

There can be no stronger evidence than this to show how the workhouse had in effect become the municipal hospital and geriatric home of the city, fulfilling needs far removed from the original concept of the 1834 Act. Before the end of the study period and beyond its scope the Old Age Pensions Act and Lloyd George's National Insurance Act and their implications for the Poor law System were becoming important subjects of debate.

The pressures which led to the changes in the workhouse buildings inevitably led, over time, to increases in the numbers of Union Medical Officers. This will be treated in a later chapter. Where adequacy of accommodation is concerned the expectations entertained for the new York Street workhouse of 1843 were not long lived as overcrowding set in. In 1854 at a time of cholera crisis Dr. Stiff, the Senior Medical Officer of the Union, reported to the Poor law Board that (64)-

> ...the only detached fever house is the building in the lower yard,

adjoining York Street. The portion occupied by the men is a storey below the ground floor of the workhouse and one of the rooms is very damp. The movements of the atmosphere and the access of light is intercepted by buildings on all sides. There is no yard or airing ground, distinct for males or females for recreation on their recovery, but only a road common to the receiving wards and workhouse. Here persons of dissolute character of both sexes can mingle as some of the rooms are used as lock wards, and can

> communicate with every person admitted into the receiving wards ... The dead house is under the fever ward for women.

Forbes Watson's report to the Guardians in 1861 described the appalling overcrowding of the children amongst whom skin diseases, often the itch, were rife. (65) -

> The average number of children in the rooms for the past 10 years were boys 60 girls 75. The current numbers were boys 80 girls 110. The boys and girls have three sleeping rooms each and the girls in addition have a small hospital. All children from 3 to 7 years slept 3 or 4 in bed and many others 3 in a bed.

The ventilation was poor in the crowded rooms which were described as ' very foul and unhealthy'. An adult slept in the rooms to attend them. 'There is one bath on each side of the house for the children and is heated three times a week. The small supply of warm water compels the nurse to have the same water for 20 or 25 children'.

Dr. Smith, the Poor Law Inspector, gives further evidence of overcrowding in the sick wards in July 1870 leading up to the extension two years later. '91 male and 76 female cases in space for 55 men and 43 women whilst the lying in ward in which there are 7 beds is fitted for only 3 lying in cases'. (66)

The workhouse was the only public institution to tackle the treatment of venereal disease patients in spite of the social stigma. The resources provided were always a contentious subject partly because of potential cross infection. Poor Law Inspector John Lambert reported in 1862 that 'The male venereal ward was overcrowded, there being no less than 8 patients in it at the time of my visit. The

ward itself is insufficiently ventilated and unfortunately the men sleep and take their meals in the same room. Proper convalescent rooms are much required'. (67)

A report to the Guardians in December 1884 showed the following breakdown of the 730 inmates in the house: '111 men and 109 women in the hospital, 75 male and 83 female imbeciles, 57 children and lock cases, 32 surgical and skin cases, 150 old men and 60 old women, 20 able bodied women and 6 able bodied men, 27 deserted women. There were empty beds for 3 males and 6 females in the body of the house'. This not only illustrates the Guardians' conclusion of the inadequacy of the accommodation but also demonstrates again how much the workhouse was a hospital, refuge and geriatric home. (68) The insanitary conditions of the house were shown by a plague of rats when in October 1887 Master Kent reported to the Board that 'his dog had killed nearly 2,000 rats during the past 18 months but the number did not seem to be lessened'. He requested approval to employ a professional rat catcher. (69)

Regarding patient numbers after the formation of the Union there is virtually no information in the surviving Union archives. The main source is the press which is short on annual figures which it would be convenient to compare with those of the General Hospital and Dispensary. Furthermore most of the annual reporting is on total paupers relieved, without separating medical patient figures or any indication of whether they were indoor or outdoor patients. Nevertheless there are some figures for three years.

Around the eve of the move into the York Street house, in arguing the case for retaining the *status quo* of the Medical Establishment following the General Medical Order of March 1842, it was indicated that between 6,000 and 7,000 cases per year were treated. (70) Senior Resident Surgeon W. G. Jalland's Statistical Report to the Board for the year 25 September 1842 to 25 September 1843 showed a further increase in total patient numbers - 'Hospital patients District No. I , 292; No.II, Hospital patients 63, Workhouse out-patients 2,079. Town, home and Dispensary patients No. I, 2,714, No.II, 2,159. Total No. of patients 7,307. Discharged, cured or relieved No.I, 2,375; deaths 83. No.II, 2,056; deaths 100. Total 4,431; deaths 183'. These are very large patient numbers and demonstrate

the great importance of the Poor Law System in the care it provided for the pauper sick and aged. The months do not coincide, but we can see by comparing annual total patient figures for the General Hospital and Dispensary that the Union at this stage in time was treating approximately twice as many patients as either of those Institutions. (71)

Patient Numbers

	General Hospital			Dispensary		
	In	Out	Total	Out	Home	Total
1842	1078	2611	3689	2143	1059	3202
1843	985	2793	3778	2821	1125	3946

The Annual Statistics for the year 25 September 1843 to 25 September 1844 showed the following breakdown - 'Hospital patients District No.I, 232; No.II, 29. Workhouse patients, 1,533. Town, home and Dispensary patients No.I 2,685, No.II 1,990. Births in the house 50. Vagrants and casualties 20. Total no. of patients 6,539. Discharged, cured or relieved in the hospital and town in both Districts 4,575'. The total numbers are still very important. They remain twice those of the Dispensary, but the difference compared to the General Hospital is now less. (72)

Patient Numbers

	General Hospital			Dispensary		
	In	Out	Total	Out	Home	Total
1844	1029	2866	3895	1971	1000	2971

Total patient numbers for 1876 can be pieced together approximately. Medical Officer Dr. Ellam's report to the Guardians for the year ending 25 March 1876 shows that there was a total of 1,034 hospital patients. It is reasonable to estimate around 1,500 workhouse patients though Ellam gives no actual figure. In a debate on medical relief in October the annual number of out-patients is quoted as 4,803. This gives a total of 7,337, a substantial number. It is at this time similar to the General Hospital number but less than the Dispensary numbers which have grown

dramatically over time. (73)

Patient Numbers

	General Hospital			Dispensary		
	In	Out	Total	Out	Home	Total
1875	1293	5874	7167	7287	1496	8783
1876	1267	6327	7594	7644	1410	9054

In the weekly reporting on the Guardians' Board meetings and other meetings and reports relating to the Union's affairs the local press contains much data on patient numbers. As it is mainly weekly it is non comparable with the data which exists for the General Hospital and the Dispensary. It nevertheless provides many insights into patient numbers. A selection of examples has been compiled in Appendix VIII (page 350). Total Inmate numbers are shown where available to give an indication of the volume of paupers cared for in the workhouse over time. As indicated earlier, although these numbers, now shown for the period after the occupation of the new York Street workhouse, include able bodied paupers and orphans, the majority are sick, feeble, mentally ill or sufferers from certain infectious diseases. Whereas the Total Inmates figure includes imbeciles in the workhouse, it excludes lunatics in Asylums and Vagrant numbers when shown. It does of course also exclude outdoor patient figures except when they are included in the tables for Hospital and Dispensary patients as detailed above for 7 July 1837.

Where Union Hospital and Dispensary figures exist we can see clearly the number of seriously sick helped in the workhouse sick wards, the important number of less ill patients who were cared for in the body of the workhouse, and the large numbers who were seen on an out-patient basis. In the early years the weekly number of hospital patients ranged from the twenties, thirties and forties until by 1856 the number was not far short of 100. By 1884 it had risen to well over twice that number. The new Bagthorpe Institution allowed for 600 places in its Hospital and soon that was exceeded.

Only for certain times do we have data by Medical District. The numbers are mainly out-patients seen at the doctor's surgery or in their homes, but also usually include those patients sent to the workhouse hospital. More information

will be given on this in the chapter dealing with Medical Officers.

In contrast to the General Hospital and the Dispensary it was the Poor Law Union which dealt with the mentally feeble and sick. Appendix VIII demonstrates clearly the large number of what were described as Imbeciles who were cared for within the workhouse usually within imbecile wards , although in the early days it was not uncommon for feeble minded individuals to be mixed up with sane inmates. 'Imbeciles' covered a wide range of conditions which might be diagnosed or categorised today but were not differentiated during the study period to any great degree. The term would comprehend every type of non-violent mental illness from brain damaged idiots, spastics, dyslectics and endogenous depressives to large numbers of geriatrics with declining mental faculties. Epileptics were borderline depending on their propensity to violence. The general dividing line between an Imbecile and a Lunatic was whether the individual was dangerous or not. If there was the possibility of harm to other inmates then the patient had to be transferred to a Lunatic Asylum. This was determined by the Lunacy Acts and monitored and managed by the Commissioners in Lunacy through their regular visits to the Workhouse insane wards and Lunatic Asylums. (74) Appendix VIII gives a good indication of the numbers of Union lunatics held in asylums. The contentious subject of their maintenance costs will be dealt with in a later chapter. In the same way as it is difficult to find data on medical out-patient numbers it is also difficult to come across numbers on imbeciles who were treated in the community. Numbers do however exist for certain weeks in 1883, 1888 and 1901, and feature in the Appendix.

We also have a glimpse of the Guardians' responsibility for pauper blind, deaf and dumb in October 1887. They were enlightened enough to fund some treatment in specialised institutions.

Lastly, Vagrant numbers appear in parts of the Appendix. Vagrancy is a large subject and is not strictly germane to healthcare. Mention needs to be made however, partly because of the magnitude of the problem of vagrancy and the difficulty it caused the Guardians, but also because there were frequently sick vagrants who could only find treatment at the workhouse. Vagrants were often accused by the workhouse officers of being the importers and transmitters of infectious diseases and strenuous efforts were always made to segregate the

vagrants from the other inmates.

To conclude, the Poor Law System administered by the Nottingham parishes offered the only public healthcare provision whether through the workhouse or outside, until the founding of the General Hospital in 1782 and the Dispensary in 1831. Although, as demonstrated in earlier chapters, these two foundations made a major contribution to the care of the sick poor. they were both limited as to the patients they would treat. It was left to the Poor Law System throughout the study period to treat medically sick paupers and to care for pauper geriatrics. There were no exclusions where disease conditions were concerned. The Workhouse Medical Officers treated acute cases such as those suffering from infectious diseases of all sorts, including venereal diseases, and this will be elaborated upon in a later chapter. They also cared for those suffering from chronic disorders, often incurable, especially the diseases and handicaps of old age. It was the workhouse which tended to the non violent mentally ill of which there were substantial numbers. The Guardians also had a responsibility for those who suffered from violent mental disorders and who had to be maintained in Asylums. This had cost implications which will be discussed in a later chapter. The Guardians additionally had a responsibility for the community's vaccination service which also will be addressed in a later chapter.

An attempt has been made to give a measure of the patient numbers involved both inside the workhouse and outdoors in the Medical Districts. This has included numbers of imbeciles within and outside the workhouse and lunatics in asylums. An idea of the additional burden of vagrant numbers is given . For the years where data is available a comparison has to be made between the number of patients dealt with by the Poor Law System and the General Hospital and Dispensary. This illustrates the enormous contribution made to healthcare by the Union.

Although the 1834 Poor Law Amendment Act was not designed to meet healthcare exigencies, social and industrial pressures, as well as the pragmatic way in which it was administered, meant that the central body addressed the pauper needs for physical and mental healthcare of the elderly and feeble, both

inside and outside of the workhouse. The shortcomings of the treatment and care were manifold, especially the deficiencies in the workhouse accommodation revealed in Hancock's report and those of others over time. There was nevertheless continuous pressure over the years from the central body and from many of the Workhouse Medical Officers for accommodation conditions to be improved. Financially this was always a sore point with rate payers who had to foot the bill. In spite of this a new workhouse was built in York Street and put into use. Its hospital facilities were later expanded. The move to temporary accommodation in 1896 appears to have been handled well. This served its purpose until a major advance in accommodation standards was realised with the construction and use of the new workhouse and infirmary at Bagthorpe

The expansion of medical and nursing staff resources to meet changing demands over time will be discussed in a later chapter. The greatest change seen during the study period was the transformation of the Poor Law System from its early primary purpose of dealing with the problems of unemployment to that of meeting a widespread need in the community to care for the pauper acute, chronic and mentally sick as well as the large number of pauper geriatrics.

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2. Eden, F.M., *The State of the Poor* (London:Routledge,1928) pp.275-278.

   Eden's work was first published in 1797.

3. Dearden, *op.cit.*,p.34.

   NJ 1807 14 Nov., 12 Dec., 1808 15 Feb., 5 March.

4. NJ 1813 5 June, 19 June.

   Dearden, *op.cit.*, p.34 and p.64.

5. NJ 1815 11 Feb.

   Dearden, *op.cit.*, p.64.

6. NJ 1815 8 April.

7. NJ 1816 30 March.

8. Dearden,*op.cit.*, p.35.

   STN PR 2203 1726, 6 and 27 June Vestry Minutes.

   STN PR 2204 1814, 9 Feb. Vestry Minutes.

9. STN M 464 Overseers' Minutes 1800, 1806, 1817, 1818.

10. STN M 464 Overseers' Minutes 30 March 1831.

11. STP PR 1731 Churchwarden's ledger and PR 10893 1731,10 August Vestry Minutes.

12. STP PR 1788 Apr. Vestry Minutes.

    Dearden, *op.cit.*,p.36.

13. NJ 1813 1 May. detailed reports of St. Peter's Overseers' Accounts for 1811 - 1812.

    Roworth, W., *Observations on the Administration of the New Poor Law in Nottingham,* (London: Groombridge; Nottingham: Sutton, 1840) p.140.

14. CBNJ 1783 29 March.

NJ 1795 7 Feb., 1799 5 Jan., 26 Jan., 30 March,; 1800 25 Jan., 28 Jan., 28 Jan., 5 Apr. (date of quotation regarding sick and medical relief); 1801 17 Jan.; 1802 9 Jan.; 1804 24 Feb.; 1805 3 Aug.; 1807 13 Feb.; 1808 20 Feb.; 1816 14 Dec.; 1819 16 Oct.; 1820 7 Jan.; 1826 17 Feb.

15. NR 1825 3 June, Vestry Minutes. The Overseers were also looking for a suitable person to take care of the mental patients.

16. NR 1825 14 Oct., Vestry Minutes.

17. Marshall, D., 'The Nottinghamshire Reformers and their Contribution to the New Poor Law' in *Economic History Review* 2 Ser. xiii (1960-61), pp.382-396. *Inter alia* this refers to Becher's 1834 publication *The Anti-Pauper System* and the Southwell experiment with a central workhouse covering a ten mile radius.

Barnett, Absalom, *The Poor Laws and their Administration* (London: Simpkin and Marshall, 1833). This booklet was written in response to the Poor Law Commissioners' enquiry. It covers Barnett's analysis of the causes of pauperism and his views on 'less eligibility' and workhouse management. It may have influenced his appointment in 1836 as Master of the Union Workhouse, Clerk to the Union, as well as acting on behalf of the Poor Law Commissioners and as principal relieving officer.

18. NJ 1833 1 Nov., report on 'State of St. Mary's Workhouse'.

Church, Roy A., *Economic and Social Change in a Midland Town. Victorian Nottingham 1815 - 1900* (London: Frank Cass,1966) pp.113-114.

19. PRO MH 12/9444. Edward Gulson (Assistant Poor Law Commissioner) to Chadwick, Retford 24 July 1836:- 'The Nottingham Union works capitally ... They have unanimously resolved to shut up the two jobbing workhouses of St. Nicholas and St. Peter, and to appropriate St. Mary's to the use of the whole. It will hold 500'.

NJ 1836 24 June, 8 July. 12 Guardians for St. Mary's, 6 for St. Nicholas' and 6 for St.Peter's to be elected annually.

20. NJ 1836 9 Dec., 24 Dec.

21. NJ 1834 3 Jan. T. H. Smith and his colleagues argued against some of the

extravagances of the Medical Establishment and denigrated earlier Resident MOs such as Oldknow for indolence. They also argued that the medical expenditure for Radford was proportionately much less than that of St. Mary's. 10 Jan., the counter argument was presented by a Parishioner's letter which argued that the new system would 'deprive the poor of the services of Dr. Howitt and Surgeon Oldknow [Honorary Medical Officers] and confide them to the sole care of Mr. Valentine [current Resident Surgeon] who will also practise privately. The Medical Establishment was set up to avoid the poor getting treatment from the lowest cost man and be farmed out like slaves at the lowest cost per head and to have continuity of treatment from one man'.

The notorious Dr. Lettsom claimed he could carry out the patient consulting in 16 mornings of the year. Oldknow defended his position by stating, *inter alia*, that 'Dr. Lettsom's sole talent was to see an enormous number of patients before breakfast. If he prescribed for this number in that space of time he might be the wag who wrote:

Whenever the sick to me apply
I physicks, bleeds and sweats 'em
If after that they chance to die
What's that to me - I Lettsom'.

22. NJ 1834 5 Dec.
STM PR 19435 1834 4 Dec. Vestry Minutes.

23. NJ 1836 15 July, 29 July, 12 Aug.

24. PLCAR 1835 1st.Report p.53. Appointments of medical officers in new Unions were to be kept 'open to the whole body of medical practitioners ... each practitioner should fix the price of his own services under competition'. The tender system should provide the young doctor with a pathway to a medical career. Also they wanted the aggregate charges for medical relief within the new Unions not to exceed the aggregate of the medical expenses in the former parishes.

25. Caplan,M., 'The Administration of the Poor Law in the Unions of Southwell and Basford 1836 -71'. Nottingham University Ph.D. thesis,

1967; pp.144-146, 'Medical Services in the Union of Southwell; pp.367-368 'Medical Services in the Union of Basford'.

26. NJ 1836 6 May.

27. Caplan, M., *op.cit.*, p.369 and p.153.

28. Church, Roy A., *op.cit.*, pp.120-123.

29. NJ 1837 3 Feb., 28 Apr., 18 Aug., 27 Oct., 8 Dec.

30. NUA PUO 1/3/11. Correspondence Book of Absalom Barnett. 1836 8 Sept., letter to E. Gulson, Assistant Poor Law Commissioner.

31. NUA PUO 1/3/11. Barnett's Minutes 1837 5 Jan., 2 Feb.

32. NR 1837 6 Jan.

33. NR 1837 10 Mar., 17 Mar.

34. NR 1837 21 Apr., 23 Apr.
NUA PUO 1/3/11 Barnett's letter to Poor Law Commissioners 1837 22 Apr., indicated that 25 hospital patients had already been transferred to St. Nicholas' house. He also stated that there were 570 out-patients under medical treatment.

35. NR 1837 7 July.

36. NR 1837 18 Aug. In spite of stating that the house and hospital were full, the numbers in both continued to rise; for example, the total patients remaining on the books was 680 on 3 Nov. and 737 by 8 Dec.
27 Oct. For the quarter 24 June - 23 Sept. the number receiving relief as home patients was 922 and in the hospital 124.
PRO MH 12/9444 Gulson's Report on the Union 20 Dec. 1837, states that 'a recommendation has been made to erect a new workhouse to hold 1,000'.

37. NUA PUO 1/3/11 1837 9 Nov., 29 Dec. Barnett's letter to Poor Law Commissioners on building a new workhouse to hold 1,000, pointing out the perils of disease with the overcrowding.
NR 1837 29 Dec.

38. NR 1844 1 Mar. Detailed costs of the workhouse reported by a Special Committee to the Board of Guardians. Total payments are broken down for each year 1839 - 1843.

39. Church, Roy A., *op.cit.*, chapter v. pp.105-127 'Poverty and the New Poor

Law'; chapter vii. pp.162-192 'Problems of Urban Expansion'.

40. NJ 1838 2 Mar., 13 July, 3 Aug. The Honorary Medical Officers Andrew Blake, Booth Eddison and J. Massey and the House Surgeon Henry Taylor deplored the return to overcrowding in St. Mary's house and stated in the report that if their opinion had been sought in advance the move may not have taken place. There was not even adequate room for medical examinations and operations. They pressed for immediate consideration of the new workhouse.

28 Dec. The transfer to St. Mary's did free the St. Nicholas' house for sale and the Guardians' consent was given. The money realised would be needed to help fund the new house.

41. NJ 1839 12 July; 1838 21 Sept., 1839 13 Dec.

42. NJ 1839 30 Aug. two fever patients were removed to the General Hospital for lack of suitable accommodation at the workhouse.

13 Dec. Absalom Barnett was delegated by the Board to find suitable accommodation adjacent to the workhouse.

1840 20 Mar. Dr. W. M. Lightfoot, the new Honorary Physician, drew attention to the fever ward problem not being adequately solved.

3 Apr. two houses were taken over for a family of smallpox patients.

43. NJ 1840 10 July The Board of Guardians applied formally to the Poor Law Commissioners to erect a new workhouse.

21 Aug. The Poor Law Commissioners' agreement in principle is reported.

6 Nov. The Guardians signed to take out a loan of £12,000 from the Exchequer Loan Commissioners at 5% over ten years to help finance the new workhouse.

44. NR 1841 5 Mar., 12 Mar., 19 Mar., 23 Apr., 28 May., 17 Sept.

NUA PUO 1/3/11 Barnett's letter to the Poor Law Commissioners, 1840, 1 Dec. shows that they were pushing for the creation of two Medical and Receiving Districts.

45. NR 1841 30 Mar. The analysis formed part of a report to the inhabitants of Nottingham by the retiring Guardians.

46. Caplan. M., *op.cit.*, p.70 and pp.273-74 breakdown of inmates for

Southwell/Upton and Basford respectively.

Rose, Michael E., *The Relief of Poverty 1834 - 1964*, (London:Macmillan, 1972) p.18. His figures are taken from Poor Law Commission statistics.

47. NR 1841 30 Mar., 25 June, 24 Sept., 8 Oct., 3 Dec.

48. NR 1841 24 Sept., 3 Dec., 17 Dec., 31 Dec

NR 1842 7 Jan. The Board at first wanted to dismiss Stanger.

49. NR 1842 3 Jan.

50. PLC AR 1842 8th.Report. Appendix B no.3 is the whole of Hancock's Report. Much of the Report appeared in the local Nottingham press and fired controversy.

Hodgkinson, Ruth G., *The Origins of the National Health Service. The Medical Services of the New Poor Law 1834 - 1871*, (London: Wellcome Historical Medical Library, 1967). Chapter 3 'Institutional Provision for the Sick - the Workhouse 1834-47' pp.147-175 - details of the appalling conditions of the sick and the able bodied in a number of other workhouses.

Longmate, Norman, *The Workhouse*, (London: Temple Smith,1974) pp.194 - 209. There were exceptions to the overall poor quality accommodation for the sick and infirm. In 1841 the Manchester Board of Guardians was expressing pride in their sick wards.

51. NR 1842 11 and 12 Feb.

52. NR 1842 1 Apr., 1843 17 Nov. It had taken further argument and an extra £550 for the Fever Wards to be built.

53. NJ 1865 1 Dec.

54. *The Lancet Sanitary Commission for Investigating the State of the Infirmaries of Workhouses. Reports of the Commissioners on Metropolitan Infirmaries*, (London: The Lancet, 1866) p.19.

The Lancet Reports were consolidated into this document which was published as a separate entity. The Introduction shows how after the Lancet's Commissioners' report the Poor Law Board directed an official investigation conducted by its own Inspectors, Dr. Edward Smith and Mr. Farnall, whose report is reported in the NJ on 29 Nov. 1867.

This found no fault with the main arrangements in the house which it

described as 'now mainly a retreat for the aged and infirm'. But it did 'condemn as unfit the lock wards, fever wards, itch wards, vagrant wards and receiving wards'. It also found 'men and boys crowded together in the itch wards'.

Ayers, Gwendoline M., *England's First State Hospitals and the Metropolitan Asylums Board 1867 - 1930.* (London: Wellcome Institute, 1971). Ayers shows that agitation to improve workhouse infirmary conditions of care also came from Florence Nightingale's efforts over a number of years; p.9 refers in particular to her letter "ABC of Workhouse Reform' addressed to Mr. Villiers, President of the Poor Law Board.

55. NJ 1866 9 Feb.

56. NJ 1870 9 Dec. The cost of the extension was estimated at £2,640

NJ 1872 12 April.

57. NJ 1887 7 Sept.

58. NDG 1897 13 Jan., 10 Feb., 25 Aug.

59. NDG 1895 23 Oct.

NDG 1898 7 Sept.

60. NDE 1903 17 Mar.

61. NDE 1907 9 Jan.

62. NDE 1908 22 Jan.

63. NDE 1908 5 Feb.

64. NJ 1854 25 Aug.

65. NJ 1861 12 July.

66. NJ 1870 8 July.

67. NJ 1862 3 Oct.

68. NJ 1884 3 Dec.

69. NJ 1886 6 Oct. The rat catcher was to be paid by number caught.

70. NR 1843 17 Feb.

71. NR 1844 8 Mar.

The General Hospital and Dispensary patient figures are taken from Appendix V - Nottingham Dispensary - Patient Numbers. (page 342)

72. NR 1844 20 Dec.

(72) General Hospital and Dispensary patient figures - Appendix V as above.

73. NJ 1876 12 April. Dr. Ellam's Report.

ibid. 11 Oct. The out-patients figure and quote by Mr. Pearson, Chairman of the Special Medical Committee recommending increasing the number of Medical Officers from 1 to 2 for each of the Medical Districts.

General Hospital and Dispensary patient figures - Appendix V as above.

74. The two Lunacy Acts of 1828 addressed the regulation and care of the insane in England and encouraged the erection of County Asylums. Nottingham Asylum had opened in 1812. It was the 1842 Lunacy Act which led to Commissioners in Lunacy inspecting workhouses and provincial Asylums. Hodgkinson, Ruth G., *op.cit*. Two chapters cover excellently the type of provision for Lunatics under the Poor Law: chapter 4, 'Provision for Lunatics, 1834 - 1847', pp.176 - 184; chapter 15,'Provision for Lunatics, 1847 - 1871', pp.575-591.

Chapter 9. Poor Law -

Medical Officers, Vaccination,Dispensers, Drug Costs, Nurses, Isolation Hospitals.

The Union Medical Officers, as permanent paid employees, were the backbone of the medical services provided in and outside the workhouse. Over time the number of Medical Districts and Medical Officers to man them was expanded as population grew and Nottingham's boundaries were expanded. In the last chapter the establishment of two Medical Districts with two Medical Officers was described. Changes to this were debated in February 1843 following the General Medical Order of 1842. The Poor Law Commissioners proposed that the Union be divided into four Medical Districts which would be serviced by general practitioners of the Town on a part time contract basis. This was strongly opposed by the Guardians who argued that the current establishment treated between 6,000 and 7,000 cases a year with both efficiency and economy. Supervision was exercised by the Board which received weekly reports from its Medical Officers. To engage Medical Officers full time had been no problem and good quality candidates were attracted by the opportunity to obtain experience and practice. At the same time 'no Medical Officer of the Union could derive any personal profit or advantage whatsoever from any economy it was within his power to practice at the risk or prejudice of his patients'. They also argued that the medical Department of the Union matched the provision of other Nottingham Institutions and won on economy. (1) The Guardians' persistence and cogency of argument eventually won the day and in April of the same year the Poor Law Commissioners agreed to accept the Medical Establishment *status quo* in Nottingham and to grant an exemption from the operation of the General Medical Order. (2)

It was not until January 1858 that the Guardians decided to appoint a third Medical Officer to the Union. The main reason was to cope with the continuous increase in population and also to approach the parameters of the 1842 General Medical Order. This apportioned one doctor per 15,000 persons or per 15,000 acres. The new arrangements in Nottingham were as follows:

M.O.	Wards	Population
Dr. Mitchell (District I)	St.Anne's	12,640
	Park	5,167
		17,807
Mr. Fox (District II)	Byron	11,664
	St. Mary's	7,669
		19,333
New District	Sherwood	6,187
	Castle	7,482
	Exchange	6,598
		20,267

In making their case for the third appointee to the Poor Law Board, which concurred, the Guardians presented the following statistics: 'In 1851 the population of the town was 54,407. At that time Dr. Mitchell joined Dr. Stiff; the number on the books receiving medical relief was 363 being a proportion of 6 to each 1,000. There were then 181 1/2 cases for each M.O. to attend to. On the 5 June 1855 when Mr. Fox was appointed as a colleague to Dr. Mitchell, with a population of 60,000 there were 408 cases on the books being 204 cases per medical man. This would be a proportion of 6 3/4 to each 1,000. In September last there were 824 cases on the books or 270 for each Surgeon being an increase of 70 cases on the time when Mr. Fox was appointed.' (3)

In 1861 there was another important debate over the Medical Officers and their Districts which was largely about distribution of workload and ensuring that Medical Officers such as Bateman resided in their District. In March Fox's District, mainly the workhouse, averaged 300 patients a week, Lineker's 180 and Bateman's 210 to 220. The distribution of duties was complicated by the Union Medical Officers also at this time having to take over the town vaccination Districts as well. In May a 'deputation of medical gentlemen' of the town, Dr. Massey and Messrs. Stanger and Taylor who had both begun their careers as Union Medical Officers, made representations to the Board of Guardians to argue against Medical Officers not being allowed to conduct private practice. They

stated that Union doctors were under paid and that the present system led to the union sick being treated by young and inexperienced Medical Officers. They proposed that the town be divided into six Districts each to be under the charge of a surgeon engaged in private practice. They did not get their way. The Board agreed that former Union doctors such as Dr. Stiff and Messrs. Worth and Valentine had been outstanding Medical Officers. They adhered to their principle of full time Medical Officers. They appointed Dr. Carter to succeed Dr. Noah Fox, who had died in April, as the Surgeon to attend the sick and insane of the workhouse. There would be two 'out' Medical Districts manned by Messrs. Bateman and Lineker who would also have vaccination rights and fees. The Clerk was also to serve one month's notice to the Surgeons Truman and Taylor to give up their vaccination Districts. (4)

Since private practice would have offered extra income, some of the Medical Officers did not easily accept the Guardians' ban. In June 1863 the Board took to task Mr. E. H. Lineker for attending private patients when his whole time should have been given to the poor. Lineker claimed his contract had been broken when he was obliged, because of changes in the Lunacy legislation, to give up the certification of Union lunatics, worth £20 a year. But the Guardians argued that this was then replaced by greater earnings from taking on vaccination. When they forced him to give up private practice or resign he backed down. (5)

1876 saw an important change in doctor resources and policy. The 1842 General Medical Order meant that most Unions had one Medical Officer to 15,000 people, with some private practice and some fees allowed and doctors supplying medicines themselves. As seen earlier, Nottingham was an exception. In 1836 the Town population was around 50,000 which gave 25,000 people per Medical Officer. But now the population had risen to around 100,000 which gave 50,000 people per Medical District. In reviewing the situation the following doctor to population ratios were considered by the Nottingham Board:

Birkenhead	19,000	Derby	30,000
Blackburn	13,000	Durham	10,000
Bradford	24,000	Halifax	11,000
Bristol	15,000	Huddersfield	7,000
Coventry	13,000		

This formed part of the investigation of a Special Committee headed by Mr. Thomas Worth. Most of its recommendations were accepted by the Board and later by the Local Government Board: these were that in addition to the workhouse Medical Officer the number of Medical Officers should be increased from one to two for each of the Medical Districts. In addition to their salaries the Medical Officers would be allowed extras for midwifery and vaccination. However the biggest change was that they would be allowed private practice. The Guardians refused the recommendation that Medical Officers should supply drugs themselves as they knew the Local Government Board would insist on the Guardians dispensing the medicines. Mr. Thomas Worth was subsequently elected as the house Medical Officer. (6)

A weekly Medical Officers' return to the Board of Guardians in March 1879 gives a picture of the patient workload under the new arrangements and of course following the Nottingham boundaries extension in 1877: (7)

District No.1. Patients from last week 104; attending at surgery 15; at home 18; discharged 36; dead 7; remaining 94.

District No.2. Patients from last week 60; attending at surgery 13; at home 17; discharged 27; dead 1; remaining 62.

District No.3. Patients from last week 82; attending at surgery 11; at home 7; discharged 25; dead 2; remaining 73.

Union Hospital. Remaining last week 305; admitted since 22; born 1; discharged (relieved or cured) 10; dead 2; remaining 316.

The next expansion of Medical Officer resources took place with the merging of Nottingham and Radford Unions effective from 29 September 1879. The Extension Committee's proposals in January 1880 to create four Medical Districts in addition to the Union workhouse were approved by the Local Government Board in February. The Districts of course reflect also the 1877 boundary extensions:

District No.1. part of Bridge Ward (omitting part of the Ward in Wilford); Market and Castle Wards; part of Meadow Ward not in Wilford.

District No.2. Byron and St. Ann's Wards.

District No.3. St. Mary's, Trent and Manvers Wards; Mapperley Ward but not the part lying in Basford.

District No.4. Sherwood, Robin Hood, Forest and Wollaton Wards.

The principal Medical Officers appointed were No.1 John O'Connell Hynes, No.2 Enoch Snell, No.3 E. C. Buckoll (ex Radford Medical Officer) and No. 4 Joseph Henry Webster. (8) Worth remained the Workhouse Medical Officer and had the task of examining all the Radford workhouse sick before they were transferred to the Nottingham house.

With the population grown to 159,000 in 1881 the Medical Districts in addition to the workhouse were increased to five. A weekly Medical Officers' Report in February 1886 gives an insight into the patients seen in surgery and at home:

District No. 1. Patients remaining 60; attending at surgery new cases 13; at home 14; discharged 21; dead 0; remaining 66.

District No.2. Patients remaining 65; attending at surgery new cases 6; at home 17; discharged 19; dead 1; remaining 68.

District No.3. Patients remaining 53; attending at surgery new cases 9; at home 9; discharged 25; dead 1; remaining 45.

District No. 4. Patients remaining 106; attending at surgery new cases 25; at home 14; discharged 20; dead 0; remaining 125.

District No.5. Patients remaining 136; attending at surgery new cases 6; at home 18; discharged 26; dead 3; remaining 131.

Union Hospital. Patients remaining 290.

There were still five Districts in 1894 because in January Dr. E. D. Marriott was elected as the replacement Medical Officer for District No.5. (9)

By 1898 the population had grown further to 190,000 and it was decided in December 1897 to create a sixth Medical District. Dr. Cole was subsequently elected as the Medical Officer in March 1898. He was not allowed private practice as, in the words of the Guardians, the 'poor only got second best'. (10)

The last increase in the Medical Officer numbers which applied to the new Bagthorpe workhouse and infirmary and to the end of the study period, was made

in 1901. Two Medical Officers instead of one were appointed for the workhouse, and the Medical Districts and Medical Officers increased from six to eight. (11) The last weekly District Medical Officers' Return which survives in the archives is for 14 December 1901. (12)

Medical District	Patients remaining	Attending at Surgery -new cases	Attended at Home	Discharged	Dead	Remaining
No.1	38	10	7	11	1	43
No.2	44	4	12	15	-	45
No.3	50	5	10	7	-	58
No.4	76	11	8	19	3	73
No.5	60	7	4	14	1	56
No.6	34	6	6	9	-	37
No.7	19	2	2	4	-	19
No.8	48	2	3	4	1	48

Weekly workhouse Infirmary numbers for three weeks 30 Nov. 557; 7 Dec. 548; 14 Dec. 561

Turning to the duties of the Honorary and Resident Medical Officers, we are fortunate that the revised Rules for the Supervising Physician and Resident Surgeon for St. Mary's, referred to in the previous chapter, and which were accepted following the formation of the Nottingham Union in 1836, have survived. The main rôle of the Superintending Physician and Surgeon was 'to attend as often as necessary but not less than once a week at the Dispensary and Hospital to superintend and direct the medical and surgical treatment of the sick poor'. They were also 'required to visit in their home such patients as the Resident Surgeon deems necessary". They had to superintend in weekly rotation at the workhouse Dispensary and Hospital at hours agreed with the Resident Surgeon. Unless it was a case of emergency no operations could be conducted by the Resident Surgeon without consulting with the Superintending Medical Officer. These rôles were paralleled in the General Hospital and Dispensary.

The Rules applying to the Resident Surgeon clearly indicate Vestry and later the Guardians' policy discussed in the previous chapter and give a picture of how healthcare was applied. The Resident Surgeon's sole business was to attend the sick of the Parish/Union. His treatment of the sick poor was subject to the discretion and control of the Physician and Surgeon of the week. He additionally

had to supervise the nurses and order a suitable diet for the Hospital patients. He was obliged to 'give immediate attention to all cases of sickness and midwifery occurring in the house. Also to the sick poor out of the house as shall procure orders from one of the Overseers or their Assistants'. The Surgeon had to home visit those too sick to get to the Dispensary and he had to notify hours of attendance at the Dispensary. 'He must visit each Hospital patient once every day or more often if necessary ... He shall also prescribe for out-patients at the Dispensary ...' . He had to report to the Superintending Medical Officers 'those cases which are different, dangerous or otherwise important'. He had to record in a proper book the date, name, age, occupation, residence and disease of every patient and in cases of importance, as directed by the Honorary Medical Officers, 'the treatment pursued and the progress of the treatment and how terminating'. An additional task was to examine all the admittances to the workhouse and school and to 'notify any infectious diseases to the Governor of the Workhouse or the Master of the School'. He had to examine once a week the children in the nurseries and school, or oftener if required by the Overseers. Two days in every week he had to attend 'such persons in the house as are in need of medical assistance'. He was also required to vaccinate the children of the poor in the Parish. He had to attend emergencies and sudden illnesses at any hour of day or night. He was required 'to keep an account of medicines given to patients received from the Vagrant Office or belonging to other parishes and those under suspension orders of removal that the cost of such medicines may be recovered'. An important part of his administrative work was to make a weekly return to the Overseers, and later to the Guardians, of 'the numbers of patients admitted, discharged and remaining on the books distinguishing between out poor, from House or Hospital patients and stating whether cured, relieved or otherwise'. Lastly, the House Surgeon's residence had to be 'as contiguous as possible to the workhouse as can be procured and approved by the Overseers' (later by the Guardians). (13) These basic rules continued to apply after the formation of the Nottingham Union and after the General Medical Order of 1842 from which, as described in the previous chapter, Nottingham obtained exemptions.

The Guardians had always been keen on employing medically qualified

practitioners to provide optimum care of the sick and were pleased to apply the four categories of qualification laid down in the General Medical Order. The legal requirement was emphasised in the advertisement for a Medical Officer to replace George Eaton Stanger in March 1843. (14) An advertisement in the following year repeated the same requirements as well as succinctly describing the main duties of the Medical Officer for District 2. Duties 'in conjunction with a senior colleague, will be to attend and prescribe for the Sick Pauper Poor of his District, including difficult or dangerous cases of midwifery, when so required by any person. Also to attend such persons as may be removed from his District into the Fever, Syphilitic, Lying-in or other sick wards of the Union Workhouse'. There would 'always be from 300 to 500 patients on the books'. ... He must 'engage for three years' and ' he is to be entirely withheld from private practice during that period'. (15) There were incidentally 19 applicants for this post.

From 1842 the Guardians also applied the Poor Law Commissioners' order that where admissions to the workhouse were concerned each new pauper had to be examined by the Medical Officer so that the sick and infirm could be correctly classified. He was also expected to advise on the maximum number of paupers who should be admitted. (16) The Guardians also required the Senior Medical Officer to make an Annual Statistical Report which included mortality details.

W. G. Jalland's report for the year 25 September 1842 to 15 September 1843 is a good example and gives a good insight into causes of death and the state of diagnosis at that time. (17)

> Measles 28 scarlatina 6 hooping cough (*sic*) 1 croup 1; fever, typhus and contumia 17; diseases of the brain, nerves and senses 11; diseases of the lungs and other organs of respiration 22; diseases of the heart and blood vessels 5; diseases of the stomach, liver and other organs of digestion 6; marasmus 19; diseases of the kidney 1; childbed 4; paramenia 1; ovarian diseases 1; dropsy, cancer and uncertain seat 4; old age and natural decay 22; violence 2; causes not specified 2.
>
> Total number of deaths from all causes 153.

The Medical Officer's burden of paper work concerned not only the items referred to above. The Medical Relief Book recorded days of attendance on each

patient and discharge information as well as admittances. Certificates had to be issued for inability to work, permanent disability and death. There were vaccination returns, notices of 'persons of unsound mind', the weekly report of the Union Hospital and Dispensary and lunatic returns to the Clerk of the Peace, the Committee of Visitors and to the Commissioners in Lunacy. (18) In addition the House Medical Officer was responsible for recommending the range of Dietaries for the sick as well as dietary 'Extras' which were in effect nutritional supplements and stimulants. (19)

The various duties and workload of the Union Medical Officer are well illustrated by a letter from Surgeon John Wheatcroft, responsible for District 1, to the Guardians in September 1866, making the case for an assistant to be funded by the Union. (20)

> I have every morning 80 cases to prescribe for the Dispensary; if I give but two minutes to each these would take 2 3/4 hours. (Yesterday I had 103 cases); I have to visit at their own homes on the average 50 cases per day allowing only six minutes for each which with mounting awkward stairs, examining the patient and writing out a prescription cannot even be rapidly done under 6 minutes making five hours additional, the time in going from place to place must also be considered and varies much according to the localities. ... Again, the clerkly duties of the Medical Officer take much time that ought to be devoted to sanitary measures. During the quarter in my District I must enter 500 cases three separate times, making 1,500 entries, 2 prescriptions weekly for each make 1,300, 70 certificates for extras weekly 910, 250 vaccination certificates which have to be entered in three separate books, 750 certificates, 120 lunacy entries, these requiring three distinct copies, 50 weekly copies of home patients for visiting 650, death certificates about 50, making 16,980 separate prescriptions, entries and certificates, which necessarily take up a considerable portion of time.

This schedule probably contributed to Wheatcroft's death in the following January.

The previous chapter describes the Union's rôle in caring for the pauper mentally ill including the senile. Appendix VIII (page 350), as mentioned, gives some quantification of the numbers of imbeciles cared for in house, at home in the Medical Districts, and in Asylums. Medical responsibility for the patients was an important part of the Union Medical Officer's duties. As referred to above he was the key figure in patient classification at the admission stage. He also determined if and when mental patients might be discharged which was an infrequent situation. His reporting to various bodies regarding the mentally ill has also been mentioned earlier. He was the key person in deciding if an imbecile was so dangerous as to necessitate transfer to an Asylum. Here the Union Medical Officer was under pressure from the Guardians, for reasons of cost, to keep transfers to the minimum; on the other hand he was pressurised by the Commissioners in Lunacy after 1842 to send to an Asylum all those patients who had the possibility of benefiting from specialist treatment there. Transfers had been made to the Nottingham Borough Asylum in Sneinton since its foundation in 1812. (21) Ashley's Lunacy Act of 1845 strengthened the obligation on Unions to remove lunatics to asylums and as a consequence Union Medical Officer Stiff presented a list of 58 persons in the House to be examined by a magistrate and by a Surgeon unconnected with the House to decide on those cases qualifying for removal. (22) After 1845 no pauper could be admitted to an asylum, licensed house, or workhouse insane ward without a medical certificate supplied by a Union doctor and an outside practitioner. The fee earned by this certification became a bone of contention between Union Medical Officers and Guardians. The Nottingham Union paid 5 shillings per certificate and refused in April 1849 to increase this to 10s.6d. as lunatics already cost the Union so much. The issue was raised again in July when Dr. Massey and Dr. Taylor submitted bills for 10s.6d. per case. Massey stuck out for 10s.6d. until he was undermined by Messrs. Stanger and Beveridge accepting 5 shillings per case in September. (23) Doubt was even cast on the validity of the Union Medical Officer's certification in November when the Borough Asylum stated that it was unwilling to receive lunatics unless certified by a non-Union Medical Officer and they were supported in this position a month later by the Poor Law Board. In 1851 Union Medical Officers were still reporting dangerous imbecile

cases to the Magistrates and in January 1854 the Poor Law Board changed its earlier position and confirmed that the Union Medical Officer alone or as a second Medical Officer could certify a lunatic to Magistrates and was due a fee for this service. (24)

It was also a routine duty of the workhouse medical staff to visit the Asylum to report on the condition of the Union lunatics maintained there and whether any were fit to be transferred back to the workhouse or discharged. The epitomic analysis of the 50 patients in Sneinton Asylum in June 1844 shows not only the numbers involved at that time but the poor state of knowledge of mental disorders by such a conscientious Union Medical Officer as Jalland. (25)

	Total Nos.	Male	Female
Recovering	7	3	4
Dangerous	12	6	6
Violent	10	-	10
Noisy and Dirty	6	1	5
Paralytic	1	1	-
Opinion deferred	1	1	-
Dead	3	2	1
Discharged	3	2	1
Recovered	3	2	1
Diseased lungs	1	1	-
Disgusting and unnatural	1	1	-
Suicidal	2	1	1
Total	50	21	29

Two of those discharged, one male and one female, were criminal cases. The other was imbecile and male.

The Union Medical Officers usually found the lunatics in the Asylum in a 'favourable state' although there was little optimism about their possibilities of recovery; for example on his visit in July 1849 Dr. W. P. Stiff found only six out of 76 patients with a possibility of recovery. (26) Under the pressure of a full Asylum in January 1850 Stiff thought that of the 25 male lunatics examined 'four might with

advantage be moved to the workhouse'. But following a further visit in May when it was thought that 'seven chronic lunatics might with advantage be moved to the Lunacy Ward in the workhouse' this was refused by the Asylum Committee of Management who saw it as expediency on the part of the Union. (27) There was always the suspicion that the Union Medical Officers were biased in support of the Guardians' wish to maintain as many of the mentally ill as possible in the workhouse for cost reasons.

Smallpox was a recurrent scourge throughout much of the study period. The major breakthrough came in 1798 when Edward Jenner published on the success he had achieved with inoculation and vaccination. This progress enabled the 'Medical Gentlemen' in Nottingham in the following year to start a programme of inoculation to address the great mortality from smallpox amongst the children of the town. This was spearheaded by John Attenburrow, Surgeon to the General Hospital 1782 to 1843. Vaccination was free and was made available at the General Hospital on Tuesday mornings and at Attenburrow's private surgery. (28) In November 1805 a Vaccine Institute, financed by public subscription was set up by some of the medical professionals to promote free cow-pox inoculation in Nottingham and to inoculate children in their homes and engaging a doctor for the purpose. Before 1812 smallpox vaccination had replaced inoculation . (29)
In spite of the considerable success achieved by the Vaccine Institute, this charity had to halt its activities in 1813 through lack of funds. (30) However, St. Mary's stepped into the breach and when its Dispensary was established in 1813 and a permanent surgeon appointed, free vaccination of the poor was offered, with each case registered. The other two parishes were exhorted to follow suit. (31) Apart from inertia there was always a measure of prejudice against the dangers of vaccination and St. Mary's struggled against this emphasising the importance of vaccination and that it was available gratis. (32) As seen earlier, in the 1834 Rules for the Parish Medical Officer an important duty was the vaccination without a written order of the children of the poor of the parish. This carried forward into the Union.

The vaccination initiative which had been taken voluntarily in

Nottingham out of health care and social concern became a legal obligation with the 1840 and 1841 Vaccination Acts. Free vaccination was to be made available to all who applied for it. Only qualified doctors might vaccinate. The Poor Law Medical Officer in effect became the Public Vaccinator and vaccination became formally another health service which came under the administration of the Poor Law Officers. From 1845 onwards Annual Vaccination Returns became a feature of Boards' Annual reports to the Poor Law Commissioners. (33)

In Nottingham by April 1840 the Medical Officers to the Union were required to report to the Board weekly the numbers vaccinated during the preceding week. By October with smallpox prevalent the Town was divided into three Districts for free vaccination: Mr. Trueman, Sherwood and St. Ann's, Dr. T. Lightfoot, Byron and St. Mary's, and Mr. Taylor, Exchange, Castle and Park Wards. (34) Vaccination fees appear for the first time in the surviving records in 1842. In the Union's Accounts for the Year 27 March 1842 to 28 March 1843 vaccination fees occasioned the following quarterly expenditure: (35)

	1st.Qtr.	2nd Qtr.	3rd.Qtr.	4th Qtr.
£.	13	7	15	8

Vaccination fees from their 1840 inception to the end of the study period continued to be a contentious subject as they were regarded as an additional burden upon the rate payer. In August 1843 Chairman Bishop was complaining to his fellow Guardians that vaccination of 800 infants last year had cost £60 and that he wished to lessen this expenditure. However the Poor Law Commissioners regarded 1s.6d. per successful case as the lowest level of remuneration, but even Bishop recognised that the Medical Officers wanted the extra income although they had on average constantly around 350 patients each which meant they were very stretched. (36)

A criticism of the Poor Law Commissioners nationally was that they did not always ensure a constant supply of fresh vaccine lymph. Nottingham was one of the victims as in July 1844 Medical Officer Jalland was complaining to the Board that he was unable to obtain 'matter' [lymph] for vaccination for all children in

the house. (37) Even in 1896 there were still supply difficulties and attempts were made, without success, to persuade the Local Government Board to permit the use of the more readily available calf lymph. (38)

A handicap of the 1840s vaccination legislation was that it was permissive, so that parents could ignore it with impunity if they chose not to respond to exhortation by word of mouth, the press and bills posted in the town. The 1853 Vaccination Act made the vaccination of children a few months after birth compulsory, with penalties imposed on parents not complying. Vaccination stations had to be established throughout the Union. The minimum fee to be paid to Medical Officers per successful operation was to be 1s.6d. - or 2s.6d. if they lived over two miles from the station. Successful vaccinations had to be registered by the Public Registrar, and the fee charged to the poor rate. The 1867 Vaccination Act underlined and reinforced the 1853 provisions. A new feature was that Medical Officers were obliged to keep a register of cases vaccinated. (39)

Neglected vaccinations never ceased to be a problem but it was not until 1868 that the Guardians seriously debated the appointment of a Public Prosecutor/Vaccination Inspector to bring prosecutions against those parents failing to comply with the legislation. The reluctance of the Guardians to take the step was due to the likely extra expenditure involved; for example in the 1868 discussion they anticipated a cost of around £40 per year. The debate continued throughout the next year and it was not until April 1870 that Mr. Gamble was appointed at a remuneration of 3d. per case. He was continuously pressed by the Public Vaccinators, for example Lill and Smith in November 1870, to prosecute those failing to present their children for vaccination. By February 1871 Gamble was able to demonstrate an increase in vaccinations following his efforts in combination with those of the Medical Officers. (40) In January 1872 the Board agreed to double the Prosecutor's fee to 6d. per case. Gamble, however, did not regard this as enough, arguing that his job was worth £100 per year, and resigned to be succeeded by Mr. Chatwin. (41)

In June 1884 Public Vaccinator Edwin Browne outlined how the system worked. He received from the Registrar a list of births. When a child was three months old and not vaccinated a notice was sent to the parents. A further notice

was sent if there was no response. If that failed there was a prosecution before a magistrate. The penalty was usually 10 shillings including costs. (42)

In spite of continuous efforts total vaccination coverage could never be achieved for a variety of reasons: neglect, sloth, a common belief that vaccination was dangerous or morally wrong. The organised national movement against imposed vaccination had an active branch in Nottingham. This branch of the London Society for the Abolition of Compulsory Vaccination called for repeal of the Vaccination legislation in a letter to the *Nottingham Daily Guardian* in March 1889: 'The Compulsory Vaccination Acts are unjust, cruel and barbarous, in that they strike at helpless and innocent children, propagate disease, are productive of suffering and death, destroy parental freedom of conscience, and ignore reason and intelligence by the application of brute force'. (43)

The campaign against compulsory vaccination eventually bore fruit in the 1898 Vaccination Act. Henceforth there would be no penalties for parents who satisfied the courts within four months of birth that they had conscientious belief that vaccination was prejudicial to the health of a child. By the end of that year in Nottingham magistrates had heard up to 2,000 cases applying for exemption certificates. The Act also made it obligatory for Public Vaccinators to visit the homes of children to offer to vaccinate them. In Nottingham this meant the abolition of vaccination stations from September onwards. (44)

The Nottingham Guardians were not always consistent in their apportionment of vaccination districts. At the time of the 1853 Act they established the following four districts with two Union doctors and two town doctors to man them: St.Mary's and Byron Wards (population 19,333) Dr. Stiff; St. Ann's Ward (population 12,640) Dr. Mitchell; Castle and Exchange Wards (population 14,080) Mr. Trueman; Park and Sherwood Wards (population 12,366) Mr. Henry Taylor. (45) But in 1861 the Guardians served notice on the town doctors Trueman and Taylor to create two vaccination districts only, served by their own Medical Officers Stiff and Mitchell. Not surprisingly the town doctors were outraged and in May Trueman complained, to no avail, to the Poor Law Board

protesting against his dismissal after 20 years in the job, and arguing that the Guardians had acted in this way to augment their Medical Officers' salaries from £120 to £170 per year. He also argued that the Union Medical Officers could not cope with the extra volume of work. (46)

There were still two vaccination districts in 1873, but when T. Steel resigned in December the other Vaccination Officer E. Browne was offered the post for the whole town and this was confirmed by the Local Government Board in January 1874. A proposal to create three districts in 1877 was refused by the Local Government Board, who allowed only two; the rule was 800 to 1,000 vaccination cases per station and Nottingham did not comply to this. However, following the Town's boundary extensions and the annexation of Radford Union in 1880, after much debate three vaccination districts were created and approved by the Local Government Board in March 1880, to be manned by Doctors Hynes, Webster and Snell. (47) There were still three districts in 1899 when a fourth district was mooted, but there is no record of when the expansion took place. In 1903 there is a record of fees paid to five public vaccinators, but this probably reflected four districts with a change of staff in one. It was in October 1907 that the step was taken to move from four to six vaccination districts, a situation which appears to have continued to the end of the study period. (48)

Regarding vaccination fees, from the time of the early Vaccination Acts the Union paid 1s.6d. per successful case to its Vaccination Officers. This was increased in July 1890 to 2 shillings. (49) There was a big jump in February 1902 when the Guardians agreed 'For every case of primary vaccination at home the Vaccinator receives 5 shillings; thereafter for every child on the list vaccinated by him he receives 6 shillings'. The Guardians were always troubled by the high expenditure on vaccination and in June 1904 they tried again, without success, to persuade the Local Government Board to reduce the fee below 5 shillings per child. The doctor in practice was paid 6 shillings, the extra shilling being paid for all births. By 1907 this had increased to 7 shillings and appears to have remained so until the end of the study period. 'At present the Guardians paid 1 shilling for every child that lived up to the age of four months without being vaccinated and was then

inoculated. A further 5 shillings was paid when the vaccination was successful and if on inspection by the Local Government Board inspector the work was considered efficiently done a grant equivalent to another one shilling could be made'. (50)

The following table shows the size and escalation of annual expenditure on vaccination and why it was a concern to the Guardians and rate payers. (51)

Date	£	s	d	
1843	60			
1856	108	15	6	
1870	105	19	6	
1876	200			
1887	250			(Union estimate)
1899	869			
1900	950			
1901	981			
1902	1901			
1903	2423			
1904	3148			
1905	1329			
1906	1183			

Throughout the whole period following Jenner's discovery of smallpox vaccination it was a struggle to achieve compliance and to optimise vaccination coverage. The degree to which there was a shortfall is best illustrated by four examples of vaccination returns: (52)

1. July to December 1883 (post compulsion and prosecutions for non-compliance). Edwin Browne, Vaccinating Officer, Districts 1 and 2. Births 2,231 of which 1,622 vaccinations successful; 1 unsusceptible; none had smallpox; 260 died unvaccinated; 70 cases of vaccination postponed by medical certificate; 32 removals; 162 persons gone to places unknown and cannot be reached; 84 in default and proceedings laid.

S. L. Watson, Vaccinating Officer, 2nd.District. 925 vaccinated, 687 successfully; 91 died unvaccinated; 20 cases postponed by medical certificate; 81 gone to places unknown; 44 in default.

2. January to June 1891. E. Browne's District. 73% of the children vaccinated. In Mr. Clarke's District 64.3% were vaccinated. For 1890 71.5% of children were vaccinated in Mr. Browne's District and 69.7% in Mr. Clarke's.

3. 1 July to 31 December 1899. (This is after the 1898 Act enabled parents to apply for exemption certificates). In the two Districts 3,409 children borne; 1,645 successfully vaccinated. In 319 cases certificates of conscientious objection were given. In 560 cases children unvaccinated. Percentage vaccinated 48.2. 9% of parents obtained vaccination exemption certificates. 16.25% of children were unvaccinated.

4. 1906. Hardstaffe's District 1,977 births; 1,394 vaccinated - 70.5% (64.5% in previous year). Clarke's District 1,319 births; 875 vaccinated - 66.4%. Whole city 3,296 births; 2,270 vaccinated - 68.9% (66.9% previous year).

The evolution of Public Health legislation led to the emergence of the Corporation as a provider of public healthcare where major infectious diseases such as cholera and typhoid fever were concerned. The development of the Corporation's rôle led to a diminution in the Poor Law's rôle in the field. Nottingham first appointed a Sanitary Committee in 1846 which addressed the appalling local sanitary and housing conditions which were thought to encourage the outbreak and spread of cholera and other infectious diseases. Following the 1858 Public Health Act the Council created a local Board of Health. A major step forward was taken after the 1872 Public Health Act when the Corporation appointed its first Medical Officer of Health, the energetic and able Edward Seaton, who in cooperation with Sanitary Inspector Tarbotton submitted to the Council in 1873 a report on the 'Sanitary condition of the Borough of Nottingham' criticising especially the housing conditions in the Meadows district and low town. The efforts of Seaton also had much to do with Nottingham becoming the first town following the 1878 Improvement Act to initiate legislation for the notification of infectious diseases. As part of this move he urged the building of separate isolation hospitals. (53)

It was only after 1870 that the Corporation began to take responsibility for smallpox patients and to establish its own isolation accommodation. Steps were taken to create a Garden Hospital within the five acre garden of the workhouse, adjacent to but detached from the main institution. A report made by W. Richards, Nottingham's Chief Sanitary Inspector on 26 December 1871 to the Medical Department of the Privy Council on smallpox in Nottingham, not only revealed

that there had been 1,000 cases of smallpox in Nottingham since the previous October with 77 deaths, but also showed the mixture of accommodation at the time for smallpox patients within and without the workhouse: (54)

Garden Hospital No. 1.	12 beds opened 20 November.	
	Admitted since opened	29
	Died	7
	Discharged cured	12
	Remaining in Hospital	10
Garden Hospital No.2	28 beds opened 26 December	
	Admitted	1
York Street Hospital	64 beds opened 5 December	
	Admitted since opening	110
	Died	16
	Discharged cured	32
	Remaining in Hospital	62

Ages of patients: under 10 - 22 10 to 20 years - 68 20 to 30 years - 33
30 to 40 years - 12 40 to 50 years - 2 50 to 60 years - 3 Total - 140

There was considerable interplay between the Guardians, the Sanitary Committee and the Local Government Board. In November 1871 the Sanitary Committee wanted to rent the garden for one year and to build a Smallpox Hospital. The Local Government Board wanted it to be available to the general public and not just to paupers. The Sanitary Committee by mid December was using the Smallpox Hospital set up by the Guardians in the garden, but there was confusion over the Resident Medical Officer responsible for it and who should pay. Richards' report showed the situation at the end of the year. (55) In the following year as the smallpox epidemic abated the Corporation in stages terminated its use of the York Street and Garden Hospitals. (56) In September 1874 when the lease on the Garden and Epidemic Hospitals expired the Local Government Board opposed the Guardians' proposal to share the costs of the new lease with the Sanitary Committee, but they were happy for the Union to pay for the maintenance of its patients in the Epidemic Hospitals. The changeover of responsibility was

finalised in May 1875 when the Local Government Board instructed the Health Committee to be the sole tenant of the Garden and Epidemic Hospitals. In future the Guardians had no control over smallpox hospitals; their sole involvement was to send their smallpox patients to these institutions run exclusively by the Corporation. (57)

The Corporation in July 1887 erected temporary accommodation for 22 smallpox patients on the Glebe Farm site at Basford. Then in early February 1888 the Health Committee proposed to the Town Council the construction of a permanent hospital for infectious diseases on the same site; two units for smallpox each of 22 beds; two units for fever each of 22 beds and a separate isolation block for diphtheria of 16 beds, thus giving a total of 104 beds. These plans were approved in April and construction began. This was a major development in the public care of infectious diseases for all classes of sick poor and pauper patients. (58)

Where charges for infectious patients were concerned the Guardians initially had to pay the Corporation £1 per week per patient in the Smallpox Hospital. By 1894 in the Bagthorpe Hospital, whereas ordinary rate payers paid nothing when admitted, the Guardians had to pay £1 : 5 : 0 per week for their smallpox cases and 15 shillings per week for their scarlet fever cases. (59)

Appendix IX (page 354), which has been compiled from the surviving source materials, gives a general picture of the level of salaries paid to Medical Officers in St. Mary's parish from 1813 and in the Nottingham Union from its inception in 1836. With some exceptions the level of salary was throughout the period shown between £100 and £120 per year with the principal Resident Medical Officer of the Workhouse from around 1861 onwards receiving £150 to £160 per year in recognition of the greater responsibilities held compared to District Medical Officers. With a few exceptional years Medical Officers were not allowed to supplement their incomes with private patients. They did however usually have fees from vaccination as discussed earlier, sometimes midwifery fees of around 10s.6d. per case, and operation fees in line with the 1842 General Medical Order.

An attempt can be made to compare the level of remuneration in

Nottingham with that in other Unions. Caplan has shown how the tender system in the Unions of Southwell and Basford forced down salaries to an abysmal level bearing in mind that the Medical Officers had to fund drugs out of their salaries. 10s.6d. per case was allowed for midwifery; there is no mention of fees for vaccination or operations. As one would expect there was continuous disgruntlement over pay. The contracted annual salaries entered into in 1836 were as follows: (60)

SOUTHWELL		BASFORD		Modified in June 1839 to
Medical District	£	Medical District	£	£
1	39	1	75	80
2	39	2	38	45
3	42	3	25	30
4	45	4	40	25
5	52	5	47	50
		6	28	34
		7	42	35
		8 (workhouse)	8	30
		9	-	30

Thompson shows that the Leicester Union, although considerably more generous than Southwell and Basford, was considerably below Nottingham in its remuneration. From 1836 Medical Officers were paid a fixed salary of £150 per year but had to find drugs and appliances themselves except for leeches and trusses. In 1843 the Districts were increased to four and the salaries for three districts reduced to £80 and to £60 for the fourth. In October 1853 the Workhouse was made a separate District with a salary of £60. In 1857 the largest parish, St. Margaret's, was divided into three Districts with salaries ranging from £50 to £70. (61)

Loughborough also seems not to have been as munificent as Nottingham. Bécherand states that the salaries of the two Medical Officers for Loughborough District and the one for the Leake District ranged from £20 to £100 per year plus 'usual medical allowances for extra medical fees, vaccinations, midwifery'. He does not however quote specific years, whether the Medical Officers were full time or whether the salaries had to cover drugs and appliances. (62)

The Lancet Commission showed a mixed situation in the London Unions in 1865 as the following examples show: (63)

Strand Infirmary - Dr. Rogers was the full time Medical Officer paid £105

per year. The Guardians found cod liver oil and lemon juice and £30 a year towards drugs.

Greenwich Infirmary - Mr. Sturton was paid £200 per year out of which he had to find drugs except cod liver oil and quinine.

St. Pancras Infirmary - the Medical Officers Dr. Roberts and his Assistant Mr. Butt had good accommodation and were paid £160 and £85 per year respectively. All drugs were found by the Guardians and a salaried Dispenser made up the medicines.

St. Marylebone Infirmary - the eminent Dr. Randall was the Medical Officer in overall charge at a salary of £950 per year but out of this he paid a Resident House Surgeon who received £100 per year with board and extras, and a Dispenser paid £90 per year. Randall also funded all drugs.

The Commission criticised the 'moderate and often stingy salaries' paid to the Union doctors in London especially as in most cases they had to fund the drugs prescribed. Certainly, the Nottingham Medical Officers' remuneration was in most cases favourable.

The Poor Law Commissioners' Annual Report for 1846 consolidated the fixed annual salaries paid to Medical Officers for 1844 - 45 for the 591 Unions. This showed an average annual salary of £46. This figure has to be treated with caution as many of the Medical Officers were not full time. Also not shown is the extent to which they received extras nor is the funding of drugs clear. Nevertheless the overall impression is of a parsimonious average level of remuneration. (64)

It is possible to conclude therefore that compared to the situation in many other Unions the Medical Officers in Nottingham for the years shown were fairly generously rewarded although many would have wished to practise privately as well. It would appear that the salaries paid were in the interest of appointing Medical Officers of adequate quality who would have the patients' interests at heart. This was in line with the Guardians' policy of funding drugs themselves, providing a separate Dispenser and allowing extra earning opportunities from vaccination and to a lesser extent midwifery and operations, all with the objective of providing a reasonable level of care for the pauper sick and geriatric. This was reinforced by the Guardians' insistence on employing professionally qualified

Medical Officers consistent with the qualifications detailed in the 1842 General Medical Order.

As with the General Dispensary, to start as a Poor Law Medical Officer was often the first step on the career ladder for those with ambitions as a doctor. It gave the young professional an opportunity to gain experience and to build a name in the community which would facilitate a move into private practice or in other directions. The transitory nature of Union medical appointments is shown by the continuous change of appointments throughout the source materials. The imposition of three year contracts by the Guardians was an attempt to create some stability and continuity. Not all Medical Officers, however, were so quick to move; for example, an able man like Dr. William Phillimore Stiff remained from 1844 to 1855, and Dr. Buckoll remained as a District Medical Officer for 33 years before he resigned in 1892. (65) Moves to other positions and employment are illustrated by the following examples: (66)

1822	Thomas Beveridge, Resident Medical Officer, St. Mary's, became Resident Apothecary at the Nottingham General Hospital.
date unknown	Thomas Jowett, Resident Surgeon, St. Mary's, went into private practice. In 1825 he was lecturing the Scientific and Mechanical Institute on health. In 1831 he was championing the establishment of a General Dispensary.
1855	William Phillimore Stiff became the Resident Medical Officer and Superintendent at the Nottingham General Lunatic Asylum.
1863	Bateman moved to 'a more lucrative position' in private practice. Lineker moved into private practice at Leighton Buzzard.
1865	Hall took over a general practice at Ruddington.
1882	Thomas Worth became Medical Officer to the Radford Training Institute.
1898	Blackmore took up an engagement with the Indian Government.
1902	Buckley took up a post in the Army and died of Typhoid in Turkey.

The Poor Law Medical Officers were supported, as has already been seen,

by a Dispenser from 1813. There is no indication in the surviving sources of the salary paid until 1837, when it was £60 per year , increasing to £70 in 1839 but reverting to £60 in 1841. It continued at that level till Dispenser Colishaw's salary was raised to £80 per year from Christmas 1844 following a year's operation of the new York Street Workhouse. (67) There was by 1854 a Deputy Dispenser, Thomas B. Fletcher, as he was paid an extra £5 for the extra work caused by the cholera crisis of that year. He subsequently became Dispenser until he took over his father's business and was replaced by Robert James in 1856. In the Autumn of 1861 when the Guardians required James to open the Dispensary from 2 to 4 p.m. on Sundays he requested a salary increase of £5 on his present £80 per year, half of which was then funded by the Government. This was refused in spite of his argument that he had 'on average 1,200 prescriptions to make out each week and the present changes in Medical Officers involved changes in the mode of dispensing the prescriptions and involved extra care'. Six years later he resigned to become Master of the Tamworth Workhouse when his brother Alfred took over from him. He in turn was replaced by R. E. Swinfen in 1868. (68)

A Poor Law Board audit report in early 1869 gives a good insight into the Dispenser's duties. He was firstly criticised for not keeping an account of his stocks (receipts and consumption) in the Poor Law Board book provided. To do this for the volume of work involved he argued would take 'an extra week's work'. He had no skilled assistance, only a boy to wash bottles, run errands and to mortar items. He dispensed 'for the whole parish not just for the House'. For the quarter ending 21 June 19,584 prescriptions were dispensed; for the quarter to 29 September 29,767, and for the quarter ending 25 December 24,163. The average last quarter of over 309 prescriptions *per diem* meant a prescription every minute and a half. He also prepared ointments, tinctures and powders, and kept the wine and spirit accounts for the Town and House, The latter alone occupied three to four hours a week. He did not receive or pay for appliances. Swinfen and the Guardians believed that the Poor Law Board rules were meant to apply to the House only and not to a situation where the Dispenser worked for the House and the whole town.

Soon after this Swinfen requested a salary increase from £80 to £100 per year. This was refused by the Guardians although they accepted that his

predecessor had had a skilled assistant, Edward Watts, paid 12 shillings a week. The discussion revealed that the General Dispensary Dispenser was then paid £100 per year, had an Assistant and was dispensing around 200 prescriptions per day. The Dispenser at the General Hospital made up about 6,000 prescriptions a year and was assisted by apprentices. It was not until December 1870 that the Guardians yielded and increased Swinfen's salary to £100 and to £120 in 1878. (69)

An Assistant Dispenser, J. O. Abbott, was appointed at York Street in December 1885. John Davis took over from him in 1887 at a salary of £80 per year, increased by £10 in 1890 and by a further £10 later in the same year in consideration of the extra work undertaken at the Boden Street Dispensary (of which this is the first mention in the surviving records). This Dispensary served the Radford side of the town and Walter Burton was appointed Dispenser there in 1895 at a salary of £60 per year. (70) Meantime in November 1894 Swinfen, because of old age, retired, and in recognition of his long service was allowed a superannuation of £62 per year by the Poor Law Board. John Davis was promoted as York Street Dispenser at £120 per year. The Boden Street Dispensary was closed in 1902 and a 'Central Dispensary' created at the Poor Law Offices in Shakespeare Street to service all outdoor prescriptions. Walter Burton, from Boden Street, became the Dispenser at £130 per year. In 1903 F. C. Coates was appointed the Union's Senior Dispenser, and three years later he became the Dispenser with overall responsibility for the Dispensaries at Bagthorpe, the Central Dispensary and at Boden Street, which appears to have been re-opened, at a salary of £180 per year. (71)

The General Hospital and the General Dispensary both made substantial efforts to keep expenditure on drugs to a minimum. This was paralleled by the efforts made by St. Mary's Vestry and the Guardians to control expenditure on this item. In June 1813 Henry Oldknow, Superintending Surgeon, sought to refute criticism that the previous year's druggist bill for St. Mary's was enormous. He sought to do this by comparison with the General Hospital: (72)

> The Druggist's bill for the parish from June 1812 to June 1813 including lint, corks, tow, lemon juice, bottles, honey, skins, spirits of wine, bougies etc. was £200. Number of patients 965. Average

cost therefore 4s.1 1/2d. per patient. It is right to increase this number because of the many more living in the workhouse, who have received medicines for complaints which were considered too trivial for their names to be entered on the books.

Druggist's bill for the General Hospital,	£	s.	d.
extracted from last year's report.	298	13	11
Lint, corks, tow, lemon juice, sugar, honey, skins,			
bottles, spirits of wine, leeches and bougies etc.	142	0	9
	440	14	8

Number of patients supplied with medicines 1,912. Average cost therefore 4s.7 1/2d.

So the parish cost for medicines is 10% less than the General Hospital.

Vigilance continued and in the Second Report of the Medical Establishment of the Parish in 1815 it was proudly reported that 'Annual expenditure for medicines has not increased ... the strictest economy has been observed without denying benefits to patients'. A comparison can be made with the drug costs of the Union for the year before November 1842. The number of patients was 5,522 but the drugs administered had cost only £55, a massive drop compared to 1812 - 13 for which there is no factual explanation. This gave an average outlay of 2 1/2d. for drugs per patient. It was stated in the same report to the Guardians that the average cost obtained from the General Dispensary was 2 shillings per head, nearly ten times more. The explanation given was that pulmonary patients from the Union and General Hospital 'crowded to the Dispensary and were on the books 3 or 4 months together'. (73)

The findings of the Committee appointed by the Guardians to examine the cost of the drug bill and which reported in January 1856 gives a picture of drug costs and the efforts made to control them. It was stated that in the year beginning Michaelmas 1845, 3,339 cases were treated and the drug bill was £74. With a similar number of cases this was a drop on the previous year of £16. In 1855 however there were fewer cases but the drug bill was fourfold. Reasons given were

the increased price of opium, leeches and ipecacuanha wine, but this would only have made a difference of £3 or £4 and three quarters of the articles were not dearer and some cheaper. They had inspected Druggist Large's books to trace changes over time and found that in one quarter in 1845 his bill was £19 and in one quarter in 1853 £43. There had been an enormous increase in the number of leeches. Also Batley's solution of opium had been generally ordered although it cost £1 : 5 : 0 per lb. and a solution proposed by the Druggist could be obtained for 8 or 10 shillings per lb. These they thought were unnecessary and were supplied 'to gratify the whims of the medical men'. The Chairman accused Dispenser Fletcher of idleness for not examining the Druggists' bills, for example 1s.6d. had been charged for 50 poppy heads and another 1 shilling for 6 dozen, but Fletcher denied knowing that the examination of his bills was part of his remit. They were also not happy that items had been bought in which could have been formulated by the Dispenser.

At a subsequent meeting the Chairman of the Board sought to enforce economy upon the Medical Officers by obliging them to cease prescribing expensive medicines where cheaper ones would do and to reduce the quantities of spirits prescribed. Supplier druggists were also arraigned before the Board and ordered to charge wholesale and not retail prices. They claimed they supplied the Union at the same price as they charged drugs to surgeons in the town. One of the biggest changes made to achieve economies however was to arrange for the Dispenser to make out a list of the drugs required by the Medical Officers for the ensuing quarter and for this to be put out to tender. Up until then the Union, to avoid monopoly of supply and favouritism in the town, had changed the Druggist supplier each quarter. Palethorpe and Lodge were the two druggists who won the first tender at price levels 40% to 45% less than the Union had recently been paying. (74) The purge on drug costs did much to achieve its savings goal as in March 1863 it was reported to the Board that from the drug accounts during the last six years they had found that the cost per head varied from 5 1/4d. to 7 1/4d. (75) The Guardians, however, could never afford to be complacent. In 1870 the Drug Committee reported an excessive consumption of drugs. The Drug Bill details given were:

March 1868 to March 1869	£407	11	6	
March 1869 to March 1870	£330	13	3	...

March 1870 to October 1870 £310 - or at a rate of £620 per year, an increase of 50% in the course of two years. The drugs supplied were for out- as well as in-House patients. Analysis showed that the increase was not due to any significant increase in the number of patients but to an increase in the number of prescriptions in House from 30,000 to 60,000 per year. This indicated a need to clamp down upon 'over-prescribing by the Medical Officer'. (76)

A report prepared in 1910 in response to a request for information by the Cardiff Guardians gives an insight into drug costs for the Workhouse Dispensary towards the end of the study period:-

	Cost of drugs	Patients receiving drugs	Average cost per patient
1904	£944	499	£1 17 10
1909	£622	691	£0 19 2

These figures did not include imbecile patients. It was stated that if costs had continued as in 1904 the charge in 1909 would have been £1,307. (77)

Hodgkinson addresses the national Poor Law situation where nursing is concerned from 1834 to 1870 . Key sentences from her work give the background. 'The employment of pauper nurses was not so much due to the Guardians' parsimony as to the entire absence of a skilled nursing system in the country'. ... 'Before 1863 not a single trained nurse existed in the infirmaries in the provinces. Where Guardians appointed salaried and skilled nurses they were trained by experience only and not through organised institutions'. (78) Where Nottingham is concerned there is no mention of nursing in any of the surviving archives before the formation of the Union; thereafter the information is patchy. Enough is evident, however, to see that Nottingham was similar to the national picture in that until the late 1860s pauper nurses were used, untrained, paid a pittance and often aged. A striking example is seen in 1868 when Nurse Wood (Female Imbecile Ward) and Nurse Parkin (Female Lock Ward) were both regarded as too decrepit to work further. Wood, 65 years old, had served 23 years and Parkin, 67 years old, had served 20 years. They were both unable to read, not even prescriptions. They had received 6 shillings and 8 shillings per week respectively plus rations and lodgings. Other nurses had been paid from 7 to 10 shillings weekly. It was proposed to seek

replacements for the retiring nurses at 8 shillings per week. A superannuation of 8 shillings per week was awarded to them. (79)

Earlier in 1851 the Guardians had debated salary levels for nurses in the Lunatic Wards which give a comparison with recommendations in the Sneinton Lunatic Asylum. At the latter male nurses began at £20 per year advancing £1 yearly until a ceiling of £30 was reached, plus an annual clothing allowance of £2 : 5 : 6. Female nurses began at £13 advancing £1 yearly until a ceiling of £20 was reached, plus an annual clothing allowance of £1 : 2 : 4. There was no washing allowance. The Union agreed to increase the male nurses' annual salary from £26 to £31 : 4 : 0. and the females' from £20 : 16 : 0. to £26. In 1853 they were recruiting male nurses at £30 and female nurses at £20 per year although they had recently appointed a male nurse at £40 and a female nurse at £30 per year. (80) It is probable that these paid nurses were engaged by the Guardians to supervise the work of the pauper nurses in accordance with the advice of the Poor Law Board promulgated in 1847 and reiterated in the following year. (81)

It would appear that the Guardians were aware of the developments in the nursing world from 1858 onwards. Florence Nightingale's work had received much publicity. Her school of nursing opened in July 1860. In the same year the Guardians purchased a copy of her *Notes on Nursing*. In 1865 the Poor Law Board circularised all Guardians in England advising the employment of paid nurses. The first evidence of the Nottingham Guardians' advertising for trained nurses was in February 1867 when they sought two replacements. At the time of the retirement of Nurses Wood and Parkin in the following year the Guardians agreed that 'the whole system of nurses wanted revision'. They stated that efficient and trained nurses might cost more than pauper nurses 'but they would save three times the amount of their salaries'. Their representatives attended the Nurses' Institute meeting and reported back details of the discussions on duties, remuneration, training, salaries and status. The same month they agreed to advertise in the local and other press for replacement nurses, properly trained, at £20 per year. (82) House Medical Officer William D. Dunn in his report for the half year ending 1 January 1870 made a plea for more paid nurses. At that time there was no paid nurse in the Men's Hospital and no paid night nurse in the Workhouse. There were

only inmates as nurses and the head nurse, a man, was elderly. To recruit Dunn said would cost £25 per year but the 'national experience was that paid nurses were more economic than pauper nurses'. (83) Later in the year the Commissioners in Lunacy added their weight to the improvement in nursing provision, recommending the appointment of paid nurses in each ward to assist the Superintendent. Throughout the 1870s the press reports on the Guardians' meetings show the slow adoption of employing paid nurses especially in the imbecile wards where there was often a high turnover of nursing staff. The following are examples:

1870 - December - Millicent Martin from the General Hospital appointed Head Nurse at £21 per year and two under nurses appointed in the same month.

1871 - January - Miss. Shipley, Superintendent, female imbecile Wards, resigns. Agreed to advertise the post at £20 per year with annual increments up to £30.

1872 - May - Mr. Lovell of Bristol Union elected Superintendent, male imbecile Ward. In 1873 he resigned to take up an appointment at Chesterfield.

1875 - August - Mr. Bowman from Basford Union appointed Head Nurse. Elizabeth Baker from the General Hospital appointed female Head Nurse.

1877 - June - Edwin Hutchinson appointed Superintendent Nurse, male imbecile Wards. Miss. Dunbar, nurse, dismissed for insulting behaviour.

1877 - August - Local Government Board approved appointment of Nurse Bailey at £25 per year , increased to £30 in July 1880.

1879 - September - Local Government Board sanctioned increase in salary of Mr. Tilley, assistant imbecile nurse from £30 to £35 per year. (84)

Although Nottingham Union moved slowly to improve its nursing standards the Basford and Southwell Unions were behind it in both attitude and implementation. Caplan shows that no paid trained nurse was employed before or in 1870 when the improved workhouse accommodation came into use. There was just one nurse with inmate assistance looking after 60 to 70 patients. In Southwell the situation was somewhat better but it was not until June 1869 that a full time but 'unqualified' nurse was employed. (85)

The Lancet Commission found in 1865 a big variation between the

Metropolitan Unions in the progress made to improve nursing standards. Some of the Unions were well in advance of Nottingham and some behind as the following summary shows: (86)

St. Marylebone Infirmary - 14 trained and paid female nurses for the sick wards. But night nursing entrusted to paupers.

St. Pancras Infirmary - 16 paid nurses with combined annual salaries of £340. But night nursing committed to pauper nurses.

Clerkenwell Infirmary - 1 paid nurse.

Greenwich Infirmary - No paid nurses but for the insane. 26 pauper nurses aged 30 to 75 years.

Strand Infirmary - No paid nurses. 22 pauper nurses and 22 pauper helpers.

Islington Infirmary - Pauper nurses only paid 1 shilling to 1s.6d, per week.

St. Giles and St. George Infirmary, Bloomsbury - 1 paid nurse, 63 years old, paid £20 per year. She supervised 14 pauper assistants/helpers.

The absence of skilled nursing in the country referred to by Hodgkinson earlier also applied to the General Hospital. Jacob describes the state of nursing there from 1782 to 1832 and later from 1832 to 1882. It was not until the appointment as Matron of Mrs. Pedgrift in 1869 that a major reform in nursing in the Hospital took place. She had been trained in the Nightingale School, had much experience and set about training the nurses under her. Her successor Miss. Gregory from St. George's in London carried on the good work from 1871. Such was the progress that in 1872 the Board set up a Nursing School to 'not only keep a supply of nurses for its own wants but be able to send out well trained women, who are so greatly needed, into other spheres of public and private nursing'. (87) The Hospital's nursing reforms were there for the Union Guardians to see, to follow in a modest way and from time to time to benefit from as a source of recruitment.

The inadequacies of nurse staffing levels within the Workhouse were highlighted in 1889 by the Medical Officer's report. There were '13 wards containing 131 patients who were nursed by only one paid officer whilst three of the wards were a considerable distance from the main block'. There were also '63 male

imbeciles looked after by two attendants. In the female hospital there were 114 patients who were attended by one nurse who also had charge of the lying in room where they had an average of 80 labour cases a year. There were 69 female imbeciles who had two attendants'. The Medical Officer proposed appointing an additional nurse for night duty on the male and female sides. The Board agreed to advertise for a male and female nurse at £30 and £20 respectively plus residence and board in the workhouse. (88)

The Guardians' review of the nursing situation in early 1897 compared the patient/nurse ratio in that year with 1890. On 1st. January of the latter year there were 10 nurses male and female, and 787 inmates of whom 287 were on the Medical Officer's books. There were also old and infirm people. This gave an average of 32 inmates per nurse. In January 1897 there were 1,061 inmates and 484 sick. There were 16 nurses of whom two took night duty. Thus the average number of patients for each was 34 1/2. (89)

1897 was an important year in that in August the Local Government Board issued an instruction for Unions to do away with pauper nursing help. In Nottingham, to ensure an adequate supply of nurses, the Board decided to appoint probationers to serve a term of three years. The House Committee recommended appointing 12 probationers at an annual starting salary of £10 rising to £15 over three years plus board and residence. It was likely to cost £500 to £600 per year but the Guardians thought it would turn the Workhouse Hospital into the Municipal Hospital and put the city on a par with places like Birmingham. In policy terms this was a major step forward. Shortly afterwards Nurse Dwight was appointed Superintendent Nurse at £40 per year rising to £50 in the third year. All the probationers were appointed by 1 December. (90)

By 1900 the Union's patient/nurse ratio had improved. A report from a Local Government Board Inspector showed ratios for the North Midlands (Notts., Derbyshire, Leicestershire and Lincolnshire). In the previous year there had been 2,590 sick persons and 149 nurses, which gave an average of 17 patients per nurse. In the Nottingham Union there were 495 sick 'excluding imbeciles and epileptics', and 30 nurses, an average of 17 per nurse. In the Leicester Union, next in size, there were 306 sick and 18 nurses, an average of 17 per nurse. (91)

The Union's policy continued to be to fill nursing posts with its own probationers. The Guardians were pleased to compare nursing numbers in 1901 with those in 1881: (92)

	Nurses	Probationers
1881	8	none
1901	17	18

A year later Dr. Ashwell's proposed nursing establishment for the new Infirmary at Bagthorpe was agreed by the Local Government Board. Total staff was to be 54: 1 day Superintendent and 1 Assistant day Superintendent with charge of the nurses' home, 1 night Superintendent, 8 charge nurses, 26 staff nurses, 10 probationers, 2 relief nurses, 2 midwives in the lying in ward, 1 charge nurse and 2 probationers for children. The Nurses' Home built at the Infirmary could house 60. Salary information is scant in the last few years of the study period. It is known however that in 1905 the annual salary of the Superintendent for male imbeciles was increased from £45 to £50, and that in 1907 charge nurses were being recruited at £30 rising to £35 per year over three years.

It was not just nursing provision in the Workhouse Infirmary that greatly improved over time as shown. A major step forward in providing nursing care in the community was made in 1892 when the Local Government Board issued a General Order to all Boards of Guardians authorising the appointment of District Nurses and prescribing regulations for these appointments. In 1894 the Local Government Board agreed to Nottingham Guardians subscribing £60 per year to the Notts. Nursing Institution for their services. From 1896 this subscription and the service provided became a permanent feature of out-patient care in the Union. In 1899 the subscription was increased to £80 per year. In the past year the District nurses had performed 5,369 visits. (94)

The Poor Law system is often maligned for its harshness and lack of humanity. Within the Nottingham Union there is much evidence at times of appalling living conditions and ill treatment, but this must be set against the everyday norms of the time. There is also considerable evidence, on the contrary, of a philanthropic desire to care for the indigent, sick, geriatric and handicapped. This is illustrated by the annual subscriptions which the Guardians made to

charities which could treat Union patients in specialised ways which the Union was not equipped to do. As early as 1838 an annual subscription of 5 guineas was paid to the General Hospital for the treatment of seriously ill patients, mainly surgical cases, which the Union Medical Officers did not have the skill to treat. £5 : 10 : 6 was also subscribed to the School for the Blind in Liverpool, again for the treatment or training that could not be given in the Union. (95) Probably the best overall picture of the range of the Union's subscriptions and the areas where they sought help for patients is to be found in the subscription list reviewed and agreed by the Guardians in March 1908. (96)

Charitable Institution	£.	s.	d.
Nottingham Nursing Association	80		
Bulwell Nursing Association	10		
Nottingham General Hospital	21		
Nottingham General Dispensary	10	10	
Nottingham and Midland Eye Infirmary	5	5	
Midland Institute for the Blind	21		
N.S.P.C.C.	10	10	
Nottingham Children's Hospital	21		
Southwell House	25		
Devonshire House, Buxton [convalescence]	10	10	
Nottingham Convalescent Homes	21		
Nottingham Association for befriending poor girls in service	3	3	
Total	£238	18	0

In addition to the above in October of the same year the Guardians intended, subject to Local Government Board approval, to subscribe £60 per year to the Nottingham and Notts. Association for the Prevention of Consumption, although they were proposing to increase the accommodation for consumptives at Bagthorpe at the time.

To conclude, this chapter demonstrates the breadth of healthcare aspects the Nottingham Union was involved in and the major contribution it made to the care of the pauper sick, handicapped and geriatric. The growth in Medical Officer staffing levels followed the population growth and the extension of the town's boundaries. A salient aspect of the care provided was that it was not just confined to the sick wards of the Workhouse but reached out into the care of the pauper sick

in their homes through a growing network of District Medical Officers. The Union not only catered for the needs of the physically sick but made a major contribution to the care of lunatics and imbeciles in the community, even having some measure of supervision of its dangerous lunatics in Asylums. Because there are no records of the patients' attitudes and views of the medical treatment and care received, apart from occasional scandals which reached the press or the central Poor Law authority, there is little valid measure of the quality of the healthcare provided. It can be said, however, that in Nottingham most of the time a genuine effort was made to provide a good standard of care judged by the norms of the day. Religious and philanthropic influences were strong in Nottingham so that healthcare was not provided solely in the interests of maximising economy in the interests of rate payers. This was reflected in the Guardians' efforts to employ qualified Medical Officers and to pay them at a higher level than in many Unions in the country, and to retain them for as long as possible to enhance continuity of care. The Guardians' insistence on the Medical Officers dedicating their services exclusively to the Union and on the Union funding drugs, was also done for the patients' benefit. There is little doubt that the Medical Officers were always over-worked as is seen from their duties, the numbers of patients they had to visit and treat, as well as the paper work they had to complete. Many were involved in the additional duties of vaccination to combat the recurring small pox threat. This gave them extra remuneration, as did on a lesser scale midwifery cases and operations, but it also added considerably to the overwhelming workload. The Guardians also provided a Dispenser service. It would appear that this was competently staffed but that the workload was often over abundant in terms of volume of prescriptions to be dispensed as well as the drudgery of form filling . It is not possible to judge the quality or efficiency of the drugs provided but it would appear from the evidence surviving that, whereas the Guardians made great efforts to control drug costs, they sought to buy valid unadulterated drugs.

Where nursing is concerned, until the changes catalysed by Florence Nightingale, Nottingham like other Unions employed untrained pauper nurses, usually in insufficient numbers related to the number of patients. The Guardians were slow to change to paid and trained nurses compared to some of the more

progressive Unions in London or to the progress taking place in the Nottingham General Hospital. From the 1880s they caught up, improved the patient/nurse ratio, paid reasonable salaries compared to most other Unions, and from 1897 secured an adequate supply of nurses through their own probationer recruitment and training. The subscriptions the Union made to a range of specialist charities demonstrate a concern to provide care for specific needs which they could not meet from their own resources. This chapter has also shown how the Corporation took over responsibility for providing isolation hospitals for patients with certain contagious diseases. The facilities built at Bagthorpe were a forerunner of the New Workhouse, and Infirmary built adjacently. The latter in its accommodation, staffing, provision for treatment and care, both at Bagthorpe and in the community Districts, foreshadowed the beginnings of a state healthcare service under Lloyd George.

REFERENCES

1. NR 1843 17 Feb.

2. NR 1843 7 April.

   Hodgkinson, Ruth G. *The Origins of the National Health Service. The Medical Services of the New Poor Law 1834 - 1871.* (London: Wellcome Historical Medical Library, 1967) pp.14-15. Hodgkinson describes the widespread opposition to the General Medical Order on a range of grounds and that in 1843 between 20 and 30 Unions achieved exemption from the Order.

3. NJ 1858 1 Jan; 15 Jan.

4. NJ 1861 23 March; 26 April; 3 May; 10 May.

5. NJ 1863 2 Jan.

6. NJ 1876 11 Oct; 25 Oct.

   NOT 3 L44 NOT BK No. 81699, pp.4 - 6; 1876 21 Mar. Report of Special Medical Relief Committee appointed to enquire into the system of Medical presented to the Guardians. This is the full report and the seven recommendations made. In addition to the points referred to in the text, emphasis was placed upon each Medical Officer residing in his District and on the post of the Workhouse Medical Officer being made permanent.

7. NJ 1879 19 March

   NOT 3 L44 NOT BK No. 81699, p.3. District Medical Officers' return to the Board of Guardians for the week before 3 June 1879. This is a similar set of figures to those shown in the text for the week in March.

8. NJ 1879 11 June

   NJ 1880 14 Jan; 18 Feb; 17 March.

9. NJ 1886 17 Feb.

   NDG 1894 24 Jan.

   NDG 1897 1 Dec.

10. NDG 1897 1 Dec.

    NDG 1898 26 Jan; 9 March.

    NUA PUO 1/1/41 Agenda for Board of Guardians 23 August 1898.

    Attached to this are the Medical Officers' weekly returns for the six

Districts and the workhouse giving similar patient data to that shown in the text for earlier years such as 1886.

11. NDE 1901 20 Feb., NDE 1902 5 Nov.

NUA PUO 1/1/8. Abstract of Accounts year ending Lady Day 1902 - confirms the number of District and Workhouse Medical Officers.

NUA PUO 1/1/16. Abstract of Accounts year ending 31 March 1915. This is the first reference in the surviving archives to an increase to 9 Medical Districts although the change may well have taken place earlier.

12. NUA PUO 1/1/42. Agenda for Board of Guardians 17 December 1901. Data attached to Agenda.

13. STM PR 19435. St. Mary's Vestry Book. Vestry Meeting Minutes 1834, 4 December.

14. General Medical Order 1842. Art. 3 - Qualifications.

NR 1843 10 March.

15. NR 1844 26 Jan; 9 Feb; 16 June; 23 Aug. In the same year Mr. Martin was appointed as Medical Officer on condition that he obtained a certificate from the Society of Apothecaries in London to support his diploma from the Royal College of Surgeons. In spite of patient exhortations he failed to do this and was dismissed in August.

16. NR 1842 4 March

NUA PUO 2/1/1. Admission and Discharge Book, 1 Nov. 1856 - 11 Dec. 1858. This lists the reason for admission of each person; diseases and the incapacities caused by old age predominate.

17. NR 1844 8 March.

NUA PUO 2/2/1. Register of Deaths in Nottingham Workhouse. This gives an even more detailed breakdown of those who died in 1851 and 1852. Age, sex and cause of death are given. Diseases of old age predominate. The inadequacies of scientific diagnosis are evident.

18. NJ 1853 1 March.

19. NUA PUO 2/8/1. Lady Day Quarter 1899 Workhouse Medical Relief Book. This details the five Dietaries at that time: Ordinary House Diet, Half Ordinary House Diet, Full Diet, Low Diet and Fever Diet.

20. NJ 1866 28 Sept. When Wheatcroft made his case he had already been funding an assistant for six months out of his own pocket.
NJ 1867 4 Jan.

21. See Chapter 8, Poor Law - Patients and Accommodation, ref.74.

22. Hodgkinson, Ruth G. *op.cit.* pp.183 - 184. Details of Ashley's Act.
NJ 1845 29 August. There is no information on how many of the 58 persons examined were removed to an asylum.

23. NJ 1849 13 April; 27 July; 14 Sept.

24. NJ 1849 9 Nov; 7 Dec. Poor Law Board letter.
NJ 1851 23 May. This arose during the Union Lunatic Committee debate as to whether they should establish a Union Asylum licensed for 100 lunatics, but which they rejected because of the high cost including the appointment of a dedicated resident Medical Officer.
NJ 1854 6 Jan.

25. NR 1844 28 June - Jalland's Report to the Board.

26. NJ 1847 9 April
NJ 1849 20 July.

27. NJ 1850 25 Jan; 24 May.

28. Nottingham Date Book 1799, 25 March.
NJ 1799 25 March. Advertisements for the inoculation service were placed in the *Nottingham Journal* and the *Derby Mercury*.

29. NJ 1805 14 Nov. Mr. Carlton assisted by Dr. Clarke carried out most of the work. Mr. Calvert succeeded Carlton in 1812. It was an uphill task to persuade parents to have their children inoculated. Money was paid to the Overseers of the Poor if they gave information and assistance. By 26 December 1805, 152 persons had been inoculated.
NJ 1808 10 Sept. The Directors of the Vaccine Institute reported 'that the small pox has not become epidemic for upwards of three years in this populous town although it has and does in most of the adjoining Parishes'.
NJ 1809 25 Nov. The Annual Report of the Vaccine Institute showed the following results for the past year:

...

'General Statement of Practice of Vaccination.

2493 satisfactory or perfect vaccination
147 blank or did not take
73 under progress of vaccination
2713 total inoculated for Cow-Pox'.

NJ 1811 6 July.

NJ 1812 29 Feb. The satisfactory or perfect vaccinations in the past year had risen to 3,018.

30. NJ 1813 20 Feb; 31 July.

31. NJ 1813 31 July.

NJ 1814 2 July. A typical St. Mary's advertisement was 'Children of the poor of the Town and neighbourhood, which ever parish may be vaccinated gratis every Monday and Tuesday between 9 and 12 p.m. by attending at the Dispensary of St. Mary's workhouse'.

32. NJ 1815 8 April. St. Mary's Medical Report.

NR 1825 18 Feb. A leading article addressed the prevalence and fatality of smallpox and attacked the prejudices against vaccination. It pointed out that free vaccination without a recommendation was available at both the General Hospital and St. Mary's Dispensary. It urged, without success, that the Vaccine Institute should be re-established.

NR 1829 27 March.

33. Hodgkinson, Ruth G., *op.cit.*, pp.28 - 31, 298 - 299. Hodgkinson gives an excellent description of the various Vaccination Acts up to 1871 and their implications for the Poor Law Unions and their Medical Officers.

34. NJ 1840 10 April; 2 Oct.

35. NR 1842 10 June; 23 Sept.

NR 1843 26 May.

36. NR 1843 18 Aug.

37. Hodgkinson, Ruth G., *op.cit.*, p.126 describes the national supply shortfall.

NR 1844 5 July.

38. NDG 1896 8, 15 Jan.

39. Hodgkinson, Ruth G., *op.cit.*, pp.298 - 299.

40. NJ 1868 11 Sept; 16 Oct; 20 Nov.

NJ 1869 2 April; 6 Aug.

NJ 1870 28 Jan; 18 Feb; 18 March. The Board debated whether to pay the Prosecutor 3d. or 4d. a case.

NJ 1870 14 April; 30 Nov.

NJ 1871 10 Feb.

41. NJ 1872 19, 26 Jan.

42. NJ 1884 18 June.

43. NDG 1889 13 March.

44. Brand, Jeanne L., *Doctors and the State: The British Medical Profession and Government Action in Public Health, 1870 - 1912.* (Baltimore: John Hopkins, 1965) pp.47 - 48. Brand's work gives a good description of the 1871 Vaccination Act making compulsory the appointment of paid vaccination officers in every Poor Law Union. This had been the *status quo* in Nottingham for many years. Brand also describes the national objections to vaccination. On p.49 Brand explains the 1898 Vaccination Act. She states that by 1899 nationally 22.7% of those born two years earlier were still unvaccinated.

NDG 1898 21 Sept; 5 Oct; 7 Dec.

45. NJ 1853 16 Sept.

46. NJ 1860 9 March - proposal to reduce to two districts first made.

NJ 1861 10, 17 May.

47. NJ 1873 12 Dec.

NJ 1874 21 Jan.

NJ 1877 10 Jan.

NJ 1880 14, 28 Jan; 18 Feb; 10, 17 March.

48. NDG 1899 22 March.

NDE 1903 8 April.

NDE 1907 2 Oct.

49. NDG 1890 2 July.

50. NDE 1902 26 Feb.

NDE 1904 15 June.

NDE 1907 29 May.

51. NR 1843 18 Aug.

NJ 1856 29 Aug.

NJ 1870 17 June.

NJ 1876 29 March.

NDG 1887 7 Sept.

NDE 1907 12 June. The figures exclude payments by the Local Government Board and are therefore comparable with the figures in the rest of the table. Fees paid to the different Medical Officers during the eight years were: Dr. Brown Sim £3,493; Dr. Snell £2,324; Dr. Cole £2,486; Dr. Marriott £1,606; Dr. Hill £1,454; Dr. Neilson (6 years) £1,420. This gives a good idea of of the extra earnings which could be made from vaccinations.

52. NJ 1884 20 Aug.

NDG 1892 17 Feb.

NDG 1900 15 Aug.

NDE 1906 22 Aug.

53. Church, Roy A., *Economic and Social Change in a Midland Town. Victorian Nottingham 1815 - 1900.* (London: Frank Cass, 1966) pp.339 - 340.

54. NJ 1871 29 Dec. Richards' report had been discussed at the Board of Guardians' meeting.

55. NJ 1871 10 Nov; 1 Dec; 15 Dec.

56. NJ 1872 2 Feb; 8 March; 26 July.

57. NJ 1874 9 Sept; 21 Oct.

NJ 1875 9 Sept; 21 Oct.

NJ 1881 14 Dec. Smallpox broke out in the workhouse and nine patients were sent to the Garden Hospital. Although there are no details available for an earlier date, at the Guardians' meeting reported in the NDG on 17 Oct. 1888 reference was made to Union smallpox patients being charged £1 per week for maintenance and treatment by the Corporation.

58. NDG 1888 7 Feb; 10 April.

Records of the Borough of Nottingham. Being a series of extracts from the Archives of the Corporation of Nottingham. Vol.IX: 1836 - 1900.

(Nottingham: Forman, 1956).

NDG 1888 5 March; 9 April.

59. NDG 1888 17 Oct.

NDG 1894 2 May.

60. Caplan, M., The Administration of the Poor Law in the Unions of Southwell and Basford 1836-71. Nottingham University Ph.D. thesis, 1967. p.146 'Medical Services in the Union of Southwell'.

pp.367-369 'Medical Services in the Union of Basford'.

61. Thompson, Kathryn M., The Leicester Poor Law Union 1836 - 1871. University of Leicester Ph.D. thesis, 1988.

62. Bécherand, André, The Poor and the English Poor Laws in the Loughborough Union of Parishes, 1837 - 1860. University of Nancy, Ph.D. thesis, 1972.

63. *The Lancet Sanitary Commission for Investigating the State of the Infirmaries of Workhouses. Reports of the Commissioners on Metropolitan Infirmaries.* (London: The Lancet, 1866) pp.29 - 32, p.74, p. 83, p. 139, pp.145 - 146.

64. PLCAR 1846 12th.Report p.12.

65. NR 1844 23 Aug.

NJ 1856 4 Jan.

NDG 1892 12 Oct. Dr. Burkoll was awarded a retirement allowance of £80 per year.

66. NJ 1822 28 June.

NR 1825 27 May.

NR 1831 11 Feb.

SO/HO/1/6/2 General Lunatic Asylum Nottingham Annual Reports 1852 - 1855. The 1855 Report shows that Stiff was appointed in April 1855 to take over from the disgraced T. C. Morrison.

SO/MO/1/3/4 General Lunatic Asylum Nottingham House Committee Minutes 1846-1855.

Stiff was appointed at £200 per year plus board and lodgings which compares to £120 a year he was paid as a Union Medical Officer.

NJ 1863 14 Aug.

NJ 1865 8 Dec.

NJ 1882 22 Nov.

NDG 1898 26 Jan.

NDE 1902 1 Jan.

67. NUA PUO 1/3/11 1837. 5 Jan. Minute refers to the appointment of a Dispenser at £60 per year so 'that the Medical Officers were enabled to give more time to the visiting and medical treatment of the sick'.

NJ 1839 20 Dec.

NR 1841 28 May.

NR 1844 8 March.

68. NJ 1854 6 Jan.

NJ 1856 4 June; 18 June.

NJ 1861 27 Sept; 11 Oct.

NJ 1867 26 July; 9 Aug.

NJ 1868 27 March.

69. NJ 1869 22 Jan; 29 Jan; 12 Feb.

NJ 1870 9 Dec.

NJ 1878 23 Jan.

70. NJ 1885 16 Dec.

NDG 1887 19 Oct.

NDG 1890 9 July; 1 Oct.

NDG 1895 4 Dec.

71. NDG 1894 28 Nov.

NDG 1895 13 March. The Local Government Board reduced the Guardians' recommendation of £72 per year superannuation.

NUA PUO 1/1/1 Board of Guardians Minutes 1894 11 Dec.

NDE 1902 8 Oct.

NDE 1903 11 March.

72. NJ 1863 19 June

NJ 1815 8 April.

73. NR 1842 18 Nov.

74. NJ 1856 25 Jan; 1, 8, 29 Feb; 20 March.

NJ 1846 Quarterly Druggist appointments for the year by way of example were as follows:

Palethorpe, Carrington Street.

Messrs. Brothers and Williams.

Wilcockson and Son, Carlton Street.

Bass, Lower Parliament Street.

The contract system was naturally disliked by the local Druggists who from time to time proposed its abandonment, *e.g.* Druggist Palethorpe in 1861 (NJ 1861 20 Dec.). In 1894 the Board debated whether to revert to supply at current wholesale prices but decided to maintain the contract system. (NUA PUO1/1/1 Board of Guardians Minutes 1894 11 Sept.).

75. NJ 1863 27 March.

76. NJ 1870 2, 9 Dec.

77. NDE 8 June.

78. Hodgkinson, Ruth G., *op.cit.*, p.169, pp.286-8, pp.556-74.

79. NJ 1868 3 Jan; 7 Feb.

80. NJ 1851 24, 31 Jan.

NJ 1853 16 Dec.

81. White, Rosemary, *Social Change and the development of the Nursing Profession . A study of the Poor Law Nursing Service 1848 - 1948.* (London: Henry Kimpton, 1978) pp. 23 - 27. White details the duties of nurses in Poor Law infirmaries as issued by the Poor Law Board. In 1850 there were 248 paid nurses in England and Wales. The total salary bill was £3,451. The average annual salary for a paid nurse was £14 plus board and lodging.

82. White, Rosemary, *ibid.*, p.31, p. 35.

NJ 1860 22 June.

NJ 1867 21 Feb.

NJ 1868 7, 21 Feb.

83. NJ 1870 14 Jan.

84. NJ 1870 9, 16 Dec.

NJ 1871 6 Jan.

NJ 1872 10 May.

NJ 1873 16 May.

NJ 1875 25 Aug.

NJ 1877 27 June; 8 Aug.

NJ 1879 10 Sept.

NJ 1880 21 July.

85. Caplan, M., *op.cit.*, pp.430 - 431, p.166.

86. *The Lancet Sanitary Commission ..., op.cit.,* pp.45, 66, 70, 82-83, 103-104, 136-139, 144.

87. Jacob, Frank H., *A History of the General Hospital near Nottingham,* (Bristol: Wright and Sons, 1951), pp.68 - 71, pp.133 - 143.

Uhg. R18 1860 - 1881. 88th., 1869 - 1870; 90th., 1871 - 1872.

88. NDG 1889 3 Apr.

89. NDG 1897 11 Feb.

90. NDG 1897 25 Aug; 8 Sept. (Ordinary nurses were being appointed at this time at £30 to £35 per year); 1 Dec.

91. NDG 1900 30 May.

92. NDE 1901 20 Feb.

93. NDE 1902 26 Mar; 23 April.

NDE 1903 18 March.

NDE 1905 22 Feb.

NDE 1907 29 May.

94. LGB AR 22nd. Annual Report. The General Order authorising District Nurses was dated 23 Jan, 1892.

White, Rosemary, *op.cit.*, p.76.

NDG 1892 10 Feb.

NDG 1894 10, 31 Jan.

NDG 1896 29 April.

NDG 1899 22 March.

95. NUA PUO 1/11/1 Nottingham Union Ledger 1838-40. 1838 23 June.

96. NUA PUO 1/1/2 Board of Guardians Minutes 1908. 17 March.

NDE 1908 28 Oct.

Chapter 10 - Poor Law - Pauper/Patient Costs.

This chapter presents an attempt to arrive at a measure of patient costs under the Poor Law system. A distinction will be drawn between the costs of treating the physically ill, feeble and geriatric paupers inside and outside the workhouse, and the mentally ill paupers treated in asylums and in the workhouse. An effort will also be made to draw cost comparisons with some other Unions and with the national situation. Lastly, although there are difficulties in the comparability of the data, an attempt will be made to obtain a measure of the Nottingham Union's pauper/patient costs related to the in- and out-patient costs of the General Hospital and of the Dispensary.

As indicated in earlier chapters, the Poor Law system was set up, developed and modified over time to make some social provision for the indigent unemployed and also for the pauper mentally and physically sick, deserted women and widows with dependents, orphans and substantial numbers of impoverished people too old and debile to care for themselves. It was not established with the prime purpose of providing healthcare. It is not surprising therefore that workhouse accounts before 1834 and Union accounts after the Poor Law Amendment Act of that year do not create a separation of costs between able and fit paupers and the sick and geriatric. The format of the Union accounts was determined by the central bodies so that similarly the nationally consolidated figures of the Poor Law Commissioners, the Poor Law Board and the Local Government Board do not differentiate costs of sick and geriatric patients from those of other paupers. It has been shown in the previous chapters on the Poor Law system that over time, and it was certainly the case in Nottingham, the population cared for by the Union was increasingly dominated by those requiring some form of healthcare. In this sense it can be argued that there was an increasing convergence between the costs of maintaining paupers overall and those applying to the pauper sick and geriatric. Although total pauper costs cannot be equated with the costs of paupers requiring healthcare provision, the figures can be used with caution to give an order of magnitude when comparing the patient costs of the General Hospital and Dispensary.

In the earlier discussions of the General Hospital and Dispensary patient costs the allocation of fixed and variable overheads has always posed difficulty and the surviving records are short on explication of the accounting conventions used. The difficulty is even greater when trying to analyse the practices applied in the Nottingham Union reporting of indoor and outdoor pauper costs. Turning to indoor relief, the costs per head per week reported sporadically in the archives mostly comprehend only 'food, clothing and necessaries' and no allocation of other overheads. This leads to a gross understatement of total cost. This situation is best illustrated by considering the breakdown of the Nottingham Union accounts for the year 27 March 1842 to 28 March 1843. (1)

	1st.Qtr.	2nd.Qtr.	3rd.Qtr.	4th.Qtr.	Whole Year
No.of outdoor paupers	4147	3833	3587	3211	
No.of indoor paupers	533	750	893	801	
Total	4680	4583	4480	4012	
Out Relief	£	£	£	£	£
Inmoney	1999	1670	1523	1444	
In kind	1138	1108	829	751	
	3137	2778	2352	2195	10462
Indoor Relief					
Provisions	961	1270	1456	1070	
Bedding & Clothing	183	462	506	268	
Fuel	112	97	122	166	
Misc.	76	176	97	154	
Rent of Workhouse	300	300	300	300	
	1632	2305	2481	1958	8376
Establishment					
Salaries	316	316	316	316	
Rents	146	113	40	40	
Printing etc.	75	34	18	47	
Asylum	243	225	238	253	
Drugs	19	47	20	32	
Interments	18	28	55	94	
Registrations	41	42	52	47	
Vaccinations	13	7	15	8	
Law	-	184	28	73	
	871	996	782	910	3559
Total	5642	6078	5615	5063	22397

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From these figures it is possible to calculate two very different indoor relief costs per head per week. If for indoor relief we take the food, clothing and necessaries shown in the section from 'Provisions' to 'Rent of Workhouse' totalling £8,376 for the year, the weekly figure is 4s. 4d. If, however, the Establishment expenses totalling £3,559 are also included, which of course include Medical Officer salaries and drugs, the weekly figure rises to 6s. 2d. which is the fully absorbed cost.

A similar relationship is seen in a report on workhouse costs in February 1845 when the Guardians were still grumbling that the workhouse test and the construction and running of a large workhouse were uneconomic compared to outdoor relief. They stated that the cost of each person relieved at home was about 1s. 2d. per week, and that indoor relief cost more than three times that at 3s. 6d. per week and on to this should be added the Establishment charge of 3s. 8d. per week. (2) The accounts for the year 18 March 1845 to 18 March 1846 showed that indoor relief without Establishment charges was 2s. 9d. per head per week, but when Establishment charges were included this became 4s. 6 1/4d. per head per week. (3) The pattern was similar for the accounting year ending March 1849 when indoor relief without establishment charges was reported as 2s. 6d. per head per week and with the inclusion of 'salaries and common charges' 4s. 0 1/2d. per head per week. (4) Later in the same year when the Board were discussing the cost of maintenance of indoor paupers it was reported that the weekly cost per head was around 2s. 4 1/4d. for food and 4 1/2d. for clothing, totalling around 2s. 9d., but Guardians such as Hawkridge believed that the fully costed expense of indoor relief lay between 4s. and 5s. (5) These examples show that the fully absorbed cost of indoor relief ranged from around 40% to over 60% and even around 100% more than the figure often shown relating only to 'food, clothing and necessaries'. This will be taken into account in the comparisons made later.

Where outdoor relief costs are concerned these were commonly composed of two elements as shown in the Nottingham Union accounts for 1842 - 1843 above: a money dole and a contribution in kind such as bread, sugar or meat. (6) Although the Nottingham Guardians accepted to some degree the giving in kind they much preferred to give money only. This produced conflict with the Poor Law Board in

1852 when the Poor Law Board issued orders in a letter from Assistant Secretary W. G. Lumley, suggesting that one third of outdoor relief be given in kind. The local Guardians argued that this removed their discretion in the administration of outdoor relief especially regarding people put on short time or out of work by slack trade. They were not impressed by the fact that certain Metropolitan Unions were doing it. For them it did not necessarily save over cash relief on its own because of the difficulties of administration and the increased reporting of each case demanded by the Poor Law Board. They agreed to the giving of some bread but nothing more in kind. (7)

Although the recipients of outdoor relief were not just the destitute but increasingly included the physically and mentally sick and the geriatrics who received the visits of the Union District Medical Officers and the drugs they prescribed, the outdoor relief costs did not normally include an allocation of the fixed (Establishment) and variable costs applying to the workhouse, which created a wide difference between the indoor and outdoor costs reported by the Union. Appendix X (page 357) demonstrates that for much of the period from the implementation of the 1834 Poor Law Amendment Act to the 1870s the cost of outdoor relief per head for the Nottingham Union was under 1s. 6d. per week. Thereafter there was a gradual rise until the end of the century. Beyond that the outdoor relief costs gradually rose beyond 2s. per week towards the 3s. level. This situation is mirrored in the national 'Average weekly dole per outdoor pauper' figures collated by Karel Williams and in the national outdoor relief costs figures shown in Appendix X for 1901 to 1911. (8) The average weekly cost per head outdoor relief figures for Basford Union from 1846 to 1871 are somewhat lower than those for Nottingham as they start around 1s. 3d. rising gradually to around 1s. 6d. towards 1871. The comparable Southwell Union figures tend on the other hand to be rather higher than for Nottingham. In 1846 they start at over 1s. 8d., rise to around 2s. by 1856, and continue at this level or a little over until 1871. It is likely that the costs components were similar to those for Nottingham although this is not certain from the text. (9)

Following a survey organised by the Nottingham Union data was collated for the 24th. week of the Michaelmas half year for 1868 and 1878 on a number of

aspects of pauper relief. Where outdoor relief was concerned this showed that the average cost per head per week for the 22 Unions specified ranged in 1868 from 1s. 1 1/2d. to 1s. 10 1/4d. and in 1878 from 1s. 3 1/4d. to 1s. 10 1/2d. The range for the local Unions shown was as follows: (10)

	Nottingham	Derby	Leicester	Sheffield
1868	1s. 5d.	1s. 10 1/4d.	1s. 10 1/2d.	1s. 8d.
1878	1s. 10d.	1s. 9 3/4d.	1s. 10 3/4d.	1s. 6 1/2d.

In sum, the Nottingham outdoor relief costs were similar to those of other Unions in the region and to the average costs throughout most of England and Wales.

Indoor relief costs are more difficult to compare between Unions because of the shortcomings of the data, whether this is an absence of sufficient data, or whether because when there is data it is rarely clear which overheads were costed in or not. Looking at Appendix X it is not valid to compare the Nottingham Union indoor and outdoor cost data with that shown for Southwell and Basford Unions or for England and Wales. The Caplan data appears to have been taken from the Annual Reports of the Poor Law Commissioners and the Poor Law Board. There is no separation of indoor and outdoor costs. It is likely that the data is cost per pauper (excluding expenditure out of loans) calculated on the mean numbers of paupers and the total expenditure on relief as described, for example, in the Local Government Board's 36th. Annual Report, 1908 - 1907, p.404. Furthermore it is unlikely from their magnitude that these cost figures include a full share of overheads. It is not until the 36th. Annual Report that the Local Government Board shows a breakdown between indoor and outdoor relief figures for 1901 onwards. Such a breakdown continues to the end of the study period. Even then the costs need to be treated with caution , for example , they exclude expenditure out of loans and as the 36th. Annual Report states (*inter alia)* 'from 20.7 to 23.1 per cent of total expenditure on relief during the years mentioned in the table [1901 - 1906] is not divisible between "indoor relief" and "outdoor relief".' Nevertheless, as explained in the notes to Table 45 on p. 403, most overheads are now taken into the

cost figures: maintenance of lunatics in County and Borough Asylums and Licensed Houses; salaries and superannuation allowances of Union Officers; loan charges (principal repaid and interest); buildings, repairs, furniture, rent, rates, taxes and insurance; salaries of Medical Officers and other medical purposes.

It is possible to make a reasonably valid comparison from 1901 between the indoor costs of the Nottingham Union and those for England and Wales excluding London shown in Appendix X. It has been argued earlier that the Nottingham indoor costs shown are understated by 40 to 60 and even 100% if establishment costs are fully absorbed. When these percentages are applied to the Nottingham indoor cost figures in Appendix X it can be concluded that the Nottingham costs, with the occasional exception, as in 1903 and 1904 when the new Institution at Bagthorpe was coming into operation, were lower than the national indoor cost figures reported in the Annual Reports of the Local Government Board in the study period. It would appear from this that the management vigilance of the Guardians in controlling costs matched in effectiveness the management controls exercised by the General Hospital and Dispensary.

Patient costs for the General Hospital, and the Dispensary have been discussed in earlier chapters and a comparison of the cost figures made in Appendix VI (page 345). Appendix XI (page 361) is an attempt to compare Nottingham Union patient costs with those of the other two institutions for a selection of years where there is adequate data for the Union. There are a number of shortcomings to the data which make a precise comparison difficult. As discussed earlier in this chapter, the Union did not report patient costs separately but the case has been argued for the proximity and convergence of pauper and patient costs as the Poor Law system dealt predominantly with the sick, feeble and aged. The General Hospital in-patient costs are fully absorbed costs. To make the comparison with the Union indoor costs as valid as possible two levels of fixed overheads, 40% and 100%, have been added to the indoor costs shown in Appendix X. These are shown on separate lines for each year. Also for comparative purposes the in-patient costs for the General Hospital in Appendix VI have been recalculated to show average weekly cost. Lastly, where outdoor/out-patient costs are concerned the comparison

cannot be totally accurate as the Union figure is per week, the General Hospital figure average cost per patient, and the Dispensary cost is per patient. However, the order of magnitude in the comparison is likely to be valid.

The comparative data shows clearly that throughout the whole period from 1837 to 1911 the indoor costs of the Union were considerably less that the in-patient costs of the General Hospital. This even applies to 1903 and beyond when the new Bagthorpe Workhouse/Infirmary came into operation. This salient difference is not surprising from what is known of the high overheads of the General Hospital and its continuous building extension programme. Furthermore it became the élite public healthcare institution in Nottingham, so it invested in the newest equipment to keep abreast of developments in medical science and patient treatment which was expensive, as was the growth in the employment of professional medical, technical and nursing staff.

Where outdoor/out-patient costs are concerned there are some differences but not dramatic differences between the three institutions. On the whole the Union costs were the lowest but this may be attributed to the lack of allocation of Establishment charges to the outdoor relief weekly cost figures. The General Hospital out-patient cost figures for the years shown tend to be lower than the Dispensary figures. It is not clear from the surviving archives how the General Hospital allocated overheads but it would appear that fixed costs were only allocated to the in-patient costs which, as with the Union, favoured the outdoor/out-patient cost figures. Furthermore, because the Dispensary did not have facilities for in-patients the whole of its overheads are included in the cost per patient figures shown.

The cost comparison in Appendix XI and its analysis therefore show no surprises. The figures reflect the differences in the structures and methods of functioning of the three institutions. The accounts of each were known publicly and were open to scrutiny and comparison by those who managed the institutions, the ratepayers and those who supported financially the two charities. The tight management of all three organisations is reflected in their comparative costs.

(page 350) detail the numbers of imbeciles looked after in the workhouse, those cared for on an outdoor basis and the violent and seriously disturbed lunatics of the Union in the care of lunatic asylums. The cost of maintenance of these large numbers of patients was always a contentious issue. The Guardians argued that the cost of maintenance in asylums was at least double that of maintenance within the workhouse. Although lunatics were transferred to the Sneinton Asylum from its opening in 1812 no patient weekly cost figures show in the Union's surviving records until 1843, a year after the Lunacy Act which established inspections of workhouses and asylums by Commissioners in Lunacy. This created a considerable extra pressure on Guardians to transfer violent mental cases to asylums, and led to an appreciable increase in cost exacerbating the Guardians' concern over asylum charges.

In the first quarter of 1843 the Union was paying 9s. per week to the Asylum or £900 over twelve months. The Guardians' remonstrations led in June to a reduction to 8s. per week, but 1s. 6d. more was paid by the town rate making the cost per patient 9s. 6d. per week. In 1847 although the charge was still 8s. per week the quantum paid by the Union over twelve months amounted to £1,200 rising to £1,500 in 1849, and the Guardians were pressing again to take some lunatics back into the house to reduce costs. (11) By November the asylum increased its charge to 9s. 6d. per week in comparison to a workhouse cost for pauper lunatics of 2s. 11d. per week claimed by the Guardians. The figures quoted in this way by the Guardians were usually without Establishment costs included. But even if the quoted figures are increased by 40% or doubled the difference compared to asylum charges is considerable and gives understanding to the Guardians' continuous complaint; for example in 1850 the Board Chairman, Rev. W. J. Butler was claiming that the workhouse cost was half that of the asylum. Three years later with 19 lunatics in the Mickleover asylum and 44 in the Nottingham one, the total annual cost was £1,350. The Guardians claimed that they could save £800 if these lunatics could all be maintained in the Union house. (12)

To analyse the organisation, management and validity of the costs of the Nottingham Asylum is outside the bounds of this study. Nevertheless comparative data produced in the Report of the Lunacy Commissioners for the Midland Counties

in 1860 shows that the Nottingham Asylum's weekly maintenance cost per person was in line and even somewhat lower than other regional asylums : (13)

County and Borough Asylum, Sneinton	8s. 13/4d.
Derby	9s. 5d.
Leicester	8s. 91/2d.
Lincoln	8s. 73/4d.

By 1864 the Nottingham Asylum cost was reduced to 7s. 9d. per week. The annual cost for the Union's mentally ill then stood at £1,850 : 8 : 2. By mid 1866, however, the weekly charge had risen to 8s. 6d. compared to the average weekly cost of an imbecile in the workhouse of 3s. 7d. per week. It is again necessary to apply the earlier qualification to the marginal nature of this claimed workhouse cost. Nevertheless the substantial differential between the asylum and workhouse maintenance costs remained. (14) In subsequent years the Asylum weekly costs continued to rise: 9s. 3d. in early January 1869 reducing to 9s. in the same month, then to 9s. 6d. in 1874, 10s. in 1878 and 11s. in 1879. But the charge was higher in some other asylums; for example in May 1874 , Mickleover in Derbyshire was charging 14s. per week and from March 1877 to March 1878 the Nottingham Union was paying 14s. 8d. per week for each of its 85 lunatics sent to the Leicester Asylum. In 1879 the 50 to 60 patients in the Leicester Asylum still cost 14s. 8d. per week but no alternative to the full Sneinton Asylum could then be found. The shortage of local asylum accommodation was not relieved until the town opened the new Mapperley Asylum in 1880 at a cost per week of 12s. compared to the then 11s. per week at Sneinton and 14s. 8d. at Leicester. (15)

A 'Return of Lunatics' made to the Nottingham Board of Guardians at the end of January 1883 gives an excellent overview of the numbers, location and costs of the mentally ill chargeable to the Union on 1 January that year. Both numbers of patients and the costs involved in maintaining them are substantial: (16)

...

				Per Year		
In Asylums	£	s.	d.	£	s.	d.
273 @ 12s. per week each (Mapperley)	8517	12	0			
2 @ 14s. " " " "	72	16	0			
1 @ 21s. " " " "	54	12	0			
				8645	0	0
Imbeciles in the Workhouse						
131 males and females @ 7s. per week each				2384	4	0
[It is not possible to know the proportion of overheads included in this figure. It may be a fully absorbed cost]						
Imbeciles receiving outdoor relief						
182 who received during the quarter ended						
Christmas 1882 £23 : 10 : 0 per week	1222	0	0			
Medical fees for visits	91	0	0			
Total				1313	0	0
				12342	4	0

The new Borough Asylum weekly charge gradually dropped to 11s. 3d. in 1884 and to 10s. 9d. in 1887. The 'Return of Lunatics' made to the Nottingham Board of Guardians giving the situation on 1 January 1888 shows how, compared to the 1883 situation, the Asylum cost per week had reduced, other weekly costs were stable but that patient numbers and therefore quantum costs had increased. (17)

	Per year		
In Asylums	£	s.	d.
338 @ 10s. 9d per week each (Mapperley)			
1 @ £1 : 1 : 0 " " (Fiskerton House)			
	9501	14	0
Imbeciles in the Workhouse			
157 males and females @ 7s. 0 1/4d. per week each	2865	5	0
[same qualification as in 1883]			
Imbeciles receiving outdoor relief			
187 @ 3s. . 3 1/2d. per week each	1607	11	4
Total	13974	10	4

Of the above the Government paid 4s. per head for lunatics in asylums which

amounted to £3,000 a year. This grant had been available from 1872. The in house and outdoor maintenance costs per head were virtually the same in the 1892 report. From 1 April of the same year the Borough Asylum reduced its charge to 10s. 3d. per week. (17)

By 1901, 20% of the Union's income was being spent on the maintenance of the mentally ill. An expenditure report prepared for the Local Government Board for the year ending 25 March 1905 showed an annual increase in the amount spent on maintenance of lunatics from £17,770 to £18,435. By this time the City Asylum at Mapperley had reduced its weekly charge per head to 10s. (18)

The Lunacy Return to the Local Government Board showing the overall situation at the beginning of 1907 provides a comparison with the information above for 1883 and 1888. Again we see a stability in costs per head but a growth in asylum and workhouse patient numbers and consequently total costs. (19)

	Per Year		
In City Asylum	£	s.	d.
743 @ 10s. per week each	19318	0	0
Imbeciles in Bagthorpe imbecile wards			
273 @ 7s. per week each	4313	0	0
Imbeciles receiving Outdoor relief			
112 @ 4s. per head each	1164	0	0
Total	24795	0	0

The Government allowance continued to be 4s. per week for lunatics in asylums. Between 1898 and 1907 (year ending Lady Day) the number of Union lunatics maintained in asylums had risen from 557 to 744 (33%); total maintenance cost had risen from £14,181 to £19,469 (37%) and the expense of certifying and removing lunatics from £407 to £476 (17%). (20) Beyond 1908 there are no further data of significance on lunacy costs in the surviving records. It is likely that the above trends and cost relationships would be continued to the end of the study period.

The costs of maintaining harmless imbeciles in the workhouse and in the domiciliary situation were similar to those of maintaining the pauper sick and geriatric discussed earlier in this chapter and illustrated in Appendices X and XI. The great subject of contention was the level of maintenance cost which had to be

paid to lunatic asylums. This was at minimum a third more than the cost of maintaining imbeciles within the workhouse. The Union could not escape the charges because the Commissioners in Lunacy legally obliged dangerous or seriously deranged mental patients to be transferred to asylums for specialist care. Even so, the Nottingham Union benefited from the local asylums, first Sneinton and from 1880 Mapperley, having the lowest costs in the region. The maintenance of pauper mentally ill was a major burden upon the ratepayer. As demonstrated, the number of patients was substantial, the global costs considerable often accounting for around 20% of total income. The Guardians made every effort to keep costs to the minimum by retaining as many imbeciles as possible within the workhouse and by striving continuously to negotiate the local asylum costs downward and to avoid transferring patients to more expensive asylums outside Nottingham.

REFERENCES

1. NR 1843 26 May.

2. NJ 1845 14 Feb.

3. NJ 1846 10 April.

4. NJ 1849 23 March.

5. NJ 1849 8 June.

6. Hodgkinson, Ruth G., *The Origins of the National Health Service. The Medical Services of the New Poor Law 1834 - 1871.* (London: Wellcome Historical Medical Library, 1967), pp.37-38. Hodgkinson cites an example from the Eccleshall Union in Yorkshire in 1842 of a combination of money and bread given to the sick on a graded scale:

Relief of sick persons - Minutes of the Eccleshall Board of Guardians.

1842 - per week.

Single man	1s. 6d. plus 2 loaves
Man and wife	
when man only sick	2s. 6d. plus 3 loaves
with 1 child	3s. plus 4 loaves
with 2 children	3s. 6d. plus 5 loaves
with 3 children	4s. plus 6 loaves
with 4 children	4s. 6d. plus 7 loaves
with 5 children	5s. plus 8 loaves
with 6 children	5s. 6d. plus 9 loaves

7. NJ 1852 24 Sept., 8 Oct., 19 Nov.

NOT 3 L44 NOT BKNo. 81699 p.3.

In spite of their protests in principle the Nottingham Guardians were still giving some relief in bread as well as cash as shown by a Board Minute of 11 July 1861:

Scale of relief to be given for the summer months.

Man with wife and 2 children						per week	3s. and 20 lbs. bread.
"	"	"	"	3	"	"	3s. 6d. and 24 lbs. bread.
"	"	"	"	4	"	"	4s. and 28 lbs. bread.
"	"	"	"	5	" and upwards	"	4s. and 32 lbs. bread.

8. Williams, Karel, *From Pauperism to Poverty* (London: Routledge & Kegan Paul,1981) pp.169-171, Table 4.6 Expenditure 1840-1930.

9. Caplan, M., The Administration of the Poor Law in the Unions of Southwell and Basford 1836 - 71. Nottingham University Ph.D. thesis, 1967. Appendix S : Basford Union - Outdoor Relief. pp.505-510.
Appendix F: Southwell Union Outdoor Relief. pp.213-218.

10. NOT 3 L44 NOT BK No.81699. 'The number of persons receiving Outdoor Relief, the total amount of relief granted, and the cost per head...'

11. NR 1843 12 May, 30 June.
NJ 1847 16 April.
NJ 1849 3 Aug.

12. NJ 1849 23 Nov.
NJ 1850 5 July. At this time the Nottingham Asylum was still charging 9s. 6d. per week.
NJ 1853 3 June.

13. NJ 1860 13 July. The cost figure reflects the change which took place in 1859 when all private patients in the Sneinton Asylum transferred to the new Coppice Hospital and the Sneinton Asylum became 'The County and Borough of Nottingham Lunatic Asylum'.

14. NJ 1864 14 Aug.
NJ 1866 1 June, 8 June.

15. NJ 1869 29 Jan.
NJ 1874 20 May.
NJ 1878 25 March.
NJ 1879 26 Feb.
NJ 1881 23 March. Although the union between the County and Borough was dissolved in 1873 it was not until 1880 that the new Borough Asylum at Mapperley was opened, when the County retained wholly for its own use the Sneinton Asylum. Only in 1902 did the purpose-built Saxondale Asylum replace the Sneinton one.

16. NJ 1883 31 Jan.

17. NJ 1884 29 Feb.
NJ 1887 23 Feb.
NDG 1888 1 Feb.

NDG 1892 3 Feb.

NDG 1892 27 April.

18. NDE 1901 20 Feb.

NDE 1905 18 Oct.

19. NDE 1907 6 Feb.

20. NUA PUI/1/2 Board of Guardians' Minutes 1908 18 Feb.

Chapter 11 - Conclusion.

The main substance of the thesis is an exploration of the rôle of the General Hospital, the General Dispensary and the Poor Law system in Nottingham in order to analyse and compare the nature of the public healthcare provision each offered, to identify the way in which they complemented one another, and the extent to which they provided comprehensive cover of the healthcare requirements of the sick poor and the pauper sick and geriatric in Nottingham. This is set against a background of change from an agricultural to an increasingly industrial and urban society with continuously escalating population growth.

The uniqueness of the thesis rests in the comparison made between the three forms of public healthcare provided in an important urban centre, investigating in depth the different patient universes, the medical officers and dispensers employed, in-patient, out-patient and home visiting provision, patient numbers and costs and the finances of the General Hospital and General Dispensary. The study period is also of a length to cover the change from a mainly rural to urban, industrial society, so that the development and trends in public medical provision can be seen up to the time of Lloyd George's state intervention into public healthcare. Numerical quantification is an important part of the study where figures of reasonable validity exist. Numerous studies of voluntary hospitals have been made but they tend to be light on the areas of trend and quantification covered by this study. Little work has so far been done on public Dispensaries and on healthcare under the Poor Law system to cover in detail and with some numerical measurement over time the topics addressed in this thesis.

Deering's description of Nottingham in 1750 was of a market town and service centre to the agrarian region around it, but as described earlier, from 1780 to the end of the century it witnessed a boom in cotton spinning and the hosiery industry with machine made lace developing as a major industry in the early 1800s, to continue, with fluctuations in trade, as one of the most important power and factory based industries of the town. In the 1880s new industries developed:

Boots (pharmaceuticals and retail chemist shops), Raleigh (cycles), and Players (tobacco).

Rapid population growth was linked to the town's industrial and urban development. This is described in Chapter 3 - Patient Numbers and Costs, and illustrated by the figures in Table 1 (page 47) for the population growth of the Town and separately for the County including the Town, which was in the early years the catchment area for the General Hospital. Related to the national situation in 1801 the town of Nottingham was the thirteenth, by 1851 the twelfth, and by 1911 the ninth most populous town in England. (1) The growth of Nottingham Town alone does not give a true picture of population growth, as little expansion of the town could take place until the 1845 Nottingham Enclosure Act , so that much of the industrial development took place in the adjacent villages of Radford, Lenton, Sneinton, Basford and Bulwell. It has been shown that when the population figures for these villages are also taken into account, in the first two decades of the nineteenth century population growth was between 20% and 23%, rising to 43% in the 1820s, matching the growth of major industrial towns like Manchester, Birmingham and Sheffield. (2) The Mitchell and Deane statistics which take into account the Nottingham boundary extensions of 1877 show that by 1911 Nottingham's population had grown nearly ninefold since 1801, which was similar to other major towns such as Liverpool, Manchester and Sheffield, and a little in excess of Birmingham, Leeds and Newcastle. (3)

The refusal of the Nottingham Burgesses to allow the enclosure of the common lands led to intense overcrowding, until the 1835 Municipal Reform Act prompted the reform of the Corporation which in turn opened the way for the Nottingham Enclosure Act of 1845. Chambers showed that 'even the old unreformed Corporation undertook a survey of the town soon after the outbreak of cholera in 1832 in which it found that Nottingham had a greater density of population than any place in the kingdom'. (4) In 1844 Assistant Commissioner J. R. Martin reporting on the sanitary condition of Nottingham found the 'worst overcrowding in the land'. In one area there were 4,000 inhabitants within a space of 220 yards. He went on to describe conditions in Nottingham as 'so very bad as

hardly to be surpassed in misery by anything to be found within the entire range of our manufacturing cities'. (5) The mortality rate in Nottingham was 2.8% compared to the average for England of 2.2%. The Commissioners' First Report had shown that the average life span of males was 20.5 years, and of females 23.9 years. (6) Living conditions only improved gradually after the Enclosure Act of 1845 and as new living accommodation was built over the subsequent twenty years. (7)

As mentioned in the Introduction, although there is considerable material within the General Hospital archive, from Annual Reports and Weekly and Monthly Board Minutes, to Dr. Manson's Out Patient Book 1829 - 31, the General Dispensary Annual Reports and Committee Minutes , and the Nottingham Union archives, as well as local press reports, on the classification of diseases, causes, incidence, cure rates and mortality, this area of study has not been addressed for the reasons given. However, it is worth stating against the background of Nottingham's industrial development, that the institutional records just referred to and the Children's Employment Commission Reports for 1843 and 1865 - 67, do not reveal any specific occupational diseases such as that for instance which was encountered in the handling of phosphorus in the manufacture of matches. There was a wide range of agricultural and industrial accidents, a large number of hernias resulting from heavy manual work, deformities from children working in confined spaces, poor eyesight from close working in poor light especially in textile related work, pulmonary disease from airborne small particles whether in hosiery or lace production procedures or from coal mining, and a very high incidence of phthisis. But all these conditions were to be found throughout manufacture and mining in other industrial regions and not just in Nottingham.

Before turning to the three institutions which provided public healthcare in Nottingham, it is important to emphasise that the General Hospital and Dispensary focussed exclusively upon the medical needs of the sick poor who were not destitute but who were too poor to go to private doctors or to purchase from apothecaries or chemists, to buy patent medicines or quack remedies, or to afford contributions to a Friendly Society or Sick Club. The Poor Law system was the last

resort for the indigent geriatric or physically and mentally sick. Those people in the community with sufficient funds patronised the private physicians and surgeons, many of whom over time offered their services gratuitously as Honorary medical staff to the General Hospital, Dispensary and sometimes to the Poor Law system. As an example, the diary of Abigail Gawthern contains many references to the home visiting, the normal practice, of eminent physicians such as Snowden White, John Storer, Charles Pennington and the surgeon John Attenborrow. The wealthy could buy the attentions of the best qualified and reputed medical practitioners of the day. (8) Those with sufficient money could also buy services and medicines from apothecaries, chemists and druggists. These as well as physicians and surgeons are enumerated by Chapman for the period 1641 to 1874, giving some measure of the private resources available in Nottingham . (9) The purchase of alternative medicines, whether 'home remedies' , quack formulations or patent medicines was widespread, as exemplified by the popularity of John Wesley's *Primitive Physic,* the mass of patent medicine advertisements in the local press and local handbooks, the influence of the Thomsonians in the field of herbalism on Jesse Boot's father as well as the local public through the *Botanic Guide to Health,* and the development of Boots the Chemist to become a national network of retail chemist outlets selling over the counter as well as prescription medicines. (10) Friendly Societies provided an important rôle in the provision of medical care for members and often hired the services of a medical practitioner. In Nottingham some Societies became subscribers to the General Hospital and Dispensary in order to obtain recommendations for some members, which was a way of circumventing these bodies' definitions of eligible patients. O'Neill has shown how between 1724 and 1913, 1,271 Friendly Societies were established in the County and Town of Nottingham. She also gives information on the medical care provided by many Societies. (11) But one had to have sufficient income to afford contributions. As Gosden has shown for the national situation, it was mainly artisans who belonged to the Friendly Societies. (12) There were, therefore, a wide range of medical resources available to those with sufficient income to pay.

The foundation of Nottingham General Hospital was part of a national

movement to establish voluntary hospitals to provide healthcare for the non-destitute sick poor who could not afford to pay privately for the services of a medical practitioner or for medicines. By 1782 when the General Hospital first received patients, the need in Nottingham had become especially great due to population growth and the intensification of industrialisation and urbanisation with the development of the main local industries of hosiery and lace. Like other voluntary hospitals the Nottingham General focussed upon serious acute, short term patients, and its Rules excluded those suffering from chronic long term and terminal diseases as well as those afflicted with infectious disease. The selection of the patient universe was largely determined by the Hospital's capacity, in that throughout the study period it was the only institution to provide beds and in-patient care for the sick poor. In this respect it offered an important advance in public healthcare in the local community. There was a continuous struggle to increase bed capacity to match growth in demand and much management effort was devoted, mostly with success, to reduce the average patient stay rate in order to maximise bed utilisation. In spite of the exclusion policy declared in the Rules and the later transfer of responsibility for the control of fever patients to the Corporation, the General Hospital continued to maintain a modest involvement in the treatment of infectious disease. It did however in 1842, resulting from the pressures of social stigma, drop the treatment of venereal diseases. As well as its treatment of patients in house the Hospital, within the limitations of its exclusion list, did treat ever increasing numbers of out-patients and industrial, agricultural and domestic accident victims. This also was a major contribution to the healthcare of the sick poor.

The General Hospital had three main shortcomings in the comprehensiveness of its coverage of the needs of the sick poor: its exclusions left large numbers of sick poor without treatment; its resources were insufficient to meet the rapid escalation in out-patient numbers, even those who qualified for treatment within the Rules; it had no organisation for home visiting so that any qualifying patient who was too sick or immobile to reach the Hospital premises failed to be treated. This was to a greater or lesser degree the situation applying to voluntary

hospitals throughout the country, and the Dispensary movement was a response to remedy the shortcomings in patient coverage. This was certainly the situation in Nottingham, where in 1831 the General Dispensary was set up to supplement and complement the activities of the General Hospital. The Dispensary throughout its existence had no beds and treated no patients in house. The ambulatory sick poor came to the Dispensary for diagnosis and treatment by its Honorary Physicians and Surgeons and permanent Resident Surgeon, and for drugs dispensed by its Dispenser. A massive benefit it offered to those incapable of reaching the Dispensary premises was home visiting by the Resident Surgeon. Over time, as patient numbers grew and Nottingham's boundaries were extended, Assistants or additional Resident Surgeons were engaged to cope with the increased home visiting demands. As well as expanding its staff to meet growing patient numbers, the Dispensary tried to reduce recommendation periods which had something in parallel with the Hospital's efforts to reduce in-patient stay time. It also extended and improved its surgery and dispensary facilities in Broad Street. The establishment of the Hyson Green Branch and the extended patient reach this provided was a major expansion of the Dispensary's care of the sick poor. In contrast to the General Hospital the Dispensary had no patient exclusions. It treated those with chronic disease, the incurable, the geriatric and the terminally ill. It provided healthcare for those with all types of infectious disease ranging from those afflicted by the periodic outbreaks of cholera and small pox in Nottingham, to those with typhoid, typhus, measles, whooping cough, venereal diseases and pulmonary diseases such as tuberculosis. Large numbers of accident patients were also treated by the Dispensary's staff at its surgery or at home depending upon gravity. Substantial numbers of dental cases were also dealt with. Lastly, it was left to the Dispensary to treat at home those who qualified for treatment at the General Hospital but who were physically incapable of reaching its doors.

Neither the General Hospital nor the Dispensary offered healthcare to the pauper sick. Until the foundation of these institutions the only healthcare available to all categories of those unable to afford private medicine was through the Poor Law system. After the General Hospital opened for the treatment of the

sick poor in 1782 the Poor Law system provided healthcare solely for the destitute sick and geriatric. Chapter 8 describes the types of patients and accommodation made by the three Nottingham parishes before the 1834 Poor Law Amendment Act, and by the consolidated Union from its inception in 1836 and subsequent development until 1911. Chapter 9 elaborates on subjects such as the Medical Officers, Dispensers, Vaccination, Nursing and Isolation Hospitals. A number of salient features of patient cover emerge from this. There were no patient exclusions. Under the Poor Law the mentally as well as the physically sick were catered for. Large numbers of imbeciles were cared for within the workhouse and some at home, and the Union funded the treatment of dangerous, seriously disturbed lunatics in Lunatic Asylums. As well as acutely ill paupers the Union treated large numbers of chronically ill patients, the terminally ill and the geriatric. The workhouse was often the place where the destitute came to die. Paupers with infectious diseases were also treated: those with venereal diseases were separated into lock wards and those with fevers into dedicated accommodation, until such time as the Corporation took over responsibility for isolation hospitals and the treatment of fever patients as part of its public health responsibility. Sick vagrants were also taken in. One of the most important aspects of Poor Law healthcare was that, as well as caring for large numbers of patients in the workhouse, substantial numbers were treated at home through the network of the Union's District Medical Officers. Lastly, the Union also had responsibility for the organisation and execution of the vaccination programmes against smallpox, which made a major contribution to controlling this scourge.

From the above analysis of the types of patients each of the three public institutions covered, it can be seen how the General Dispensary and General Hospital complemented one another in meeting the needs of the sick poor. The Poor Law system addressed the needs of the destitute poor, although before 1782 it also cared for those poor who were not necessarily destitute but who could not afford private healthcare. The complementarity of these branches of public healthcare can be seen further and be quantified by the study of patient numbers. Chapter 3 details in- and out-patient numbers for the General Hospital and discusses the

possible relationship to population growth and the incidence of treatable disease. This is illustrated in Figure 1, Patient Numbers and Population (page 50), with year by year in- and out-patient and accident figures shown in Appendix II, General Hospital Patient Numbers (page 322). In Chapter 6 patient numbers for the Dispensary are analysed and discussed; Appendix V, Nottingham Dispensary Patient Numbers (page 342) gives a year by year comparison from 1831 of in- and out-patients treated by the General Hospital with out- and home patients treated by the Dispensary. The outstanding feature of this comparative data is the very large numbers of patients treated by the Dispensary , which not only gives a measure of the magnitude of the healthcare need of the sick poor in the community, but the extent to which the overall need could not be met by the General Hospital alone but was importantly supplemented by the activities of the Dispensary. The patient growth for the Hospital and the Dispensary for the period 1831 to 1911 are also compared on an indexed basis to population growth in Figure 1, Patient Numbers and Population. This shows above all that the patient growth trend related to population growth was very similar for both institutions. Total patient growth for the Dispensary was was even more in excess of population growth than was the case for the General Hospital. This was especially so for the treatment of out-patients, but even home patient growth exceeded that of population growth. This comparative analysis again demonstrates the importance of the two Institutions complementing one another.

In Chapter 8 an attempt is made not only to describe the types of patient treated under the Poor Law system, but to arrive at some quantification of patient as opposed to pauper numbers, taking into account how over time the system became less and less involved in dealing with the able bodied indigent unemployed and more and more occupied with the care and treatment of the destitute sick and geriatric. The text contains a number of analyses of workhouse numbers and breakdowns of the condition and types of paupers. Appendix VIII, Weekly Patient Figures - Examples, (page 350) , gives considerable detail of total inmate numbers, patient numbers in the workhouse and treated within the Medical Districts, and of imbeciles in house and lunatics in Asylums. When the new Bagthorpe Institution

opened in March 1903 it had a total in house capacity of 1,565 (main building 703, infirmary 612 and insane wards 250), and this soon became inadequate. The numbers involved illustrate well the large contribution the Poor Law system made to the healthcare of the destitute sick and geriatric in Nottingham.

Patient costs and their control were of enormous importance to charitable institutions like the General Hospital and the Dispensary, which struggled continuously to control overall expenditure and to procure enough income to at least match expenditure. Chapter 3 analyses and discusses patient costs for the General Hospital with Appendix III (page 336) detailing over time the average cost per in- and out-patient and the average cost per day of each in-patient. Examples are given of the cost reduction exercises undertaken to control costs. Little intelligent comment can be made on the year by year costs as the Annual Reports, Board Minutes, Finance Committee Minutes and Accounts do not contain any commentary on inflation trends or on movements in individual cost elements. However, compared to other voluntary hospitals according to Loudon's data, the 1850 - 51 data, the comparison with the Leicester Royal Infirmary and Burdett's tabulation for 1887 - 89, the Nottingham costs are comfortably within the cost norms of other institutions. The impression is that on the whole patient costs were well managed by the General Hospital.

Chapter 6 contains a discussion of the Dispensary's patient costs with Appendix VI (page 345) devoted to a year by year comparison of General Hospital in- and out-patient costs with patient costs for the Dispensary. It is important to bear in mind in comparing the Dispensary patient costs with the General Hospital out-patient costs, that we do not know from the Hospital accounts whether the out-patient costs are fully absorbed or marginal costs only including drug costs and perhaps some staff expense. The Dispensary figures, moreover, include the cost of home patient visiting and it was always calculated that a home visit cost double that of an out-patient presenting at the Dispensary. What is clear, however, is that the Nottingham Dispensary, as was claimed for Dispensaries nationally and illustrated in the studies of Irvine Loudon, Hilary Marland and Katherine Webb,

was a cost effective way of treating the sick poor in the community. Because of the significance of the cost of drugs in total patient costs, the Dispensary, through its Drug Committee, made much effort to control drug costs. The evidence is that the Dispensary in a parallel way to the General Hospital achieved considerable success in the management of patient costs.

Chapter 10 is devoted to a dissection of pauper/patient costs for the Nottingham Poor Law Union. The Nottingham General Hospital and Dispensary were always under pressure to control patient costs as it had such a direct bearing upon income needs and the attitudes of those who supported the Institution financially. In a similar way the Poor Law Union was under constant ratepayer pressure to control pauper/patient costs. It can be concluded from the cost analysis in Appendix X (page 357) that the Nottingham outdoor relief costs were similar to those of other Unions in the region and to the average costs throughout most of England and Wales. Indoor relief costs are difficult to compare because of the shortcomings of the data , as explained. However, after 1901 the data is broken down in such a way in the Local Government Board Annual Reports for valid comparisons to be made. It can be seen that, apart from 1903 and 1904 when the new Institution at Bagthorpe was coming into operation, up to 1911 the Nottingham Union indoor costs were lower than the national indoor cost figures. It would seem from this that the Guardians' management of costs matched in effectiveness the containment of costs achieved by the General Hospital and Dispensary.

Appendix XI (page 361) is an attempt to compare Nottingham Union patient costs with those of the other two Institutions. With the qualifications made earlier on the comparability of the data, it can be seen that throughout the period 1834 to 1911 the indoor costs of the Union were considerably less than the in-patient costs of the General Hospital. Where outdoor/out-patient costs are concerned, there are modest differences only between the three Institutions. On the whole the Union costs seem to be the lowest, but this is not entirely certain as there may not have been an allocation of Establishment charges to the outdoor relief weekly cost figures. The Union's continuous battle to pay the minimum charges possible for the care of its dangerous lunatics in Asylums and to retain under its own

care the maximum number of imbeciles in the interests of cost containment is worthy of mention. It does illustrate however the economic vigilance exercised by the Guardians.

It could be argued that the Union's control over costs was at the expense of the quality of care provided for inmates and patients. Certainly, where imbeciles were concerned, the attempt to transfer as few as possible to Lunatic Asylums was mainly motivated by cost rather than quality of treatment. An important subject for future research would be to study and compare dietaries between the General Hospital and the Union Workhouse, in the context of changes over time, of measuring nutritional values and of making comparisons with the diet of those living domestically outside the Poor Law system. Where the workhouse was concerned, dietaries were to a considerable extent controlled by the central Poor Law Authority. As commented on above, nursing standards were appallingly low, and the Nottingham Union was certainly slow in moving to professional paid nurses as compared to some of the metropolitan Unions investigated by the Lancet Commission. Although it is not possible to comment validly on the quality of medicine and treatment, on the positive side, the Union did make substantial efforts to recruit good quality medical officers, and to remunerate them well by the norms of the day. Unlike many Unions the Guardians insisted they worked full time for the Union and that drugs and appliances were funded by the Guardians and not out of medical officers' salaries. There was a real concern to provide good quality non-adulterated drugs. The Union did create a network of medical officers to service pauper patients' needs in the various districts of the town, although the heavy case burden inevitably meant that the medical officers were over worked and could devote scant time to each patient.

The ever increasing patient numbers of the General Hospital led to the need to expand accommodation, and medical, dispensary and nursing staff. Drug consumption, clinical and surgical facilities also expanded, not only because of growing patient numbers but because of advances in medical science. This meant that the financing of the Hospital was always a paramount preoccupation.

Appendix IV (page 339) illustrates the growth in expenditure and income and the degree to which a match between the two was achieved. Because of its importance a substantial study has been made of the Hospital's finances in Chapter 4. The Hospital's sources of income divided into two categories: those which provided regular, dependable sums of large income on which financial planning could be based, and those which were not reliable for systematic planning. Donations and legacies, although sometimes making major contributions, came within the latter category, as did the miscellaneous items described in the text. In the former category came annual subscriptions. Great efforts were made to maintain the loyalty of subscribers and to seek new ones. This was always an important source of regular income but did not expand over time to the extent that was achieved by the Leicester Royal Infirmary. On the other hand, compared to Leicester the Nottingham General Hospital had outstanding success in its portfolio management, making dividends and interest a major source of regular income. ' Extraordinary Income' was also regular income in the sense that it was mainly planned and the result of portfolio management initiatives. The Anniversary Collections represented relatively minor regular income. The regular income derived from Hospital Sunday and Hospital Saturday was of such importance that it is probably true to say that without the arrival of these sources of income the Hospital could not have continued to fund its ever escalating expenditure.

The change over time in the relative importance of different sources of income has been analysed and discussed. The levelling out of the funds derived from the churches and chapels and the growing contribution of Hospital Saturday indicate a fundamental change over time in the type of giving , which was also apparent in other voluntary hospitals such as the Leicester Royal Infirmary. Although the secularisation of giving began as more and more income was derived from portfolio management of investment, the major changes took place in the 1870s, with the inception and growth in importance of Hospital Saturday. This swung the balance of giving from a philanthropic aristocracy, gentry and the congregations of churches and chapels, to those involved in industry and commerce organising collections for the provision of healthcare for their employees.

More work needs to be done on the voluntary hospitals and their sources of income, certainly up to 1911, to establish to what degree the secularisation of funding applied to other hospitals as well as to those of Nottingham and Leicester. Recent studies do not provide a clear picture in this direction. Berry's detailed analysis of the finances of the Bristol Infirmary, Devon and Exeter Hospital and Northampton Hospital covers the period from 1715 to 1815 only, so well predates the advent of Hospital Sunday and Hospital Saturday. During the study period subscriptions mainly from 'the propertied society' were the financial mainstay with lesser support from corporate patrons defined as parishes, business firms, partnerships and societies and civic corporations. Legacies though growing in importance over time were of secondary importance. Unlike most voluntary hospitals the Bristol Infirmary occasionally borrowed from local banks. In contrast to Nottingham and Leicester only modest income was derived by the three hospitals from invested capital generating dividends and interest. (13)

Gorsky's work casts more light on the finances of the Bristol Royal Infirmary from 1800 to 1870. Although he does not demonstrate the relationship between the different sources of income he shows that after 1801 income from securities is equal to half that of subscriptions, and that by 1836 this source of income equals that of subscriptions but then declines although remaining of major importance. Again his work terminates before the advent of Hospital Saturday so it is not possible to establish the degree to which the secularisation of funding took place between 1870 and 1911. (14)

Croxson's work which concentrates upon the Middlesex Hospital from 1745 to 1900, probably mainly with the metropolitan hospitals in mind states that the voluntary hospitals primarily received income from subscriptions, donations and legacies, and only a small proportion from investments although the statement is not supported with data. The work also argues that the voluntary hospitals and the dispensaries competed for funds, although this did not seem to inhibit the growth at the same time in patient numbers at the Middlesex Hospital and local dispensaries. In contrast, a strong degree of competition for funding cannot be seen in Nottingham because of the complementary nature of the Hospital and Dispensary

and because of the differences in financial sources. (15)

The nature of the funding of some of the metropolitan hospitals was certainly different to that of many of the provincial voluntary hospitals. Waddington has demonstrated the secular nature of St. Bartholomew's Hospital's income from 1863 to 1895 with earnings from rented property being paramount and dividends earnings and sale of property following on: - (16)

	% of Income		
	1863-65	1870-75	1890-95
Rent	78.1	56.3	75.2
Dividends	10.2	7.9	4.2
Sale of property	-	12.8	4.5

Guy's Hospital showed a somewhat similar picture from 1853 to 1895:-

	% of Income		
	1853-55	1870-75	1890-95
Rent	95.6	95.8	58.2
Dividends	3.8	1.5	4.2
Hospital Sunday	-	-	1.0
Hospital Saturday	-	-	1.2

Apart from dividend earnings a strong trend in secularisation cannot be seen in the German Hospital's funding from 1850 to 1895:-

	% of Income		
	1850-55	1870-75	1890-95
Subscriptions	23.5	13.2	18.0
Donations	37.9	37.4	34.4
Dividends	2.0	13.8	18.6
Hospital Sunday	-	1.9	6.1
Hospital Saturday	-	0.4	1.8

From the studies to date it does not appear that secularised giving represented by Hospital Saturday had the same importance for many of the metropolitan hospitals as it did for hospitals such as Nottingham and Leicester in the provinces. In some cases this was more than compensated by rental income. Secular income from investments as shown by Waddington was often of similar importance to the metropolitan hospitals as it was to the Nottingham and Leicester hospitals. (17)

As exemplified by York, Leeds and Doncaster, the Dispensaries in England, like the voluntary hospitals, struggled to raise income to match increasing expenditure caused mainly by the continuous growth in patient numbers. This growth created an ever increasing burden of drug costs, staffing requirements and building improvements and expansions. The Nottingham General Dispensary conformed to this pattern as can be seen by the expenditure and income figures in Appendix VII (page 347) for each year from 1831 to 1911. The magnitude of expenditure for the Dispensary was much less than for the General Hospital. The in-patient costs of the Hospital created high fixed overheads in the capital cost of buildings, building extensions and running and maintenance costs, and it invested in more sophisticated medical equipment than the Dispensary and had higher staffing costs for nurses and doctors. By far the most important source of income for the Dispensary throughout the study period was subscriptions, and the management made big efforts to sustain subscriber loyalty and to obtain additional subscribers. It demonstrated the widespread support which the Dispensary had from many sectors of the community who were charitably disposed. Subscribers were not only monied individuals but churches and chapels, employers and employees in local industries and commerce, who through their giving as Subscribers obtained recommendation and Governor rights. As with the General Hospital, funds from legacies and donations, though often substantial, represented irregular and unreliable income. Unlike the Hospital, the Dispensary could not have survived without the gifts which often saved it from insolvency. Income from this source also enabled it to fund the expansion of its operations including the improved, expanded premises in Broad Street and the establishment of the Hyson Green Branch. It also provided cash surpluses from time to time which would be invested. Income from dividends and interest became the second most important source of income for the Dispensary. The scale of investments made and the amount earned were considerably less than the equivalents for the General Hospital. As shown there were also differences in the investment portfolio. Although the investments were not managed with the same degree of skill and entrepreneurism as

those for the General Hospital, they were nevertheless sufficiently well managed for this to be a rich source of reliable regular income. Lastly, it is important to highlight that, in contrast to the General Hospital, in the 1860s and 1870s onwards the Dispensary only benefited in a minor way from Hospital Sunday and Hospital Saturday; its earnings from the rent of properties in the Broad Street and Heathcote Street areas of the town often equalled or exceeded those from the two funds.

It is perhaps appropriate here to make the point that General Dispensaries are up to now an under-researched area which limits the amount of information available for making comparisons with the aspects of the Nottingham Dispensary investigated in this thesis. Reference has been made to the work done on the York , Leeds and Doncaster Dispensaries. Some work has also been done on the Western General Dispensary, St. Marylebone. Valuable data is also to be found in Hodgkinson's work. But overall there is a dearth of data which needs to be remedied by future research. (18) A similar situation obtains where healthcare under the Poor Law system is concerned. Apart from Caplan's work on the Basford and Southwell Unions which goes up to 1871, and Hodgkinson's work which also terminates in 1871, little detailed work has been done on healthcare in this area, again limiting comparison with the Nottingham Union. As with the Dispensaries there is great scope for further research.

The Poor Law system was financed by local ratepayers with contributions from central government, as described in the text, towards medical officers' salaries, vaccination programmes and the maintenance of lunatics. It has not been possible to make a study of healthcare financing under the Poor Law system as no clear separation was made between pauper costs and those attributable to the sick and geriatric. No attempt has been made to analyse the finances of the isolation hospitals once the Corporation took over responsibility after 1870 because of the difficulty of dissecting figures. What can be said is that the public funding of care for the pauper physically and mentally sick and the geriatric represented a very important contribution to total public healthcare in the community. The breadth of its provision was continuously expanded in doctor, dispensing and nursing terms, as

well as physical accommodation.

The foundation of the General Hospital and the Dispensary emanated from a high degree of philanthropic concern for the sick poor as well as to make provision in the most cost effective way possible. The good level of efficiency with which each charity was managed through its Boards and Committees reflected these goals. Aristocracy, gentry, religious dignitaries, civic figures all worked together to fund the institutions and all participated in their management as did the leading physicians and surgeons in the community. The same figures often recurred in the running of the two charities whether it was the Duke of Newcastle as President, the banking families of the Smiths and Wrights acting as Vice-Presidents as well as fulfilling a professional rôle as treasurers and bankers, the Rev. George Wilkins, Vicar and Archdeacon of St. Mary's Church, the Rev. Richard Alliott, Minister of the Independent Castle Gate Chapel, Town Clerks and solicitors such as the Enfields , C. H. Clarke the George Street attorney/solicitor, and well known industrial figures such as Samuel Fox the High Street grocer, George Gill the lace thread manufacturer and cotton spinner, and Mayors such as William Wilson, cotton spinner, William Roworth, corn merchant, and Thomas Wakefield, cotton spinner, merchant and colliery owner. Similar figures were also involved in the vestries of the three parishes administering the Poor Law before the 1834 Amendment Act. In 1837 when the new Union was established they feature as Guardians. In fact most of the twelve Guardians elected from St. Mary's and the six each from St. Peter's and St. Nicholas' read as a list of leading businessmen in the community. (19) It is not surprising that those deeply involved in the running of the two charities and in the administration of the Nottingham Union were also involved in the local Corporation. One of the reasons for the efficient management of the local institutions was the high level of involvement of local business people and the expertise which they brought. It must be remembered that they were involved in management at a time when there was a surge in the collection and application of statistics and comparative data as exemplified by the work of William Farr and Henry Burdett and the data collected, recorded and used by the Poor Law Commissioners, Poor Law Board and Local Government Board, as

well as advances in accountancy. But on top of this, Nottingham was a highly religious, committed town. Not only was Anglicanism strong but the town could be described as a 'hot bed' of nonconformity. The strength of churches and chapels is shown (with qualifications) for 1833, 1851 and 1881 by Beckett and Tolley and by Weller. (20) The enormous support received from Hospital Sunday is testimony to the strength of moral feeling in the Town. It was seen as a godly duty to care for the poor and this was mainly done with conscientious dedication.

There was also a high level of commitment from the medical staff of all the institutions concerned with public healthcare. The patient numbers analysed for each demonstrate the huge case loads each doctor struggled to cope with. As an example, the Medical Committee of the General Hospital reported to the Governors for the year ending 31 December 1909 that during the year '2,909 In Patients were admitted with a daily average of 205. 17,209 Out Patients were admitted being a daily average of 225.5. The total number of Out-Patient attendances was 69,451. 2,749 operations have been performed, with a mortality of 2.8 per cent.' It has been seen how the Dispensary's House Surgeons' work doubled between 1832 and 1863, in the latter year attending often 70 or so out- and home patients daily. The Dispensary itself was open from 9 a.m. to 10 p.m. except for Sunday. The Union Medical Officer John Wheatcroft explained in September 1866 how every morning he had 80 cases to prescribe for the Dispensary, and how he made on average 50 home visits a day with many administrative duties in addition. There were from time to time complaints of patient neglect, patients not called upon soon enough, the odd doctor dismissed for inebriation, but these were exceptions; conscientiousness was the norm. A considerable field for further research would be to attempt to assess the quality of medicine both clinical and surgical during the study period, studying such topics as changes in nosology, diagnosis, drug and surgical therapy.

Conditions of accommodation especially in the workhouse were often squalid and insanitary and overcrowded, as shown by Henry Hancock's Report of 1842 and by the earlier Visiting Guardians' Report of November 1837 when the Union was formed. (21) This has to be considered however against the background

of the application of the 'less eligibility' policy and its incompatibility with unemployment caused by trade fluctuations, and be related to the level of domestic accommodation at the time as revealed for instance in the Royal Commission Reports into the State of Large Towns and Populous Districts. As in the rest of the country , nursing was in a primitive state until the revolution in the quality of nursing in the late 1860s. The General Hospital rapidly participated in this revolution following the appointment of Mrs. Pedgrift in 1869, but as described, the Union took much longer to employ professional trained nurses.

Before closing, further mention needs to be made of the subject of diet. As indicated in the Introduction, the question of diet in the General Hospital, the Workhouse and Asylums and in the home has not been addressed in this thesis. This is a major subject worthy of further research in its own right. The debate between Szreter, who contended that improvements in nutrition were a major factor in reducing mortality amongst the working class, and McKeown, who argued that public health reforms were the prime reason for the decline in death rate, indicates the depth of contention that exists. (22) Turning to Nottingham in particular, a limited number of dietaries survive for the General Hospital and the Nottingham Workhouse. Material does not however exist to give continuous data for study. Similarly Amos in her work on food and health in Nottingham in the nineteenth century struggled to find enough valid data on food and drink consumed in the home over her study period. (23) Therefore apart from the specialist task of analysing nutritional values, there are difficulties in finding sufficient substantial data for comparative purposes in Nottingham, let alone trying to make broader comparisons with the national situation.

Hodgkinson has written extensively about the origins of the National Health Service being within the medical services of the New Poor Law. This can be seen in Nottingham with the provision funded by the ratepayers to care for the indigent physically and mentally sick and the geriatric, as well as compulsory vaccination against smallpox. The provisions, with all their shortcomings, were not confined to the workhouse but reached out into the community. The new Workhouse and Infirmary opened at Bagthorpe in 1903 was the forerunner of the

Nottingham City Hospital. These services represented a gradual move towards the state provision of public healthcare furnished in the 1911 National Insurance Act. But other elements in the origins of the National Health Service are to be found in the General Hospital and the General Dispensary which catered for the sick poor. The in- and out-patient care of the former with its growing clinical, surgical and nursing expertise in step with the evolution of medical science led to the General Hospital being a ready made component of the future National Health Service and a companion to the City Hospital. The Dispensary's out-patient care and home visiting foreshadowed the primary care later offered by 'Panel' doctors and General Practitioners under the later State medical services. The increased secularisation of funding over time for the Hospital and Dispensary together with the ratepayers' accustomed funding of the Poor Law services paved the way for eventual State intervention in medical care.

During the study period particularly it has been demonstrated to what extent the healthcare needs of the sick poor, pauper sick and geriatric were met by the three Institutions in Nottingham. The study has also revealed the directions in which greater knowledge would improve understanding of how public healthcare needs were to be satisfied on a wider basis. More studies need to be made of voluntary hospital patient coverage and costs and of hospital finances to supplement the not inconsiderable data that already exists. The major deficiency in the knowledge of medical services is in the case of General Dispensaries and the Poor Law system. Here there is a great need for studies of specific dispensaries and Poor Law Unions. Finally there is the question of the quality of clinical and surgical care which remains to be evaluated, fraught though such a subject is with imposing difficulties because of the changing state of knowledge, discoveries, skills and technical equipment over time.

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Appendix I - The Spread of Voluntary Hospitals in England in the Eighteenth Century.

a). LONDON	date of opening
Westminster Hospital	1720
Guy's Hospital	1724
St. George's Hospital	1733
London Hospital	1740
Middlesex Hospital	1745
b) PROVINCES	
Winchester County Hospital	1736
Bristol Royal Infirmary	1737
York County Hospital	1740
Royal Devon and Exeter Hospital	1741
Bath General Hospital	1742
Northampton General Hospital	1743
Worcester Royal Infirmary	1746
Royal Salop Infirmary	1747
Liverpool Royal Infirmary	1749
Royal Victoria Infirmary, Newcastle	1751
Manchester Royal Infirmary	1752
Gloucester Royal Infirmary	1755
Chester Infirmary	1755
Addenbrook's Hospital, Cambridge	1766
Salisbury County Hospital	1766
Staffordshire County Hospital	1766
General Infirmary, Leeds	1767
Lincoln County Hospital	1769
Radcliffe Infirmary, Oxford	1770
Norfolk and Norwich Hospital	1771
Leicester Royal Infirmary	1771
Hereford General Infirmary	1776

Birmingham General Hospital	1779
Nottingham General Hospital	1782
Hull Royal Infirmary	1782
Bath City Infirmary	1792
Kent and Canterbury Hospital	1793
Sheffield Royal Infirmary	1797

Sources: Woodward, John, *To Do the Sick No Harm. A Study of the British Voluntary Hospital System to 1875.* (London:Routledge & Kegan Paul, 1974), Appendix I, table.

Dainton, Courtney, *The Story of England's Hospitals,* (London:Museum Press, 1961), p.88.

Appendix II - Nottingham General Hospital Patient Numbers.

Source: Uhg R1 (1782 - 1842)

Patient Numbers 1782 - 1830 include out-patients made in-patients and *vice versa*.

Year	In	Out	Total	Accidents
19 Sept.1782 - 25 Mar.1783	111	227	338	15
25 Mar.1783 - 25 Mar.1784				
patients remaining on books 25 Mar.1783	29	90	119	
admitted since	279	458	737	
	303	548	856	24
1784 -1785				
remaining	51	125	176	
admitted since	329	433	762	
	380	558	938	36
1785 - 1786				
remaining	51	106	157	
admitted since	323	578	901	
	374	684	1058	76
1786 - 1787				
remaining	50	168	218	
admitted since	340	641	981	
	390	809	1199	76
1787 - 1788				
remaining	52	164	216	
admitted since	369	531	900	
	421	695	1116	74
1788 - 1789				
remaining	54	154	208	
admitted since	350	507	857	
	404	661	1065	67
1789 - 1790				
remaining	57	173	230	
admitted since	315	533	848	
	372	706	1078	63

	In	Out	Total	Accidents
1790 - 1791				
remaining	50	173	228	
admitted since	329	551	880	
	379	724	1108	54
1791 - 1792				
remaining	59	241	300	
admitted since	320	539	859	
	379	780	1159	72
1792 - 1793				
remaining	58	224	282	
admitted since	319	524	843	
	377	748	1125	110
1793 - 1794				
remaining	51	252	303	
admitted since	353	701	1054	
	404	953	1357	93
1794 - 1795				
remaining	55	284	339	
admitted since	325	826	1151	
	380	1110	1490	91
1795 - 1796				
remaining	58	306	364	
admitted since	369	874	1243	
	427	1180	1607	72
1796 - 1797				
remaining	58	313	371	
admitted since	362	858	1220	
	420	1171	1591	97
1797 - 1798				
remaining	58	474	532	
admitted since	310	812	1122	
	368	1286	1654	62

	In	Out	Total	Accidents
1798 - 1799				
remaining	56	320	376	
admitted since	299	882	1181	
	355	1202	1557	50
1799 - 1800				
remaining	58	332	390	
admitted since	302	899	1201	
	360	1231	1591	69
1800 - 1801				
remaining	58	389	447	
admitted since	407	1222	1629	
	465	1611	2076	115
1801 - 1802				
remaining	54	393	447	
admitted since	371	1278	1649	
	425	1671	2096	151
1802 - 1803				
remaining	55	386	441	
admitted since	368	1171	1539	
	423	1557	1980	184
1803 - 1804				
remaining	59	355	414	
admitted since	323	1187	1510	
	382	1542	1924	159
1804 - 1805				
remaining	54	338	392	
admitted since	354	1152	1506	
	408	1490	1898	149
1805 - 1806				
remaining	52	366	418	
admitted since	323	1280	1603	
	375	1646	2021	174

	In	Out	Total	Accidents
1806 - 1807				
remaining	50	408	458	
admitted since	307	1268	1575	
	357	1676	2033	171
1807 - 1808				
remaining	58	431	489	
admitted since	314	1127	1441	
	372	1558	1930	140
1808 - 1809				
remaining	57	419	476	
admitted since	366	1058	1424	
	423	1477	1900	149
1809 - 1810				
remaining	45	322	367	
admitted since	361	1120	1481	
	406	1442	1848	118
1810 - 1811				
remaining	49	359	408	
admitted since	303	1064	1367	
	352	1423	1775	114
1811 - 1812				
remaining	48	271	319	
admitted since	360	1140	1500	
	408	1411	1819	179
1812 - 1813				
remaining	55	311	366	
admitted since	331	1215	1546	
	386	1526	1912	204
1813 - 1814				
remaining	56	342	398	
admitted since	323	931	1254	
	379	1273	1652	141

	In	Out	Total	Accidents
1814 - 1815				
remaining	40	350	390	
admitted since	324	970	1294	
	364	1320	1684	169
1815 - 1816				
remaining	45	373	418	
admitted since	369	1065	1434	
	414	1438	1852	174
1816 - 1817				
remaining	58	392	450	
admitted since	398	1274	1672	
	456	1666	2122	215
1817 - 1818				
remaining	54	509	563	
admitted since	433	1340	1773	
	487	1849	2336	214
1818 - 1819				
remaining	61	504	565	
admitted since	492	1291	1783	
	553	1795	2348	187
1819 - 1820				
remaining	62	513	575	
admitted since	428	1314	1742	
	490	1827	2317	151
1820 - 1821				
remaining	62	534	596	
admitted since	427	1286	1713	
	489	1820	2309	161
1821 - 1822				
remaining	60	530	590	
admitted since	390	1149	1539	
	450	1679	2129	181

	In	Out	Total	Accidents
1822 - 1823				
remaining	58	475	533	
admitted since	402	939	1341	
	460	1414	1874	175
1823 - 1824				
remaining	53	401	454	
admitted since	376	1030	1406	
	429	1431	1860	145
1824 - 1825				
remaining	44	376	420	
admitted since	417	901	1318	
	461	1277	1738	160
1825 - 1826				
remaining	50	316	366	
admitted since	432	1172	1604	
	482	1488	1970	320
1826 - 1827				
remaining	60	488	548	
admitted since	411	1495	1906	
	471	1983	2454	341
1827 - 1828				
remaining	66	448	514	
admitted since	463	1565	2028	
	529	2013	2542	360
1828 - 1829				
remaining	60	542	602	
admitted since	475	1630	2105	
	535	2172	2707	337
1829 - 1830				
remaining	80	669	749	
admitted since	447	1766	2213	
	527	2435	2962	359

	In	Out	Total	Accidents
1830 - 1831 [From this date data given on In/Out Patient Conversions. Grand Total numbers used in Tables and Figures]				
remaining	87	659	746	
admitted since	451	2192	2643	
	538	2851	3389	608
Out-patients made In-patients	150	-	150	
In-patients made Out-patients	-	256	256	
Grand Total	688	3107	3795	
1831 - 1832				
remaining	92	593	685	
admitted since	534	1560	2094	
	626	2153	2779	506
Out made In	102	-	102	
In made Out	-	234	234	
Grand Total	728	2389	3115	
1832 - 1833				
remaining	85	318	403	
admitted since	572	1327	1899	
	657	1645	2302	427
Out made In	94	-	94	
In made Out	-	232	232	
Grand Total	751	1877	2628	
1833 - 1834				
remaining	81	343	424	
admitted since	531	1355	1886	
	612	1698	2310	396
Out made In	131	-	131	
In made Out	-	288	288	
Grand Total	743	1986	2729	
1834 - 1835				
remaining	83	441	524	
admitted since	753	1537	2290	
	836	1978	2814	472
Out made In	92	-	92	
In made Out	-	273	273	
Grand Total	928	2251	3179	

	In	Out	Total	Accidents
1835 - 1836				
remaining	124	474	588	
admitted since	685	1263	1958	
	809	1737	2556	362
Out made In	65	-	65	
In made Out	-	380	380	
Grand Total	874	2117	2991	
1836 - 1837				
remaining	116	490	606	
admitted since	661	1454	2115	
	777	1944	2721	451
Out made In	95	-	95	
In made Out	-	402	402	
Grand Total	872	2346	3218	
1837 - 1838				
remaining	131	423	539	
admitted since	666	1417	2098	
	797	1840	2637	515
Out made In	71	-	71	
In made Out	-	464	464	
Grand Total	868	2304	3172	
1838 - 1839				
remaining	101	456	557	
admitted since	782	1657	2439	
	883	2113	2996	614
Out made In	84	-	84	
In made Out	-	433	433	
Grand Total	967	2546	3513	
1839 - 1840				
remaining	128	516	644	
admitted since	824	1749	2571	
	952	2265	3215	In 128, Out 623, Total 751
Out made In	81	-	81	
In made Out	-	437	437	
	1033	2702	3733	

	In	Out	Total	Accidents
1840 - 1841				
remaining	148	473	621	
admitted since	862	1731	2593	
	1010	2204	3204	In 143, Out 574, Total 717
Out made In	68	-	68	
In made Out	-	455	455	
Grand Total	1078	2659	3737	
1841 - 1842				
remaining	131	393	524	
admitted since	857	1765	2632	
	988	2158	3156	In 143, Out 682, Total 825
Out made In	90	-	90	
In made Out	-	453	453	
Grand Total	1078	2611	3689	

Source: Uhg R2 (1843 - 1862).

There is a gap in the General Hospital Annual reports from 1842 to 1852. Therefore there is less detail on patient figures. The following data are taken from a tabulation in the 1852 - 1853 Annual Report. These numbers exclude details of patients remaining in the House or on the books, but they include out-patients converted to in-patients and *vice versa*. No accident numbers are available.

Accounting year 1 Mar. to 28 Feb.	In	Out	Total	Accidents
1842 - 1843	985	2793	3778	
1843 - 1844	1029	2866	3895	
1844 - 1845	1102	2911	4013	
1845 - 1846	1214	3069	4283	
1846 - 1847	1232	4142	5374	
1847 - 1848	1131	3343	4974	24
1848 - 1849	1037	4295	5332	
1849 - 1850	1107	5864	6971	
1850 - 1851	1144	6788	7932	
1851 - 1852	1201	7126	8327	
1852 - 1853				
remaining	122	1337	1459	
admitted since	1135	5169	6304	
	1257	6506	7763	In 364, Out 1574, Total 1938
Out made In	67	-	67	
In made Out	-	575	575	
Grand Total	1324	7081	8405	

There is another gap in the Annual Reports from 1853 to 1856. The following data are taken from a Tabulation in the 1856 - 1857 Annual Report. The same comments as above apply to these data.

	In	Out	Total	Accidents
1853 - 1854	1261	5410	6671	
1854 - 1855	1301	5567	6868	
1855 - 1856	1383	5124	6507	
1856 - 1857				
remaining	128	1115	1243	
admitted since	1410	6298	7708	
	1538	7413	8951	Accidents & Emergencies - In 415, Out 2342, Total 2757. 376 Accidents shown in Table of Diseases.
Out made In	94	-	94	
In made Out	-	656	656	
Grand Total	1632	8069	9701	

Only Tabulation figures are available for 1857 - 1858.

1857 - 1858	1466	7520	8986	
1858 - 1859				
remaining	130	1610	1740	
admitted since	1260	7724	8984	
	1390	9334	10724	No figures available.
Out made In	81	-	81	
In made Out	-	739	739	
Grand Total	1471	10073	11544	
1859 - 1860				
remaining	130	1280	1410	
admitted since	1176	6837	8013	
	1306	8117	9423	No figures available.
Out made In	86	-	86	
In made Out	-	843	843	
Grand Total	1392	8960	10352	

...

Source: Uhg R3 (1860 - 1871)

	In	Out	Total	Accidents - figures taken from Table / Classification of Diseases In-patient data.
1860 - 1861				
remaining	142	1311	1453	
admitted since	1153	7085	8238	
	1295	8396	9691	281
Out made In	94	-	94	
In made Out	-	906	906	
Grand Total	1389	9302	10691	
1861 - 1862				
remaining	143	1360	1503	
admitted since	1124	7124	8248	
	1267	8484	9751	263
Out made In	101	-	101	
In made Out	-	869	869	
Grand Total	1368	9353	10721	
1862 - 1863				
remaining	144	1302	1446	
admitted since	1106	6417	7523	
	1250	7719	8969	261
Out made In	96	-	96	
In made Out	-	768	768	
Grand Total	1346	8487	9833	
1863 - 1864				
remaining	131	1234	1365	
admitted since	1087	5647	6934	
	1218	6881	8299	298
Out made In	101	-	101	
In made Out	-	702	702	
Grand Total	1319	7583	8902	
1864 - 1865				
remaining	135	1104	1239	
admitted since	1166	5976	7142	
	1301	7080	8381	329
Out made In	88	-	88	
In made Out	-	767	767	
Grand Total	1389	7847	9236	

	In	Out	Total	Accidents
1865 - 1866				
remaining	143	1210	1353	
admitted since	1158	5407	6565	
	1301	6617	7918	298
Out made In	96	-	96	
In made Out	-	707	707	
Grand Total	1397	7324	8721	
1866 - 1867				
remaining	130	1210	1340	
admitted since	1094	5698	6792	
	1224	6908	8132	284
Out made in	106	-	106	
In made Out	-	741	741	
Grand Total	1330	7649	8979	
1867 - 1868				
remaining	131	1210	1341	
admitted since	1044	6232	7276	
	1175	7442	8617	275
Out made In	113	-	113	
In made Out	-	756	756	
Grand Total	1288	8198	9486	

1868 - 1869 to 1870 - 1871 figures taken from tabulations. No other detail available.

1868 - 1869	1188	7309	8497	.No figure available.
1869 - 1870	1090	7948	9038	292
1870 - 1871	1151	9465	10616	233

Source: Uhg R4 (1871 - 1881)

For this decade the Annual report figures include patients remaining at the start of each year but do not separate Out-patients converted to In- and *vice versa*. Accident figures are In-patients and are here taken from the Classification of Diseases.

1871 - 1872	1170	10467	11637	268
1872 - 1873	1317	7461	8778	296
1873 - 1874	1022	5416	6438	299
1874 - 1875	1293	5874	7167	217
1875 - 1876	1267	6327	7594	232
1876 - 1877	1075	6343	7418	232

	In	Out	Total	Accidents
1877 - 1878	1116	7226	3342	395
1878 - 1879	1094	6220	7314	287
1879 - 1880	1113	6543	7656	322
1880 - 1881	1158	6669	7827	336

Source: Uhg R6 (1891 - 1896)

1882 to 1891 Annual Reports are missing. Patient figures below for these years are taken from the Tabulations in the 1891 - 1892 Annual Report. It is assumed that these figures include patients remaining at the start of each year, but it is not clear if they include patients converted from In- to Out- and *vice versa*. There are no accident figures available.

1881 - 1882	1218	7224	8442
1882 - 1883	1171	7626	8797
1883 - 1884	1487	8759	10246
1884 - 1885	1489	8718	10207
1885 - 1886	1601	8898	10499
1886 - 1887	1397	8579	9976
1887 - 1888	1413	7964	9377
1888 - 1889	1419	7921	9394
1889 - 1890	1547	7809	9356
1890 - 1891	1718	8077	9795

From 1893 to 1911 the Classification of Diseases shows accident figures under In-patients and casualties figures under Out-patients. Patient figures include remaining and conversions from Out- to In-patients and *vice versa*.

	In	Out	Total	Accidents	Casualties
1891 - 1892	1697	7722	9418	278	1490
1892 - 1893	1709	8857	10566	271	1452
1893 - 1894	1915	10888	12803	270	1880
1894 - 1895	1983	10201	12184	265	1840
1895 - 1896	2192	10657	12849	312	1892

Source: Uhg R7 (1896 - 1900).

1896 - 1897	2367	11562	13929	370	2046
1897 - 1898	2519	12037	14556	351	2174
1898 - 1899	2386	10328	12714	314	2423
Mar.1899 - Dec.1899 (9 months)	2066	8173	10239	272	1819
1 Jan. - 31 Dec. 1900	2275	9578	11853	337	2194

Source: Uhg R8 (1901 - 1905)

1901	2568	11022	13590	371	2675

	In	Out	Total	Accidents	Casualties
1902	2582	12100	14682	356	2734
1903	2750	13280	16030	373	2841
1904	2598	13509	16107	344	2863
1905	2712	14038	16750	312	3355
Source: Uhg R9 (1906 - 1910)					
1906	3157	13731	16888	335	3370
1907	3114	14002	17116	447	3840
1908	3064	15685	18769	458	4113
1909	2909	17209	20118	379	4127
1910	3173	20923	24096	473	5479
Source: Uhg R10 (1911 - 1915)					
1911	3343	20172	23515	409	4909

Appendix III - Nottingham General Hospital Patient Costs.

Source: Uhg R1 (1782 - 1842) and ACC 1309
The Annual Reports give no patient Cost data before 1831 - 1832.

	Average cost of each In-patient £ s. d.	Average cost of each Out-patient £ s. d.	Average cost per day of each In-patient £ s. d.
1831 - 1832	3 11 0	4 3	1 6 1/2
1832 - 1833	3 7 8	4 8	1 6 1/2
1833 - 1834	3 13 2	3 9	1 7 1/2
1834 - 1835	4 5 10 1/2	4 10 3/4	2 2
1835 - 1836	3 16 7 1/2	4 7 3/4	1 7
1836 - 1837	4 14 11	5 7 1/2	1 7 1/2
1837 - 1838	4 2 0	3 6	2 0
1838 - 1839	3 5 3 3/4	3 9 3/4	1 6
1839 - 1840	3 8 6 1/2	2 11	1 6 1/2
1840 - 1841	3 6 7	2 6 1/2	1 6
1841 - 1842	3 2 10 1/2	2 6 1/4	1 6
Source: ACC 1309 (1842 - 1850)			
1842 - 1843	2 18 7	2 5	1 6
1843 - 1844	2 15 8	1 11	1 5 1/2
1844 - 1845	2 14 4	2 4	1 5
1845 - 1846	2 12 8	1 8 1/2	1 5
1846 - 1847	3 1 11	2 1	1 6 1/2
1847 - 1848	3 0 6	1 7 1/2	1 6
1848 - 1849	2 17 9	1 10	1 4 1/2
1849 - 1850	2 13 10	1 5 1/4	1 4 1/2
1850 - 1851	2 10 8 1/4	1 4 1/4	1 4
Source: Uhg R2 (1843 - 1860).			
Figures from 1852 - 1853 Annual Report			
1851 - 1852	2 10 9	1 5	
1852 - 1853	2 11 4 1/2	1 4	
Figures from 1856 - 1857 Annual Report			
1854 - 1855	2 18 2	1 3 3/4	
1855 - 1856	2 16 1 1/2	1 9 3/4	
1856 - 1857	2 16 1 1/2	1 5 3/4	
Figures from 1858 - 1859 Annual Report			
1857 - 1858	3 2 10	1 4	
1858 - 1859	3 6 1 3/4	1 7 3/4	

	Average cost of each In-patient £ s. d.	Average cost of each Out-patient £ s. d.	Average cost per day of each In-patient £ s. d.
Figures from 1859 - 1860 Annual Report			
1859 - 1860	3 2 2	1 3	
Source: Uhg R18 (1860 - 1871)			
1860 - 1861	3 1 11 3/4	1 7 1/2	
1861 - 1862	3 3 1 1/2	1 9	
1862 - 1863	3 4 8 1/4	1 7 1/4	
1863 - 1864	2 19 0 3/4	1 6 3/4	
1864 - 1865	3 2 9	1 7 1/2	
1865 - 1866	3 5 6 3/4	1 9	
1866 - 1867	3 6 7 1/2	1 10 1/2	
1867 - 1868	3 15 4 1/2	2 1 1/4	
1868 - 1869	3 3 1 1/2	1 10 1/2	
1869 - 1870	3 9 7 1/2	1 7	
1870 - 1871	4 2 3	1 8	
Source: Uhg R18 (1871 - 1881)			
1871 - 1872	4 14 5 3/4	2 1 3/4	
1872 - 1873	4 13 11 3/4	1 11 1/2	
1873 - 1874	4 16 3	1 2	
1874 - 1875	4 11 2	1 2 3/4	
1875 - 1876	4 17 4 1/4	2 0	
1876 - 1877	6 2 1	1 11 3/4	
1877 - 1878	5 13 6 1/2	1 10 1/2	3 5 3/4
1878 - 1879	5 5 4 3/4	1 11 3/4	3 1 3/4
1879 - 1880	5 10 9	1 11 1/4	3 2 1/4
1880 - 1881	5 14 9 3/4	1 11 1/2	3 1
Source: Uhg R19 - 23 (1891 - 1896), Uhg R24 - 28 (1896 - 1900), Uhg R29 - 33 (1901 - 1905), Uhg R34 - 38 (1906 - 1910), Uhg R39 - 41 (1911 - 1915).			
1881 - 1882	5 6 1 3/4	2 0 1/2	2 10 1/2
1882 - 1883	5 10 4 1/2	2 4 1/2	2 8 1/2
1883 - 1884	4 9 3 1/2	1 7 3/4	2 7 1/2
1884 - 1885	4 18 5	1 7 1/2	2 9 1/2
1885 - 1886	4 4 7 1/4	1 9 1/2	2 8 1/2
1886 - 1887	4 11 3	1 7 3/4	2 6
1887 - 1888	4 18 4	1 11	2 9 3/4
1888 - 1889	5 1 8 1/4	1 11 1/2	3 1 3/4
1889 - 1890	4 18 5 3/4	2 2 1/2	3 1

	Average cost of each In-patient			Average cost of each Out-patient			Average cost per day of each In-patient		
	£	s.	d.	£	s.	d.	£	s.	d.
1890 - 1891	5	0	7 3/4	2	6 1/4		3	4 3/4	
1891 - 1892	4	19	11 1/4	2	8 1/4		3	2 1/2	
1892 - 1893	4	10	11 1/4	2	8 1/4		2	10 1/2	
1893 - 1894	4	6	0 1/2	2	2		3	1 1/4	
1894 - 1895	4	0	1 3/4	2	10 3/4		2	10 3/4	
1895 - 1896	3	18	9 1/2	2	10 1/4		3	0 1/4	
1896 - 1897	3	7	1	2	7 1/4		2	9 1/2	
1897 - 1898	3	3	10 1/4	2	4 1/4		2	8 1/2	
1899 - 1900	3	16	4 1/4	2	11 1/4		2	11 3/4	
1900	3	15	8 3/4	3	3		3	0 1/4	
1901	4	8	8 1/4	3	0 3/4		3	3 1/4	
1902	4	11	9 3/4	3	7 1/2		3	2 1/4	
1903	4	14	4 1/2	3	1 3/4		3	3 1/2	
1904	4	8	9 1/2	3	6 1/4		3	3	
1905	4	19	1 1/2	4	0		3	4 1/2	
1906	5	0	7 3/4	3	6 1/2		3	3 3/4	
1907	4	2	1 3/4	4	1 3/4		3	6 3/4	
1908	4	5	10 1/4	4	2		3	5 3/4	
1909	4	6	1 1/4	2	10		3	5 1/4	
1910	4	12	1	2	8 3/4		3	7	
1911	4	11	9	2	6		3	9 1/2	

Appendix IV - Nottingham General Hospital

Income and Expenditure.

Year	Income £	s.	d.	Expenditure £	s.	d.
12 Feb.1781 - 25 Mar.1783	9649	7	10	9462	3	4 1/2
25 Mar.1783 - 25 Mar.1784	1439	16	4	1193	19	5 3/4
1784 - 1785	1664	1	8	2027	9	9 1/2
1785 - 1786	1821	16	2 1/2	1426	5	6
1786 - 1787	1783	3	10 1/2	2006	13	9
1787 - 1788	2091	3	8 3/4	1980	14	9
1788 - 1789	1830	11	9	2128	5	6
1789 - 1790	1911	8	2 1/2	1841	16	5 1/2
1790 - 1791	2415	12	8	1516	11	5
1791 - 1792	1811	17	9	2326	8	2 1/2
1792 - 1793	1838	11	2	1090	12	3 1/2
1793 - 1794	1506	9	9 1/2	2477	13	9
1794 - 1795	1682	0	7	1331	6	7
1795 - 1796	1811	9	6	1639	5	0 1/2
1796 - 1797	1558	14	6	1997	10	9
1797 - 1798	1426	5	2	1478	12	11
1798 - 1799	1584	3	3	1348	7	6
1799 - 1800	1552	1	0	1709	8	8
1800 - 1801	1506	10	10	1865	5	10
1801 - 1802	1700	13	3	1686	5	8
1802 - 1803	2309	4	8	2120	9	3
1803 - 1804	1831	4	10	1448	4	2
1804 - 1805	1742	3	5	2069	2	11
1805 - 1806	1958	5	4	1741	18	6
1806 - 1807	2008	17	4	2048	16	9
1807 - 1808	8844	16	5	8333	19	0
1808 - 1809	2283	11	9	2439	6	2
1809 - 1810	2780	18	2	2592	18	6
1810 - 1811	2307	17	10	3105	14	9
1811 - 1812	2028	19	7	2750	17	6
1812 - 1813	2982	19	10	2967	18	3
1813 - 1814	2940	12	6	1825	3	5
1814 - 1815	3249	14	10	3492	13	0
1815 - 1816	2977	15	0	2905	1	6
1816 - 1817	2501	16	0	2354	12	9
1817 - 1818	2225	16	9	1928	4	0
1818 - 1819	2287	18	9	2771	12	6
1819 - 1820	2233	17	3	2168	11	8
1820 - 1821	2392	14	7	2572	17	6
1821 - 1822	2135	10	4	2044	10	0
1822 - 1823	2181	4	0	2119	4	6
1823 - 1824	2174	5	6	1857	14	6
1824 - 1825	2528	10	6	1903	17	0
1825 - 1826	2181	14	3	2955	0	7
1826 - 1827	2346	12	2	2650	17	3
1827 - 1828	2973	11	1 1/4	3441	15	7 1/2

	Income			Expenditure		
	£	s.	d.	£	s.	d.
1828 - 1829	3603	10	10 1/2	3603	10	10 1/2
1829 - 1830	3626	7	6 3/4	2204	4	7 3/4
1830 - 1831	2660	14	9	2812	17	11
1831 - 1832	2311	19	5 1/4	2553	19	2 1/4
1832 - 1833	3928	9	5 3/4	2672	2	5 1/4
1833 - 1834	3547	18	8 3/4	4169	14	2 1/4
1834 - 1835	4447	16	8 1/2	4590	12	0 1/2
1835 - 1836	2530	10	2	4225	16	10
1836 - 1837	5465	8	10 1/2	3977	19	5 1/2
1 Mar.1837 - 1 Mar.1838	3790	4	8	3066	7	1
1838 - 1839	11589	4	8	13056	17	11
1839 - 1840	3223	16	6	3232	12	6
1840 - 1841	2976	15	1	3060	8	9
1841 - 1842	3729	1	2	2965	9	1
1842 - 1843	4607	11	8	3209	0	11
1843 - 1844	3417	19	2	3135	10	0
1844 - 1845	2682	12	5	3239	9	9
1845 - 1846	3024	15	5	3462	9	6
1846 - 1847	4809	7	3	4451	1	0
1847 - 1848	2714	9	8	3731	4	3
1848 - 1849	3927	0	3	3402	1	2
1849 - 1850	3481	14	5	3360	17	1
1850 - 1851	4859	12	3	3356	3	1
1851 - 1852	3141	11	2	3691	0	8
1852 - 1853	4177	18	5	3623	15	10
1853 - 1854	3778	18	10	3957	16	9
1854 - 1855	4785	15	7	4179	16	5
1855 - 1856	3772	16	9	4490	19	11
1856 - 1857	4968	12	9	4850	3	7
1857 - 1858	5758	7	0	4931	18	10
1858 - 1859	5040	9	9	5091	1	1
1859 - 1860	5606	5	5	5437	17	11
1860 - 1861	24937	1	8	24743	13	0
1861 - 1862	6658	16	0	4774	9	3
1862 - 1863	5535	15	0	6055	18	6
1863 - 1864	5108	14	2	5808	9	9
1864 - 1865	4969	16	9	4728	11	10
1865 - 1866	5419	10	4	4924	15	5
1866 - 1867	4348	12	6	5109	0	8

	Income			Expenditure		
	£	s.	d.	£	s.	d.
1867 - 1868	4500	15	4	5235	6	7
1868 - 1869	8668	16	2	4956	6	7
1869 - 1870	7241	16	8	7758	10	6
1870 - 1871	17147	11	0	17738	17	4
1871 - 1872	5926	1	5	6441	3	0
1872 - 1873	8203	13	4	7462	13	7
1873 - 1874	7372	13	2	6597	14	4
1874 - 1875	8962	16	11	8816	9	5
1875 - 1876	7909	2	0	7090	5	2
1876 - 1877	6646	5	8	10846	1	2
1877 - 1878	12258	8	3	14288	15	7
1878 - 1879	9102	18	8	6499	10	1
1879 - 1880	8631	5	10	6796	9	8
1880 - 1881	7975	12	3	8625	7	10
1881 - 1882	6924	7	0	8595	14	10
1882 - 1883	12438	2	11	7475	8	5
1883 - 1884	7541	13	7	7401	12	8
1884 - 1885	7402	15	3	8046	6	10
1885 - 1886	7455	3	9	7568	1	4
1886 - 1887	6637	4	5	7075	10	8
1887 - 1888	7773	7	10	7706	6	3
1888 - 1889	10539	13	5	9090	7	9
1889 - 1890	7146	16	11	8623	4	5
1890 - 1891	9825	0	5	9662	2	10
1891 - 1892	9562	12	10	9514	13	2
1892 - 1893	12629	5	9	8964	15	7
1893 - 1894	12124	13	11	9425	10	3
1894 - 1895	10645	16	10	13956	12	11
1895 - 1896	13682	10	9	10804	19	1
1896 - 1897	10990	11	1	11448	8	3
1897 - 1898	9353	3	9	9462	13	9
1898 - 1899	10684	15	10	10624	14	7
24 Mar.1899 - 31 Dec.1899	5002	18	7	9150	11	4
1 Jan.1900 - 31 Dec.1900	11867	11	3	11557	6	3
1901	15133	11	6	13786	9	0
1902	14056	13	11	14094	3	11
1903	12879	5	1	14553	19	6
1904	14224	17	2	15572	0	9
1905	20448	15	10	22069	5	4
1906	16408	9	5	17455	2	11
1907	15266	15	10	18325	16	7
1908	20870	17	9	15417	1	0
1909	18021	19	8	15744	13	8
1910	18235	2	5	17170	3	6
1911	17527	7	1	18007	6	0

Appendix V - Nottingham Dispensary Patient Numbers.

Year	General Hospital			Dispensary		
	In	Out	Total	Out	Home	Total
1831	688	3107	3795	2116	443	2559
1832	728	2389	3115	2634	661	3295
1833	751	1877	2628	2212	742	2954
1834	743	1986	2729	2283	996	3279
1835	928	2251	3179	2042	863	2905
1836	874	2117	2991	2222	857	3079
1837	872	2346	3218	2125	927	3052
1838	868	2304	3172	2124	851	2974
1839	967	2546	3513	2361	1203	3564
1840	1033	2702	3733	2232	1019	3251
1841	1078	2659	3737	2061	1104	3165
1842	1078	2611	3689	2143	1059	3202
1843	985	2793	3778	2821	1125	3946
1844	1029	2866	3895	1971	1000	2971
1845	1102	2911	4013	1835	1029	2864
1846	1214	3069	4283	2588	1142	3730
1847	1232	4142	5374	2431	1007	3438
1848	1131	3843	4974	2782	1090	3872
1849	1037	4295	5332	5614	1206	6820
1850	1107	5864	6971	3586	1202	4788
1851	1144	6788	7932	2367	1209	3576
1852	1201	7126	8327	3634	1015	4649
1853	1324	7081	8405	2624	935	3559
1854	1261	5410	6671	5665	943	6608
1855	1301	5567	6868	3140	793	3933
1856	1383	5124	6507	3698	841	4539
1857	1632	8069	9701	5204	806	6010
1858	1466	7520	8986	5312	1206	6518
1859	1471	10073	11544	4659	1030	5689
1860	1392	8960	10352	5991	915	6906
1861	1389	9302	10691	8735	1081	9816
1862	1368	9353	10721	7119	1135	8254
1863	1346	8487	9833	7454	973	8427
1864	1319	7583	8902	6874	933	7807
1865	1389	7847	9236	7537	971	8508
1866	1397	7324	8721	6681	1121	7802
1867	1330	7649	8979	8267	1308	9575

Year	General Hospital			Dispensary		
	In	Out	Total	Out	Home	Total
1868	1288	8198	9486	9306	1430	10736
1869	1188	7309	8497	1236	6933	8169
1870	1090	7948	9038	6729	1419	8148
1871	1151	9465	10616	6841	1131	7972
1872	1170	10467	11637	7497	1027	8524
1873	1317	7461	8778	7033	1002	8035
1874	1022	5416	6438	7347	1280	8627
1875	1293	5874	7167	7287	1496	8783
1876	1267	6327	7594	7644	1410	9054
1877	1075	6343	7418	7203	1417	8620
1878	1116	7226	8342	6736	1242	7978
1879	1094	6220	7314	6140	1173	7313
1880	1113	6543	7656	7335	1152	8487
1881	1158	6669	7827	7395	1274	8669
1882	1218	7224	8442	7213	1190	8403
1883	1171	7626	8797	7978	1005	8983
1884	1487	8759	10246	9032	1193	10225
1885	1489	8718	10207	7921	1248	9169
1886	1601	8898	10499	8198	1256	9454
1887	1397	8579	9976	8890	1385	10275
1888	1413	7964	9377	8221	1265	9486
1889	1419	7921	9394	8092	1349	9441
1890	1547	7809	9356	7568	1319	8887
1891	1718	8077	9795	7448	1308	8756
1892	1696	7722	9418	7725	1280	9005
1893	1709	8857	10566	9225	1322	10547
1894	1915	10888	12803	8396	1360	9756
1895	1983	10201	12184	9191	1464	10655
1896	2192	10657	12849	9614	1676	11290
1897	2367	11562	13929	12737	1764	14501
1898	2519	12037	14556	12914	1563	14477
1899	2386	10328	12714	12943	1657	14600
1900	2275	9578	11853	12192	1475	13667
1901	2568	11022	13590	10877	1497	12374
1902	2582	12100	14682	11328	1399	12727
1903	2750	13280	16030	11421	1299	12720
1904	2598	13509	16107	12695	1362	14057
1905	2712	14038	16750	13809	1390	15199
1906	3157	13731	16888	12976	1539	14515

	General Hospital			Dispensary		
Year	In	Out	Total	Out	Home	Total
1907	3114	14002	17116	12181	1637	13818
1908	3064	15685	18749	13464	1435	14899
1909	2909	17209	20118	14136	1577	15713
1910	3173	20923	24096	14536	1617	16153
1911	3343	20172	23515	15198	1589	16787

Appendix VI - Nottingham Dispensary Patient Costs.

	General Hospital						Dispensary			
	Average cost of each In-patient			Average cost of each Out-patient				Cost per patient		
	£	s.	d.	£	s.	d.		£	s.	d.
1831-1832	3	11	0		4	3	1832		4	0
1832-1833	3	7	8		4	8	1833		3	1 1/2
1833-1834	3	13	2		3	9	1834		3	6
1834-1835	4	5	10 1/2		4	10 3/4	1835		4	0
1835-1836	3	16	7 1/2		4	7 3/4	1836		2	8 1/4
1836-1837	4	14	11		5	7 1/2	1837		3	3 3/4
1837-1838	4	2	0		3	6	1838		2	3 1/4
1838-1839	3	5	3 3/4		3	9 3/4	1839		2	5 3/4
	***		***	***		***	***		***	
1860-1861	3	1	11 3/4		1	7 1/2	1860		2	3
1861-1862	3	3	1 1/2		1	9	1861		1	8 1/2
1862-1863	3	4	8 1/4		1	7 1/4	1862		1	11
1863-1864	2	19	0 3/4		1	6 3/4	1863		1	8
1864-1865	3	2	9		1	7 1/2	1864		1	10
1865-1866	3	5	6 3/4		1	9	1865		1	11 1/2
1866-1867	3	6	7 1/2		1	10 1/2	1866		2	7 1/2
1867-1868	3	15	4 1/2		2	1 1/4	1867		1	10 1/2
1868-1869	3	3	1 1/2		1	10 1/2	1868		1	8
1869-1870	3	9	7 1/2		1	7	1869		2	5 3/4
1870-1871	4	2	3		1	8	1870		2	0 1/2
1871-1872	4	14	5 3/4		2	1 3/4	1871		2	3 3/4
1872-1873	4	13	11 3/4		1	11 1/2	1872		2	4 1/2
1873-1874	4	16	3		1	2	1873		2	7 1/2
1874-1875	4	11	2		1	2 3/4	1874		2	7
1875-1876	4	17	4 1/4		2	0	1875		2	10 1/2
1876-1877	6	2	1		1	11 3/4	1876		2	10
1877-1878	5	13	6 1/2		1	10 1/2	1877		2	11 3/4
1878-1879	5	5	4 3/4		1	11 3/4	1878		2	9
1879-1880	5	10	9		1	11 1/4	1879		3	7 1/2
1880-1881	5	14	9 3/4		1	11 1/2	1880		2	9 3/4
1881-1882	5	6	1 3/4		2	0 1/2	1881		2	9 3/4
1882-1883	5	10	4 1/2		2	4 1/2	1882		2	11
1883-1884	4	9	3 1/2		1	7 3/4	1883		3	0
1884-1885	4	18	5		1	7 1/2	1884		3	2 1/2
1885-1886	4	4	7 1/4		1	9 1/2	1885		3	2
1886-1887	4	11	3		1	7 3/4	1886		3	2 1/2

	General Hospital						Dispensary		
	Average cost of each In-patient			Average cost of each Out-patient			Cost per Patient		
	£	s.	d.	£	s.	d.	£	s.	d.
1887-1888	4	18	4	1	11		1887	3	0 1/2
1888-1889	5	1	8 1/4	1	11 1/2		1888	3	5 1/4
1889-1890	4	18	5 3/4	2	2 1/2		1889	3	1
1890-1891	5	0	7 3/4	2	6 1/4		1890	3	5
1891-1892	4	19	11 1/2	2	8 1/4		1891	3	5 1/4
1892-1893	4	10	11 1/4	2	8 1/4		1892	3	5 1/2
1893-1894	4	6	0 1/2	2	2		1893	3	1 1/4
1894-1895	4	0	1 3/4	2	10 3/4		1894	3	4 1/2
1895-1896	3	18	9 1/2	2	10 1/4		1895	3	1 3/4
1896-1897	3	7	1	2	7 1/4		1896	3	8 1/2
1897-1898	3	3	10 1/4	2	4 1/4		1897	3	5 3/4
1898-1899	3	16	4 1/4	2	11 1/2		1898	3	3 1/2
							1899	3	1 1/4
1900	3	15	8 3/4	3	3		1900	3	7 1/2
1901	4	8	8 1/4	3	0 3/4		1901	5	6
1902	4	11	9 3/4	3	7 1/2		1902	4	1 1/2
1903	4	14	4 1/2	3	1 3/4		1903	4	0 1/4
1904	4	8	9 1/2	3	6 1/4		1904	4	9 1/4
1905	4	19	1 1/2	4	0		1905	6	1 1/4
1906	5	0	7 3/4	3	6 1/2		1906	4	8
1907	4	2	1 3/4	4	1 3/4		1907	3	11 1/4
1908	4	5	10 1/4	4	2		1908	4	2 1/4
1909	4	6	1 1/4	2	10		1909	3	10 3/4
1910	4	12	1	2	8 3/4		1910	4	1 1/4
1911	4	11	9	2	6		1911	3	10 1/4

Appendix VII - Nottingham Dispensary Income and Expenditure.

Year	Income £. s. d.	Expenditure £. s. d.
1831	1300 14 3	1190 9 4
1832	582 18 10	764 5 6
1833	934 6 4	694 14 1
1834	782 13 6	803 14 4
1835	717 7 4	711 15 5
1836	828 18 0	624 18 8 1/2
1837	603 18 6	687 0 11
1838	747 0 2	505 17 11
1839	598 0 6	828 8 4
1840	605 2 6	617 5 2
1841	713 13 0	530 12 10
1842	525 13 6	621 19 10
1843	677 6 0	614 18 2
1844	552 1 6	595 11 4
1845	659 14 5	659 14 5
1846	848 17 6	729 7 11
1847	790 10 6	699 14 11
1848	1445 9 7	1334 16 5
1849	732 12 4	710 2 0
1850	569 4 6	672 6 6
1851	620 17 4	542 6 6
1852	782 13 1	459 0 6
1853	575 0 0	536 15 4
1854	603 1 3	445 2 8
1855	529 16 6	555 4 0
1856	603 10 0	452 6 0
1857	1661 10 6	372 4 0
1858	838 11 9	674 10 4
1859	924 9 0	809 0 11
1860	1074 19 6	779 3 8
1861	729 6 1	838 5 11
1862	997 8 2	792 19 5
1863	819 14 5	708 4 11
1864	1269 11 8	716 1 5
1865	792 14 0	840 1 8
1866	951 18 0	1023 0 3

	Income	Expenditure
1867	1094 4 8	889 10 0
1868	795 18 2	887 14 10
1869	1099 3 5	1013 0 11
1870	1056 0 0	838 16 2
1871	1272 18 10	926 10 10
1872	1146 2 7	1013 13 6
1873	1370 17 2	1061 10 4
1874	1207 12 11	1118 8 10
1875	1777 13 0	1263 19 1
1876	1297 19 9	1285 12 0
1877	2044 10 8	1288 12 0
1878	1524 17 6	1110 16 5
1879	2417 1 5	1326 10 0
1880	1269 3 5	1194 15 9
1881	1587 10 7	1220 14 6
1882	1790 6 6	1228 7 5
1883	2417 17 8	1350 16 4
1884	2122 7 8	1641 12 4
1885	1625 12 2	1456 6 1
1886	1766 9 5	1522 4 9
1887	1803 2 5	1570 7 1
1888	3327 13 7	1633 0 0
1889	1628 1 10	1461 18 11
1890	1906 0 9	1520 19 4
1891	1777 10 2	1511 12 3
1892	5313 2 5	1561 3 0
1893	3121 14 8	1640 17 7
1894	2562 6 1	1646 0 4
1895	3797 4 8	1675 10 9
1896	5394 19 7	2100 12 4
1897	2388 18 6	2521 11 0
1898	2514 18 10	2380 6 5
1899	3133 5 5	2271 4 5
1900	3156 10 4	2475 9 4
1901	3070 16 0	3408 5 9
1902	2955 1 4	2632 13 11
1903	2869 8 3	2555 14 7
1904	3352 17 8	3354 4 2
1905	6178 13 3	4638 0 5
1906	3525 10 7	3382 9 8

	Income			Expenditure		
1907	3610	16	0	2731	0	5
1908	3279	0	7	3120	11	8
1909	3598	7	3	3063	11	0
1910	3120	11	9	3316	8	9
1911	4274	11	8	3247	2	7

Appendix VIII - Poor Law.

Weekly Patient Figures - Examples

	Date	Total Inmates		Patients
1843	22 Dec.	760	Med. Dist.I 338	Med.Dist.II 210
1845	3 Jan..	695	Med.Dist.I 147	Med.Dist.II 32
			Union Hospital and Dispensary:remaining in hospital 24, remaining out-patients 114, workhouse patients 50. Total remaining on books 188	
	31 Jan.	682	Med.Dist.I 126	Med.Dist.II 73
			41 Union patients (28 female 13 male) in Borough Asylum	
1847	29 Jan.	1016	Med.Dist.I 205	Med.Dist.II 123
	9 Apr..		67 Union patients (42 female 25 male) in Borough Asylum	
	13 Aug.	1012	Union Hospital and Dispensary: remaining in hospital 41, remaining out-patients 246, workhouse patients 6. Total remaining 347	
1848	14 Jan.	1286	Med.Dist.I 275	Med.Dist.II 259
			Union Hospital and Dispensary: remaining in hospital 60, remaining out-patients 472, workhouse patients 91. Total remaining 623	
	7 Jul.	721	Union Hospital and Dispensary: remaining in hospital 35, remaining out-patients 222, workhouse patients 32. Total remaining 289. Vagrants relieved 248	
1849	7 Dec.	545	Union Hospital and Dispensary: remaining in hospital 24, remaining out-patients 190, workhouse patients 20. Total remaining 234. Vagrants relieved 10 (*cf.* 411 last year)	
1850	18 Jan.	579	Union Hospital and Dispensary: remaining in hospital 36, birth 1, remaining out-patients 171, workhouse patients 25	
1851	23 May		72 imbeciles in lunatic wards. 48 lunatics in Borough Asylum	
1856	4 Jan.	738	Union Hospital and Dispensary: remaining in hospital 94, remaining out-patients 564, workhouse patients 60. Total remaining 718	

	16 June		Commissioners in Lunacy visit. 82 in insane wards (48 female, 34 male).
1860	28 Dec.	794	Commissioners in Lunacy visit. 85 in insane wards (50 female, 35 male).
1861	3 May		Commissioners in Lunacy visit. 93 weak minded and insane (54 female 39 male) of whom 43 female and 72 male are placed in insane wards.
1864	9 Sept.	607	Vagrants 105. Lunatics in Asylum 92
1865	3 Mar.	1,008	Master White's analysis of inmates. On sick list as per doctor's book 340 (169 female 171 male). Above 60 years of age and temporarily disabled total 280 (98 female 182 male). Able to do a fair day's work total 30 (18 female 12 male). Insane in the House 76 female and male. Children under 16 years of age 282. Total all classes 1008.
1866	8June		Union Lunacy Committee visit to Borough Asylum. 97 Union lunatics.
1872	12 Jan.	586	Vagrants 83. Imbeciles in workhouse 11. Lunatics in Asylum 107
1873	9 May		Commissioners in Lunacy visit. 113 imbeciles (54 female 59 male)
1874	2 Sept.		Lunatics in Asylums 123 - Sneinton, Mickleover, Colney Heath and Broadmoor. Commissioners in Lunacy visit. 109 imbeciles in workhouse
1875	28 Apr.	622	334 inmates under medical treatment: men's hospital and sick wards 76 and women's 106, children's 19. Men's lock and skin wards 3 women's 20. Imbeciles female 58 male 52
1878	2 Jan.	650	Med.Dist. I 390, Med. Dist. II 435, Med.Dist.III 452 Vagrants 145 Imbeciles in workhouse 101 Lunatics in Asylum 154
	11 Sept.		Union Lunacy Committee report 119 Union lunatics at Sneinton and 45 at Leicester Asylums. (25 Mar.1877 to 25 Mar.1878 had sent 85 lunatics to Leicester Asylum)
1879	23 July		109 lunatics at Sneinton, 74 Leicester , 3 others. At Radford (being annexed) there were 80. Total 266. Accommodation at new Borough Asylum to open in 1880 would be for 288.
1880	8 Apr.	661	Vagrants 258. Imbeciles in workhouse 116. Union Hospital remaining 176

	21 Apr.	598 Nottingham + 98 Radford	Merging of the two Unions. Vagrants 203. Imbeciles in workhouse 118. Lunatics in Asylum 248. Union Hospital remaining 180
	13 Oct.		262 Union lunatics in new Mapperley Borough Asylum from Sneinton, Mickleover and Macclesfield
1881	5 Jan.	698	Vagrants 182. Imbeciles in workhouse 117. Lunatics in Asylum 261. Union Hospital remaining 219
1882	4 Jan.	717	Vagrants 203. Imbeciles in workhouse 113. Lunatics in Asylum 281. Union Hospital remaining 317
1883	31 Jan.		From return of Lunatics chargeable to Union on 1 Jan: imbeciles in workhouse 131 females and males. Imbeciles receiving outdoor relief 182 . Lunatics in Asylums 276
	24 Oct.		Lunacy Committee Report: 264 in Borough Asylum, 13 in County Asylum, 1 in Fiskerton House, 1 in Broadmoor
1884	3 Dec.	730	Hospital 109 female 111 male. Imbeciles in workhouse, 83 female,75 male, children and lock cases 57, surgical and skin cases 32,old men 150, old women 60, able bodied women 20, men 6, deserted women27
1886	6 Jan.	797	Vagrants 166. Imbeciles in workhouse 144. Lunatics in Asylums 326 Union Hospital remaining 269
1887	26 Oct.		Return to L.G.B.: 16 blind persons in workhouse, 8 blind persons in other Institutions at Guardians' expense. 37 blind persons outdoor. 4 deaf and dumb persons in workhouse, 1 in Deaf and Dumb Institution. 5 outdoor.
1888	1 Jan.		Return to L.G.B.: 157 imbeciles in workhouse. 338 lunatics at Mapperley Borough Asylum. 187 imbeciles receiving outdoor relief
1894	14 Feb.	929	
	19 Dec.	961 (876 was certified number)	
1895	8 Jan.	1008	
1896	2 Dec.		Began move to temporary workhouses
1899	26 Apr.	1062	690 at Great Freeman Street and 372 at Beech Avenue (certified 596 at former and 430 at latter)

1901	1 Jan.	1240	247 imbeciles in workhouse, 168 imbeciles on outdoor relief, 642 lunatics in Asylums
1903	18 Mar.		Capacity in new Bagthorpe Institution: main building 703, infirmary 612, insane wards 250, Total 1565
1904	13 Jan.	1458	Accommodation in body of house exceeded by 90. Few empty beds in Infirmary
1905	9June		Commissioners in Lunacy visit - 252 (124 female, 128 male)
1907	13 Feb.		600 in hospital, 260 imbeciles, 300 old men and women. 400 men and women of all ages and conditions in body of house
	26 Dec.	1522	640 in hospital, 250 in imbecile ward
1908	1 Jan.	1544	699 in hospital, 229 in imbecile wards
	25 Nov.		L.G.B. Inspector comments on growth in numbers . 731 in hospital
	30 Dec.		709 in hospital. 251 in imbecile wards
1910	16 Feb.		Weekly average tramp ward figures: 1907-123; 1908-194; 1909-234

Appendix VIII - Addendum

'DISTRIBUTION OF LUNATICS AND IDIOTS IN NOTTINGHAM 1897 - 1899'

The following table produced by Dr. Evan Powell, Superintendent of the Asylum, reproduced in the NDG on 12 April 1899, puts into perspective the proportions of mentally ill cared for under the Poor Law System.

	1896	1897	1898	1899
Total patients	1022	1008	1001	990

	In Asylum %	In Workhouse %	With relatives and others %
1896	51.8	16.7	31.5
1897	56.8	16.9	26.3
1898	60.7	16.4	22.9
1899	64.6	17.6	17.6

Appendix IX - Poor Law

Nottingham Medical Officers' Salaries.

(Sources as indicated)

St, Mary's Parish.

1813 June — Mr. B. Wright, full time Surgeon, £120 p.a. plus board. (NJ 1813 5,19 June).

1822 July — Dr. Thomas Jowett, Resident Surgeon, £150 with 3 years commitment. (NJ 1822 5 July).

1825 Oct. — Dr. Jowett's salary increased to £200 if he contracts for 3 years. (NJ 1825 14 Oct).

1831 Feb. — Advertisement for House Surgeon at £120 p.a. plus house free of rent and taxes, coals and candles. (NR 1831 4 Feb.).

Nottingham Union.

1836 July — Henry Taylor appointed full time Union Medical Officer at £120 p.a. with drugs and appliances funded by the Union. (NJ 1836 15,29 July).

1838 Sept. — Dr. William Watts replaces Taylor on the same terms. (NUA PUO 1/3/11 Correspondence Book of Absalom Barnett 1838 17 Sept.).

1841 Sept. — Mr. G. E. Stanger and Mr. W. G. Jalland appointed as full time Medical Officers to Districts 1 and 2 at £100 p.a. with drugs and appliances funded by the Union. (NR 1841 17 Sept.).

1843 Feb. — Stanger and Jalland's salaries raised to £120 p.a. (NR 1843 24 Feb.).

1859 April — £120 p.a. continued to be paid to Medical Officers. Dr. Stephenson argued that it was too little and that private patients should be allowed. (NJ 1859 29 Apr.).

1861 May — Dr. Forbes Watson appointed Workhouse Medical Officer at £150 p.a. At same time Mr. E. A. Lineker and C. Bateman appointed to Medical Districts 1 and 2 at £120 p.a. (NJ 1861, 3, 10, 17 May and 14 June).

1870 June	1861 salary levels continued with Dr. W. D. Dunn as Workhouse Medical Officer at £150 p.a. and Drs. Smith and Lille in Medical Districts 1 and 2 at £120 p.a. (NJ 1870 17 June).
1876 June/Oct.	In increasing the number of Medical Officers per District from one to two an additional three Medical Officers were recruited at £100 p.a. Dr. Thomas Worth took over as Workhouse Medical Officer at £150 p.a. with private practice allowed. (NJ 1876 14 June; 11,25 Oct.).
1880 Mar./Sept.	Following the merger of Nottingham and Radford Unions the salaries of the four District Medical Officers were increased as follows, plus extras such as vaccination and midwifery: No. 1, Dr. Haynes, £100 to £125; No. 2, Dr. Snell, £100 to £120; No.3, Dr. Buckoll, £100 to £125; No. 4, Dr. Webster, £100 to £120. In June Dr. Thomas Worth's salary was increased from £150 to £200 p.a. (NJ 1880 10 March; 22 Sept; 9 June).
1891 Oct.	Dr. H. G. Ashwell, Workhouse Medical Officer's salary increased from £200 to £250 p.a. He received no extras for midwifery or operations. (NDG 1891 7 Oct.).
1897 Jan/Apr.	Drs. I. Spriggs and W. Byford appointed Assistant Medical Officers to Workhouse at £130 p.a. (NDG 1897 13 Jan; 7 April).
1898 Feb.	Sought to appoint District Medical Officer at £100 p.a. without private practice.
March.	Recruited Dr. Cole to District No.6. (NDG 1898 9 Feb; 9 March).
1900 Jan.	Dr. F. A. H. Clarke, Assistant Medical Officer to the Workhouse had his salary increased from £130 to £160 p.a.
Sept.	Dr. T. M. O'Shaunessy appointed Assistant Medical Officer to the Workhouse at £160 p.a. (NDG 1900 24 Jan; 11 Sept.).
1901 Sept.	Each District Medical Officer (8 Districts) with one exception received £100 a year for ordinary services with extras for midwifery and fractures. (NDE 1901 12 Sept.).
1902 Nov.	Appointment of staff at the New Infirmary - advertised for two Resident Medical Officers at £160 and £120 p.a. respectively.

Appointments made at these salaries. (NDE 1902 5 Nov; 3 Dec.).

1904 June — Dr. Hugh McManus, who in Dec. 1903 had been appointed the second Resident Medical Officer of the workhouse at £120 p.a. was promoted to Senior Resident Medical Officer at £160 p.a. plus usual board and living expenses. (NDE 1904 1 June).

1905 April — Salaries of District Medical Officers Drs. Hill and Neilson increased from £100 to £150 p.a. (NDE 1905 5 April).

1906 May — Dr. Dismore succeeded as second Resident Medical Officer of the Infirmary with a salary increased from £120 to £130 p.a. (NDE 1906 25 July).

Appendix X - Pauper / Patient Costs.

£. s. d. per week.

	NOTTINGHAM UNION			SOUTHWELL UNION	BASFORD UNION	ENGLAND AND WALES
	Indoor	Outdoor	Total	Cost of Poor Law Expenditure		
1834				6s 7d	5s 1d	8s 9 1/2d
1835						7s 7d
1836						6s 4 3/4d
1837	3s 5 3/4d to 5s 3 1/4d	3s 5d	6s 10 3/4d to 8s 8 1/4d			5s 5d
1838	2s 11 1/2 d	2s 5 1/4d to 3s 3d	5s 4 3/4d to 6s 2 1/2d	4s 3d	3 s 4d	5 s 5 1/4d
1839	2s 7 3/4d to 3s 1 3/4d			4s 8d	3 s 5d	5 s 8 3/4d
1840	2s 4 1/2d to 3s 4 1/4d			4s 2d	3s 4d	5s 10 1/2d
1841	3s 4 1/2d to 3s 6d	1s 2 1/2d to 1s 3 1/2d	4s 7d to 4s 9 1/2d	4s 2d	4s 3d	6s 0 1/2 d
1842	3s 2 1/2d to 3s 5 1/2d			4s 3d	5s 6d	6s 1 3/4d
1843	4s 4d to 6s 2d	1s 1d	5s 5d to 7s 3d	4s 5d	6s 1d	6s 5 1/4d
1844	2s 4 3/4d to 2s 7 1/4d			4s 6d	5s 1d	6s 0 3/4d
1845	3s.6d (+Est.chg.3s 8d)	1s 2d	8s 4d (inc.Est.chg.)	4s 3d	4s 6d	6s 0 3/4d
1846	2s 9d (+Est.chg.1s 9 1/4d)	1s 4 1/2d	5s 10 3/4d (inc.Est.chg.)	4s 4d	4s 1d	5s 10 1/2d
1847				4s 9d	4s 9d	6s 2 1/2d
1848		1s 2 1/2d		4s 8d	5s 9d	7s 1 3/4d
1849	2s 6d (+Est.chg.1s 6 1/2d)	1s 1d	5s 1 1/2d (inc.Est.chg.)	4s 6d	4s 8d	6s 6 1/2d
1850		1s 2 3/4d		4s 5d	4s 4d	6s 1d
1851		1s 1 7/8d		3s 9d	3s 11d	5s 6 1/2d
1852		1s 1 1/2d		3s 9d	3s 10d	5s 4 1/2d
1853		1s 2 1/2d		3s 10d	4s	5s 8d
1854		1s 4 5/16d		4s 4d	4s 1d	6s 3d
1855		1s 4 1/2d		4s 9d	4s 8d	6s 3 3/4d
1856		1s 4 1/2d		5s 2d	4s 11d	6s 1 3/4d
1857		1s 4 5/16d		5s 4d	4s 8d	6s 0 1/2d
1858		1s 4 3/4d		5s 2d	5s 2d	5s 8 1/4d
1859		1s 3 3/4d		5s 6d	4s 5d	5s 6d
1860	3s 6 1/2d	1s 3 1/2d	4s 10d	5s 5d	5s 2d	5s 9d
1861	4s 4 1/2d	1s 4 1/4d	5s 8 3/4d	5s 6d	4s 6d	6s
1862	3s 4 1/2d	1s 2 3/4d	4s 7 1/4d	5s 9d	5s 1d	6s 4 1/2d
1863		1s 4 1/2d		5s 7d	4s 11d	6s 2 1/2d
1864		1s 3 3/4d		5s 10d	4s 10d	6s
1865	3s 6d to 4s 4 1/2d	1s 3d	4s 9d to 5s 7 1/2d	5s 11d	4s 7d	6s 1 1/4d
1866		1s 5d		5s 11d	4s 7d	6s 6 1/4d
1867		1s 5 1/2d		5s 11d	4s 4d	6s 11 1/2d
1868		1s 5d		6s 1d	4s 8d	7s 0 3/4d
1869				6s 6d	4s 7d	6s 11 1/2d
1870		1s 5 1/4d		6s 6d	4s 6d	6s 11 1/4d
1871		1s 6 1/4d		6s 11d	4s 7d	6s 11 1/4d

Appendix X (cont'd)

	NOTTINGHAM UNION			COST OF PAUPERS ENGLAND AND WALES excluding London		
	Indoor	Outdoor	Total	Indoor	Outdoor	Total
1872		1s 6d				
1873		1s 6 3/4d				
1874		1s 6 3/4d				
1875		1s 7 1/2d				
1876		1s 7d				
1877		1s 7d				
1878		1s 8d to 1s 10d				
1879	7s 0 1/4d	1s 9 1/4d	8s 9 1/2d			
1880		1s 8 1/2d				
1881	4s 4 1/2d	1s 9 3/4d	6s 2 1/4d			
1882		1s 8d				
1883		1s 8d				
1884		1s 9d				
1885		1s 8 1/2d				
1886		1s 9d				
1887		1s 9d				
1888						
1889		1s 7 1/2d to 1s 9 3/4d				
1890	5s 10 1/2d	1s 10 1/4d	7s 8 3/4d			
1891						
1899		1s 11 1/2d				
1900	5s 6d					
1901	5s 2 1/4d	2s 5d	7s 7 1/4d	9s 3 1/4d	2s 6 1/4d	11s 9 1/2d
1902	5s 2d			9s 4 1/2d	2s 6 1/2d	11s 11d
1903	6s 1d (Note March 1903 new Bagthorpe Wrkhse/Infirmary opened)			9s 4 1/2d	2s 7d	11s 11 1/2d
1904	5s 6 1./2d to 7s 2 1/2d	2s 8d	8s 2 1/2d to 9s 10 1/2d	9s 7 3/4d	2s 7d	12s 2 3/4d
1905		2s 8 1/4d		9s 6d	2s 7 1/2d	12s 1 1/2d
1906	4s 10d	2s 8 3/4d	7s 6 3/4d	9s 4d	2s 8 1/2d	12s 0 1/2d
1907	5s			9s 4d	2s 7 1/2d	11s 11 1/2d
1908	4s 11 1/4 to 5s 3 1/4d			9s 7 1/2d	2s 8d	12s 3 1/2d
1909				9s 7d	2s 8 1/4d	12s 3 1/4d
1910		4s 0 1/4d		9s 2 1/2d	2s 8 3/4d	11s 11 1/4d
1911				9s 9 3/4d	2s 9d	12s 6 3/4d

Appendix X - Sources

NOTTINGHAM UNION

NR 1837 11 Aug.
NJ 1838 5 Oct.
NUA PUOI/11/1 1838 end Dec.
NUA PUOI/11/1 1839 end March.
NJ 1839 1 Nov.
NJ 1840 4 Sept., 27 Nov.
NUA PUOI/11/1 1840 end June.
NR 1841 28 May
NR 1842 11 March, 23 Sept.
NR 1843 26 May.
NR 1844 26 July, 15 Nov.
NJ 1845 14 Feb.
NJ 1846 10 Apr.
NJ 1849 23 March, 8 June.
NJ 1850 24 May.
NJ 1851 28 March.
NJ 1852 19 March.
NJ 1853 18 March.
NJ 1854 17 March.
NJ 1856 14 March.
NJ 1858 12 March.
NJ 1859 11 March.
NJ 1860 16 March.
NJ 1861 15 March.
NJ 1862 10 Jan., 28 March.
NJ 1863 2 April.
NJ 1864 18 March.
NJ 1867 5 April, 18 Oct.
NJ 1874 4 April.
NJ 1878 2 Jan., 28 Oct. Statistical Return 1871 - 1878 showing outdoor relief costs.

SOUTHWELL and BASFORD UNIONS and ENGLAND AND WALES 1834-1871

Caplan, M., 'The Administration of the Poor Law in the Unions of Southwell and Basford 1836 - 71'. Nottingham University Ph.D. thesis, 1967. Appendix 5 of the General Appendix 'Cost per head of Poor Law expenditure', p. 545. The figures for England and Wales appear to be expenditure per head of population as they are virtually identical to those tabulated by Karel Williams: Williams, Karel, *From Pauperism to Poverty* (London: Routledge and Kegan Paul, 1981)pp.169-171, Table 4.6 Expenditure 1840 - 1930.

COST OF PAUPERS ENGLAND and WALES EXCLUDING LONDON 1901-1911

Local Government Board Annual Reports 36th. to 41st., 1906/7 to 1911/12. Indoor and Outdoor pauper costs are separated for the first time for the period 1901 onwards in the 36th. Annual Report.

NOT3 L44 NOT Bk.No. 81699. 1879 10 June, Board of Guardians' Agenda showing average weekly cost of outdoor relief 1870 - 1879.
NJ 1879 11 June, 10 Sept.
NJ 1880 14 Jan., 21 April.
NJ 1882 4 Jan.
NJ 1883 3 Jan.
NJ 1884 9 Jan.
NJ 1885 7 Jan.
NJ 1886 6 Jan.
NJ 1887 12 Jan.
NDG 1889 30 Jan.
NDG 1890 5 March.
NDG 1899 8 March.
NDE 1901 20 Feb., 20 Nov.
NDE 1903 6 May.
NDE 1904 13 Jan., 18 May, 19 Oct.
NUA PUOI/1/5 1905 July, 1906 July.
NDE 1906 7 March.
NDE 1907 6 Feb. Indoor relief costs 1901 to 1906 as reported to Local Government Board.
NDE 1908 22 Jan., 2 Sept.
NDE 1910 30 July.

Appendix XI - Nottingham Union, General Hospital and Dispensary Patient Costs.

£. s. d.

	NOTTINGHAM UNION		GENERAL HOSPITAL		DISPENSARY
	Indoor cost per week	Outdoor cost per week	Average weekly cost per in-patient	Average cost per per out-patient	Cost per patient
1837	4s. 11 1/2d to 7s. 41/2d. 6s. 111/2d. to 10s. 61/2	3s. 5d.	13s. 3d.	5s. 71/2d.	3s. 33/4d.
1838	4s. 13/4d. 5s. 11d.	2s. 51/2d. to 3s. 3d.	11s. 10d.	3s. 6d.	2s. 31/4d.
1839	3s. 81/2d. to 4s. 43/4d. 5s. 31/2d. to 6s. 31/2d.		9s. 8d.	3s. 93/4d.	2s. 53/4d.
1860	4s. 111/2d. 7s. 1d.	1s. 31/2d.	10s. 9d.	1s. 71/2d.	2s. 3d.
1861	6s. 11/2d. 8s. 9d.	1s. 41/4d.	12s. 03/4d	1s. 9d.	1s. 81/2d.
1862	4s. 83/4d. 6s. 9d.	1s. 23/4d.	11s. 7d.	1s. 71/4d.	1s. 11d.
1865	4s. 103/4d. to 6s. 11/2d. 7s. to 8s. 9d.	1s. 3d.	11s. 101/2d.	1s. 9d.	1s. 111/2d.
1879	9s. 10d. 14s. 01/2d.	1s. 91/2d.	£1. 3s. 31/4d.	1s. 111/4d.	3s. 71/2d.
1881	6s. 11/2d. 8s. 9d.	1s. 93/4d.	£1. 0s. 1d.	2s. 01/2d.	2s. 93/4d.
1890	8s. 23/4d. 11s. 9d.	1s. 101/4d.	£1. 2s. 1d.	2s. 61/4d.	3s. 5d.
1900	7s. 81/2d. 11s.		£1. 1s. 2d.	3s. 3d.	3s. 71/2d.
1901	7s. 3d. 10s. 41/2d.	2s. 5d.	£1. 2s. 111/2d.	3s. 03/4d.	5s. 6d.
1902	7s. 23/4d. 10s. 4d.		£1. 2s. 43/4d.	3s. 71/2d.	4s. 11/2d.
1903	8s. 61/4d. 12s. 2d.		£1. 3s. 1d.	3s. 13/4d.	4s. 01/4d.

Appendix XI (cont'd).

	NOTTINGHAM UNION		GENERAL HOSPITAL		DISPENSARY
	Indoor cost per week	Outdoor cost per week	Average weekly cost per in-patient	Average cost per out-patient	Cost per patient
1904	7s. 9d. to 10s. 1d. 11s. 1d. to 14s. 5d.	2s. 8d.	£1. 2s. 101/4d.	3s. 61/4d.	4s. 91/4d.
1906	6s. 91/4d. 9s. 8d.	2s. 83/4d.	£1. 3s. 3d.	3s. 61/2d.	4s. 8d.
1907	7s. 10s.		£1. 4s. 113/4d.	4s. 13/4d.	3s. 111/4d.
1908	6s. 11d. to 7s. 41/2d. 9s. 101/2d. to 10s. 61/2d.		£1. 4s. 5d.	4s. 2d.	4s. 21/4d.

Notes.

1. The Nottingham Union figures are taken from Appendix X. In the case of the indoor costs on the first line against each year the Appendix X figure has been inflated by 40%, and on the second line by 100% to show two levels of overheads included.

2. The General Hospital and Dispensary figures have been taken from Appendix VI. Where in-patient cost figures for the General Hospital are concerned, these for reasons of comparability have been converted into weekly figures using the 'In-patients - average numbers of days stay in House' to be found in the section treating this in chapter 2 'Nottingham General Hospital - Patients'.

3.The General Hospital Average Cost per Out-patient and the Dispensary Cost per Patient are not precisely weekly figures, but are the closest approximation possible to the Outdoor Cost per Week of the Nottingham Union.

Appendix XII - Nottingham and Other Major English Industrial Towns Population Growth 1801 - 1911.

Left hand column - Population size, '000s; right hand column - Indexed Growth.

	NOTTINGHAM		BATH		BIRMINGHAM		BRISTOL		HULL		LEEDS	
1801	29	100	33	100	71	100	61	100	30	100	53	100
1811	34	117.2	38	115.1	83	116.9	71	116.3	37	123.3	63	118.8
1821	40	137.9	47	142.4	102	143.6	85	139.3	45	150.0	84	158.4
1831	50	172.4	51	154.5	144	202.8	104	170.4	52	173.3	123	232.0
1841	52	179.3	53	160.6	183	257.7	124	203.2	67	233.3	152	286.7
1851	57	196.5	54	163.6	233	328.1	137	224.5	85	283.3	172	324.5
1861	75	258.6	53	160.6	296	418.3	154	252.4	98	326.6	207	390.5
1871	87	300.0	53	160.6	344	484.5	183	300.0	122	406.6	259	488.6
1877	EXTENSION ACT.											
1881	187	444.8	52	157.5	401	568.7	207	339.3	154	513.3	309	583.0
1891	214	737.9	52	157.5	478	673.2	222	363.9	200	666.6	368	694.3
1901	240	827.5	50	151.5	522	735.2	329	539.3	240	800.0	429	809.4
1911	260	896.5	51	154.5	526	740.8	357	585.2	278	921.1	446	841.5

	LIVERPOOL		MANCHESTER		NEWCASTLEonT.		NORWICH		PLYMOUTH		PORTSMOUTH		SHEFFIELD	
1801	82	100	75	100	33	100	36	100	40	100	33	100	46	100
1811	104	126.8	89	118.6	33	100.0	37	102.7	51	127.5	42	127.2	53	115.2
1821	138	168.2	126	168.0	42	127.2	50	138.8	55	137.5	47	142.4	65	141.3
1831	202	246.3	182	242.6	54	163.6	61	169.4	66	165.0	50	151.5	92	200.0
1841	286	348.7	235	313.3	70	212.1	62	172.2	70	175.0	53	160.6	111	241.3
1851	376	458.5	303	404.0	88	266.6	68	188.8	90	225.0	72	218.1	135	293.4
1861	444	541.4	339	452.0	109	330.3	75	208.3	113	282.5	95	289.8	185	402.1
1871	493	601.2	351	468.0	128	387.8	80	222.2	118	295.0	114	345.4	240	521.7
1881	553	674.3	341	454.6	145	439.3	88	244.4	123	307.5	128	387.8	285	619.5
1891	518	631.7	505	673.3	186	563.6	101	280.5	139	347.5	159	481.8	324	704.3
1901	685	835.3	544	725.3	215	651.5	112	311.1	178	445.0	188	569.6	381	828.2
1911	746	909.7	714	952.0	267	809.0	121	336.1	194	485.0	231	700.0	455	989.1

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