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CHAPTER I

Birmingham's First Voluntary Hospital

NATIONALLY, Birmingham was relatively slow to construct its first voluntary hospital. Of England's provincial centres, Winchester and Bristol were the first towns to found such institutions, both of these communities having been served by hospitals from 1737.¹ By the end of the eighteenth century, another two dozen towns, of which Birmingham was one of the last, established similar medical charities.² Although situated in an industrial region with its numerous associated hazards, Birmingham established a general hospital only in 1779, approximately thirty years after similar institutions had appeared in Liverpool, Manchester and Newcastle.³ Largely following a pattern that had almost become routine, the Birmingham project still managed to stand out as unusual, given that it was originally championed in 1765 by Dr John Ash, who was both an outsider and a doctor, most other institutions having been founded by local clergymen and funded by wealthy merchants, as well as ordinary shopkeepers and tradesmen.⁴ As was common to many of such early charitable initiatives, meetings concerning the establishment of a 100-bed hospital in Birmingham were held at a public house, in this case the Swan Inn. William Small, a local physician, was the only other local medical man to join Ash on the organising committee.⁵ Thereafter, as had occurred in nearly every community where voluntary hospitals appeared, a group of trusted and energetic supporters commenced to canvas the homes and businesses of the region's inhabitants in order to fund the venture.⁶

Not surprisingly, given the time it initially took for such a project to emerge in Birmingham, matters continued to proceed at a very slow rate, despite Ash having acquired a suitable plot of land and assembled

¹ R. Porter, 'The gift relation: philanthropy and provincial hospitals in eighteenth-century England', in *The Hospital in History*, ed. L. Granshaw and R. Porter (London, 1989), 150.

² A. Wilson, 'Conflict, consensus and charity: politics and the provincial voluntary hospitals in the eighteenth century', *English Historical Review* **III**, 442 (1996), 601.

³ *Ibid.*, 602.

⁴ Porter, 'The gift relation', 161.

⁵ R. Waterhouse, 'Portrait of a medical man: Dr John Ash and his career', in *Medicine and Society in the Midlands, 1750–1950*, ed. J. Reinarz (Birmingham, 2007), 16.

⁶ BCLA, GH/1/2/4.

a thirty-one-member building committee.⁷ While this rate of progress was not unusually slow, there were several reasons for the dilatory manner in which matters subsequently progressed. To begin with, it was not the first medical institution in the town, a workhouse having existed in Birmingham since 1733.⁸ Several of its rooms, as at 500 other workhouses in existence throughout the nation in 1750, would have been occupied by ill and infirm paupers. In response to criticisms that the parish's suffering poor were already sufficiently served by the workhouse, Ash claimed that half the town's sick came from outside Birmingham and, because they were not legally settled in the parish, were not entitled to local Poor Law services. Many other sick and injured inhabitants were denied access to such pauper institutions given their earnings and were expected to pay for the services of a medical practitioner. Nevertheless, the charity's supporters were confronted with additional evidence that clearly suggested that the presence of another medical institution was not critical, at least at that precise moment. For example, according to the records and writings of local practitioners, Birmingham was a relatively healthy environment and, as such, inhabitants may not have perceived a need for another costly charity.⁹ Furthermore, the fact that other ventures were promoted as vigorously as a medical institution, including bridges, roads and even canals, only hindered the hospital committee's fund-raising efforts, especially after war broke out against the American colonies when concerns were naturally directed to a projected decline in foreign trade.¹⁰ As a result, the charity was shelved for approximately a decade, the hospital abandoned as a boarded-up, empty shell, its grounds in subsequent years hosting a number of informal, local sporting events, including football matches.¹¹

Only in 1778, with the cessation of hostilities and the completion of competing projects, were building activities resumed. Following a sustained effort in that year, the hospital was finally completed by local tradesmen, although the building had been somewhat reduced in size, opening its forty beds to patients, including the Lichfield labourer William Jones,

⁷ J. Reinartz, *The Birth of a Provincial Hospital: The Early Years of the General Hospital, Birmingham, 1765–1790*, Dugdale Society Occasional Paper 55 (Stratford, 2003).

⁸ *Aris's Gazette*, 18 November 1765; J. Money, *Experience and Identity: Birmingham and the West Midlands, 1760–1800* (Manchester, 1977), 11.

⁹ Tomlinson, *Medical Miscellany*, 205.

¹⁰ E. Hopkins, *Birmingham: The First Manufacturing Town in the World, 1760–1840* (London, 1989), 63; Money, *Experience and Identity*, 88, 202; Waterhouse, 'Portrait of a medical man', 16–18.

¹¹ For a more lengthy coverage of the hospital's early crisis, see Reinartz, *Birth of a Provincial Hospital*, and Wilson, 'Conflict, consensus and charity'.

on 2 October 1779. In the process, the once neglected institution, much like others elsewhere, such as the soon-to-be-built Derby Infirmary (1810), had become a showpiece for local trades and industries, furnished as it was with water-closets, an 'elaboratory' and iron beds, which were to be found only in a limited number of eighteenth-century provincial hospitals at this time.¹²

Like many other hospitals designed and built in these decades, the General was very domestic in appearance, looking much like a large, three-story mansion with an extensive basement. On entering the building from the front entrance on Summer Lane, 'a dirty, narrow lane' in the words of Birmingham's first historian,¹³ patients and all other visitors found themselves in the main hall, facing an apothecary's dispensary and a less-than-conspicuous adjoining bedroom.¹⁴ A corridor to the right conducted visitors to the hospital secretary's bedroom, a physician's room and a staircase leading to the wards above and a basement below. Behind the secretary's and physician's rooms and to the back of the house one passed through an anteroom before reaching a large committee room, where the governors and staff held their weekly management meetings, usually every Friday afternoon. Beyond this and to the very rear of the building on the right side lay a secretary's office and a privy. Most patients never saw the administrative section of the building unless they were called before the management committee for questioning or to complain about their medical treatment.

Unless simply collecting a prescription, most patients would have been directed to the left of the entrance hall, where the surgeon's rooms were situated. Across from these examination rooms was a ward with twelve beds and its own privy, as well as another staircase. Like that on the opposite side of the entrance hall, this stairway was wide enough to accommodate a sedan chair; it led to a chamber story comprising two main wards with room for twenty beds each, two smaller wards at the centre of the building each contained a dozen beds and two single-bed wards on either side of a ward that overlooked the entrance yard. As on the main floor, privies were located at the rear of the building at the end of the largest wards, strategically positioned to keep the building 'sweet'. The attic floor was identical to the floor below, the only difference being that the rear-facing room at the centre of the building, with capacity for six beds, was originally used as the

¹² J. Howard, *An Account of the Principal Lazarettos in Europe* (London, 1789), 131–6, 179, 198.

¹³ Hutton, *History of Birmingham*, 258.

¹⁴ The remainder of the hospital's description is based on drawings produced by the institution's architects, the Wyatts. BCLA, GH/3/5/988.

operating theatre, given that it was fitted with skylights, which made it the brightest room during the day.

The basement, by way of contrast, was a collection of small, dark rooms. To the front of the building were vaults and the apothecary's storage room, containing those items required for compounding pills, potions and most other prescriptions. These store rooms were framed by a laundry to the left and the matron's private room to the right. Behind the matron's bedroom lay the kitchen, scullery and pantry, with a servants' privy at the very rear. In the centre of the basement, below the apothecary's rooms, was a hot bath, a 'sweating' room for venereal patients, and another bedroom, presumably used by the house porter. Behind the laundry, in the rear left wing, lay another store room, a cold bath, a final privy and the dead room, in which the bodies of only half a dozen patients were laid out and examined in the hospital's first year. While mortuaries would progressively be removed from the main hospital building in subsequent generations, the only facilities which lay outside the hospital in its earliest years were the brewery, laundry and bakehouse, as well as a laboratory, all of which were housed in two detached structures on either side and to the front of the main block.

Like other eighteenth-century hospitals, the charity was supported largely by voluntary philanthropy, comprising primarily annual subscriptions, which for the next century averaged a guinea. While sources of finance did not vary as much as they would in the late nineteenth century, donors' motivations often did, and though these have been explored in countless histories of hospitals and philanthropy more generally, they are worth re-examining, as subscribers' motives were often subject to change with time and location, if not with each donor.¹⁵ Besides John Ash's initial arguments in support of the hospital, perhaps the earliest and most enduring of incentives for contributing to medical charities was that rooted in the Christian tradition, the religious impulse behind much philanthropy having flourished particularly in these years as a result of a revival in the eighteenth-century church. Furthermore, Nonconformists, well represented among the middling sorts in unincorporated towns such as Birmingham, engaged in what has been described as practical Christianity, supporting, most noticeably, good works within their communities, often stimulated by a certain distrust of the state's powers.

Many other motives were of a more secular nature, though no less

¹⁵ F. K. Prochaska, *Women and Philanthropy in Nineteenth-Century England* (Oxford, 1980); F. K. Prochaska, *Philanthropy and the Hospitals of London: The King's Fund, 1897–1990* (Oxford, 1992); R. Humphreys, *Sin, Organized Charity and the Poor Law in Victorian England* (Basingstoke, 1995); K. Waddington, *Charity and the London Hospitals, 1850–1898* (Woodbridge, 2000).

practical. A shortage of public buildings in these years, for example, augmented considerably the functions of non-religious institutions, such as hospitals and theatres. For this reason, the harshest critics of medical charities have often judged many philanthropic gestures to have been insensitive to the needs of the poor, regarding them instead as thinly disguised acts of self-interest.¹⁶ Committee meetings and fund-raising events, for example, offered important opportunities for local leading lights to reinforce their social status, and provided many other upwardly mobile members of the community with regular opportunities to improve their standing, if not the possibility to rub shoulders with an established elite at a charity's annual meeting. The fact that merchants wishing to supply the hospital with goods were encouraged to become subscribers has also led many historians to question the benevolence of donors.

Additionally, such eleemosynary efforts were also used to raise the reputations of entire communities, provincial populations having supported certain charitable initiatives to foster urban development more generally. Lacking a charter, Birmingham remained notoriously behind other towns in terms of development, and many other local projects stand out as efforts to keep up with innovations pioneered elsewhere, motivated largely by civic pride.¹⁷ For example, the fact that the inhabitants of Stafford and Northampton had erected their own hospitals by the 1760s would undoubtedly have inspired similar hospital-building efforts in Birmingham. While eventually depicted as a showpiece of local industry, if not essential viewing for all visitors to the region, hospitals remained an expression of secular welfare, most manufacturing communities having been especially eager to maintain the health of a local workforce, upon which the preservation of the region's industry and wealth depended. Political motives may also have played a part in concentrating philanthropy during these years of social unrest.¹⁸ Finally, charity was not simply inspired by the potential power of the lower orders. Though described as a social balm, successfully drawing together individuals representing a multitude of social and political backgrounds, medical charities often benefited from a certain amount of conflict among local elites, whose generosity grew as the result of periodic struggles to control the institutions from which they derived their

¹⁶ F. K. Prochaska, 'Philanthropy', in *The Cambridge Social History of Britain, 1750–1950*, vol. 3, ed. F. M. L. Thompson (Cambridge, 1990), 358–9.

¹⁷ E. Hopkins, *Birmingham: The Making of the Second City, 1850–1939* (Stroud, 2001), 54.

¹⁸ Lane, *Social History of Medicine*, 82; Wilson, 'Conflict, consensus and charity'; A. Wilson, 'The Birmingham General Hospital and its public, 1765–79', in *Medicine, Health and the Public Sphere in Britain, 1600–2000*, ed. S. Sturdy (London, 2002), 85–106.

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