The Patients View as History From Below: Evidence from the Victorian Poor, 1834-1871

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The Historiographical Background

It is almost 35 years since the publication of Roy Porter's "The Patient's View: Doing Medical History from Below".[1] Since publication the article has often been styled as "seminal". It has a firm place in the historiography of "patient" related historical study being: "a modern day classic… and virtually every chapter, article or monograph on medical practice published since 1985 seems to refer back to it".[2] In essence, Porter was concerned that histories of medicine did not simply ossify into a series of corporate style accounts of groundbreaking medical science, innovative surgeons and the steady march of professionalism against amateur "folkloric remedies". For Porter any medical encounter takes at least two (and sometime more than two) people: the sick person or sufferer and the doctor or healthcare professional. His unease focused on the way in which the sufferer's role, voice, or view of healing and healthcare had been routinely underplayed.[3]

This call for a more nuanced and balanced understanding of doctors, patients and their relationships has been partly met, with innovative new studies of the nature of professionalization, the extraordinary longevity of herbal remedies and the complex world of the medical marketplace which both doctors and consumers were obliged to navigate.[4] Porter's wider call to reclaim "the voice of the voiceless" or perhaps more properly to discover and foreground that voice (repeated by Peter Bartlett in terms of lunatic voices)[5] has achieved less traction.[6] Bacopoulos-Viau and Fauvel note that for the history of psychiatry, patient narratives are a vital tool in understanding the experiences and construction of lunacy[7], even if in practice we more often hear and analyse the voices of relatives than we do lunatics themselves.[8]

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[1] R. Porter, 'The Patient's View: Doing Medical History From Below', *Theory and Society*, 14 (1985), pp.175–98.

[2] A. Bacopoulos-Viau and A. Fauvel, 'The Patient's Turn Roy Porter and Psychiatry's Tales, Thirty Years on', *Medical History*, 60 (2016), pp.1–18; and F. Condrau, 'The Patient's View Meets the Clinical Gaze', *Social History of Medicine*, 20 (2007), pp.525–40. The quote is from the latter's introduction p.525.

[3] Porter, 'Patient's View', p.175.

[4] M. Brown, *Performing Medicine: Medical Culture and Identity in Provincial England c.1760-1850*, Manchester University Press, 2011; E. Leong and A. Rankin, eds., *Secrets and Knowledge in Medicine and Science 1500-1800*, Ashgate, 2011; and A. Digby, *Making a Medical Living: Doctors and Patients in the English Market for Medicine, 1720-1911*, Cambridge University Press, 1994.

[5] P. Bartlett, *The Poor Law of Lunacy: The Administration of Pauper Lunatics in Mid-nineteenth Century England*, Leicester UP., 1999, pp.132-41.

[6] Also chronologically uneven results, with more (and more nuanced) work undertaken for the early modern period than for the nineteenth-century. See H. Newton, *The Sick Child in Early Modern England, 1580-1720*, Oxford University Press, 2012.

[7] Bacopoulos-Viau and Fauvel, 'The Patient's Turn', p.1.

[8] L. Wannell, 'Patients' Relatives and Psychiatric Doctors: Letter Writing in the York Retreat, 1875–1910, *Social History of Medicine*, 20 (2007), pp.297–313, and C. Smith 'Living with Insanity: Narratives of poverty, pauperism and sickness in asylum records 1840-1876', in S. King, E. Hurren

In the wider history of medicine literature, however, Fissell was able to suggest in 1993 that the patient's narrative had actually *lost* ground to histories of doctors and the institutions that they increasingly populated.[9] Subsequent work has not recovered this position, particularly in the context of working-class people as opposed to the middle-class consumers whose voices and experiences dominate current understandings of the nature and constellation of health care. The sense that the ordinary patients' presence is obscured in accounts produced by clinicians or administrators remains strong.[10] It is also misleading, as historians who are now focussing on the dependent poor have begun to show. Thus, for the Old Poor Law (the national system of parochially based welfare established in 1601 and running to 1834) King used pauper letters – the authentic texts of marginal people and sometimes their advocates – to recover and analyse the voices of the sick and disabled poor.[11] Those who have worked on the New Poor Law in the post-1834 period have also begun to find similar material.[12] In this broad context, it has become increasingly clear that the voices of ordinary patients emerge most firmly in the historical record when things went wrong with health care and they were obliged to contest their care (or lack of it), provide evidence in the event of medical scandals, or to complain about medical professionals.

We return to these themes below, but for now it is important to note that the same imperatives have driven the possibilities for capturing patient voices in the very recent historical past. Sustained attempts to elicit, analyse and preserve patient views ensure that future researchers will have much easier access to relevant data for the late twentieth and early twenty-first centuries.[13] Yet even in this context the patient voice emerges most powerfully, frequently and viscerally when ordinary people have to contest health care. Examples would include instances of the almost impossibility of securing timely appointments with general practitioners. This has recently led to patients in Northamptonshire queuing outside surgeries simply to book-in appointments for a later date. In Leicestershire people found themselves being turned away from walk-in-centres (the clue is in the name) because they did

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and A. Gestrich, eds., *Poverty and Sickness in Modern Europe: Narratives of the Sick Poor, 1780-1938*, Bloomsbury, 2012, pp.117-41.

[9] M.Fissell, 'The Disappearance of the Patient's Narrative and the Invention of Hospital Medicine', in A. Wear and R. French, eds., *British Medicine in an Age of Reform*, Routledge, 2015, pp.92-109.

[10] J. Gillis, 'The History of the Patient History since 1850', *Bulletin of the History of Medicine*, 80 (2006), pp.490–512.

[11] S. King, *Sickness, Medical Welfare and the English Poor 1750-1834*, Manchester University Press, 2018, and S. King, *Writing the Lives of the English Poor, 1750s to 1830s*, McGill-Queen's University Press, 2019.

[12] S. Shave, '"Immediate Death or a Life of Torture are the Consequences of the System": the Bridgwater Union Scandal and Policy Change', in J. Reinarz and L. Schwarz, eds., *Medicine and the Workhouse*, Rochester University Press, 2013, pp.174-75, and E. Hurren, *Protesting about Pauperism: Poverty, Politics and Poor Relief in Late-Victorian England, 1870-1900*, Boydell, 2015, *passim*.

[13] M. Klawiter, 'Breast Cancer in Two Regimes: The Impact of Social Movements on Illness Experience', *Sociology of Health and Illness*, 26 (2016), pp.845-74, F. Mazanderani, 'The Patient's View: Perspectives from Neurology and the "New" Genetics', *Science as Culture*, 23 (2014), pp.135-44, which also credits Porter's 'The Patient's View' as a primary popular mover in changing the focus from the medical establishment toward the patient.

not have appointments.[14] Some outpatients with hospital appointments are finding it necessary to travel long distances for care as smaller local hospitals have been closed.[15] Reports of inadequate funding for assisting the chronically ill to live comfortably at home are frequent: Determined that lives should be lived to the fullest extent one mother, frustrated at the inability to secure a walking frame for her son who suffered with cerebral palsy, declared that: he "wants to stand up. He wants to see what's going on. He is meant to be upright, not crawling all his life".[16] Some voices of contestation are even heard beyond the grave. In one of many similar cases an inquest heard in June 2019 that a 48 year-old man committed suicide after his benefits were cut and he was declared fit to work.[17] Moves to silence claims of abuse and neglect invariably backfire, as for instance with the Staffordshire hospital scandal, leading to a torrent of patient and family voices. The difficulties in understanding the detail of health care mean that thousands of people annually turn to The Patients Association for advocacy or advice, with many of those original voices subsequently preserved.[18]

These long-term continuities inform the agenda for the current chapter, which focuses on the experiences of the sick poor under the New Poor Law during the middle decades of the nineteenth-century. This is not an unproblematic exercise. The number and overall size of published and archival sources multiply exponentially as we reach the modern period and the arrival of a maturing information state.[19] Crudely, the archival "haystack" becomes ever more large and complex and the patient voice "needle" thus even harder to locate. It is perhaps for this reason that while Porter claimed that the "history of the sick should [not] prove any more intractable than the history of the labouring classes, of women, criminals, the illiterate, of Outcast London, or any other sort of history 'from below'", he gave few examples of the socially and economically poor sufferer. Indeed, he asserted that "underdogs such as paupers and criminals in previous centuries were often illiterate, or silenced, or were vocal only in ways leaving few traces in the archives". Yet, and as we have already begun to suggest, it is possible to use the overlapping lenses of complaint, contestation and scandal to explore very directly the words of the poorest of the sick poor if we look for them. While in their examination of medical care at the Birmingham workhouse between 1733 and 1900, Reinarz and Ritch found that: "[u]nfortunately, during most years, very little additional evidence about the patients

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[14] https://www.bbc.co.uk/news/uk-england-northamptonshire-48200555?intlink_from_url=https://www.bbc.co.uk/news/topics/cz4pr2gdggdt/gp&link_location=live-reporting-story; "Queuing at NHS GP surgery in Wellingborough 'a bit 19th Century'"; "People are being turned away from walk-in centres because they don't have an appointment"; https://www.leicestermercury.co.uk/news/health/people-being-turned-away-walk-2855717

[15] "Swathes of countryside becoming 'healthcare deserts' with £100 trips for hospital care"; https://www.telegraph.co.uk/news/2019/05/22/swathes-countryside-becoming-healthcare-deserts-100-trips-hospital/

[16] https://www.bbc.co.uk/news/uk-wales-48205285; "Campaign to buy frame for boy, seven, to stand at home".

[17] https://inews.co.uk/news/dwp-benefits-man-declared-fit-to-work-death-suicide/, "Chronically ill father died by suicide after DWP declared him fit to work and cut his benefits".

[18] https://www.patients-association.org.uk/

[19] E. Higgs, *The Information State in England: The Central Collection of Information on Citizens since 1500*, Palgrave, 2004, pp.64- 98.

at the workhouse, other than their number, is included in the guardians' minutes"[20], we have found more than 6,000 advocate letters, pauper witness statements, and pauper or poor peoples' letters in the central archives of the New Poor Law.[21] While not all of these were from or about sick people, many were and they provide a richly detailed factual, rhetorical and strategic source base through which we can both explore how ordinary people understood and negotiated healthcare in the nineteenth-century and some of the resonances with modern patient concerns and experiences. In particular, we explore four broad questions through the lenses of contestation, complaint and dispute: Firstly, how might poor people know what "rights" they had to medical care? Secondly, who decided if someone was too sick to work? Thirdly, how did poor people feel about being expected to travel to secure medical assistance? Finally, how did poor people contest decisions made in the context of chronic sickness? Before we turn to these questions, however, some sense of the administrative process of the New Poor Law and the sources thus generated is necessary.

An Archive and Process

We take as our chronological starting point the welfare reforms enshrined in the 1834 Poor Law Amendment Act. The Act was founded upon the establishment of a central poor law authority based in London, and the creation of hundreds of local poor law unions (collections of parishes) across England and Wales.[22] These unions were in effect new local government authorities managed by parish representatives (styled "guardians") who were elected on a ratepayer franchise. The unions were staffed by paid officers such as the workhouse master and matron, clerks, porters, relieving officers, rate collectors and others as welfare was professionalised. With reference to the sick and their care under the welfare arrangements post-1834, the law was surprisingly quiet. The founding legislation of the Old Poor Law in 1601 had said nothing about medical relief. Similarly the poor law report and legislation of 1834 said little about the types and levels of medical provision that should be delivered, in significant part because the disciplinary and coercive powers of guardians under the New Poor Law were never meant to be aimed at the sick and other groups of the broadly and historically conceived "deserving poor". The 1834 Act simply stated that medical assistance might be given "where any Case of sudden and dangerous Illness may require it" and it will be obvious that such an opaque statement left many potentially contentious unresolved issues and afforded much ground for contestation, of local decisions and scandals arising from neglect or inadequate spending.

In terms of the administrative history of poor law unions it is important we understand that poor law unions, as new supra-local entities under centralized

[20] J. Reinarz and A. Ritch, 'Exploring Medical Care in the Nineteenth-Century Provincial Workhouse: A View from Birmingham', in Reinarz and Schwarz, *Medicine*, pp.151 and 153.

[21] The material for this chapter is drawn from our current AHRC project entitled "In Their Own Write: Contesting the New Poor law 1834-1900". Grant number AH/R002770/1. For more information see https://intheirownwriteblog.com/about/

[22] The numbers of poor law unions fluctuate from the mid/late-1830s onwards. In 1838 there were 594 poor law unions across England and Wales and this had increased by the early 1860s to 646 unions. See *Annual Report of the Poor Law Commissioners* volume 4, 1838; and *Annual Report of the Poor Law Board* volume 13; 1860-61.

supervision, were themselves immediately divided for the provision of medical services, with medical officers appointed to each of these newly formed so-called "districts". These were usually organised on the basis of district population size. Some poor law medical officers, who in the guise of parish doctors prior to 1834 had worked across one or two parishes, now found themselves spread thinly across a much larger area. Smaller unions might have only a couple of medical officers but larger ones may have many more. Generally, although not always, a separate district was based on the union workhouse itself. Medical provision thus grew from the vacuum engendered by the lack of direction from the central authorities and the law. It is clear, however, that a New Poor Law focused ideologically and philosophically on crushing the claims and entitlement assumptions of the able-bodied poor was rapidly overtaken by the needs and claims of the traditional client groups of the English and Welsh welfare system, amongst whom the sick were the largest and most expensive.[23] The balancing (and often lagging) expansion of medical provision under the New Poor Law was piecemeal, accidental, slow-moving and unevenly spread across the indoor and outdoor poor. Notwithstanding these caveats, the post-1834 English and Welsh poor had the right to apply for the local medical services supplied under the New Poor Law, just as had been the case pre-1834.[24]

Following the establishment of the London based central poor law authority and the hundreds of local poor law unions across England and Wales, these two bureaucracies did what bureaucracies of this size do: they created millions of pieces of paper and sent them backwards and forwards to each other.[25] They also created a complex registry system predicated on paper numbers (individual unique identifying numbers) by which the bureaucratic staff were able to search for, find and retrieve, individual pieces of correspondence.[26] This correspondence is now to be found at The National Archives under record series MH 12. It is the largest series held under MH (Ministry of Health) running to almost 17,000 individual large bound volumes and it is this source which forms the archival focus of our chapter.[27] Although the series is mainly made up of correspondence between the central and local authorities covering finance, pauper discipline, staff appointments, official returns etc., other "non-authority" correspondence, such as that from local landowners and occupiers, tradesmen, ratepayers, paupers and other local poor, was included and filed alongside the authority paperwork. This was done on a union-by-union basis in year and paper number order. The result of bringing together this authority and non-authority paperwork into a single "union correspondence" series within the central

[23] For a summary see S. King, 'Thinking and Rethinking the New Poor Law', *Local Population Studies*, 99 (2017), pp.5-19.
[24] K. Price, *Medical Negligence in Victorian Britain: The Crisis of Care under the English Poor Law, c.1834–1900*, 2015, Bloomsbury, p 10.
[25] See P. Carter and N. Whistance, 'The Poor Law Commission: a New Digital Resource for Nineteenth-century Domestic Historians', *History Workshop Journal*, 71 (2011), pp.29–48; P. Carter and N. Whistance, *Living the Poor Life: A Guide to the Poor Law Union Correspondence, c. 1834 to 1871, held at The National Archives*, BALH, 2011; P. Carter and S. King, 'Keeping Track: Modern Methods, Administration and the Victorian Poor Law', *Archives*, XL (2014), pp.31-52.
[26] The central register to these papers no longer survives being destroyed during the Second World War. See Carter and King, 'Keeping Track'.
[27] TNA's online catalogue lists 16,745 volumes.

authority provided the government of the time with a detailed account of the state of locally managed but centrally directed welfare.

Examining some of this non-authority paperwork in consort with other specific types of authority records provides us with a step-change in revealing the sick pauper's view. In general we can identify three major types of records produced or co-produced by ordinary poor people.[28] Simply put these are advocate letters, witness statements,[29] and pauper or poor peoples' letters.[30] These three types of records appear in the archive covering a diverse range of subject matters such as complaints about categories and levels of relief, refusals of applications for relief, physical or verbal ill-treatment of paupers, unequal treatment of workhouse inmates, unfair punishments, illegal appropriation of goods by union officers, unfit under-weighted dietaries etc. But the poor sick in mind or body (or both), appear as the backbone of this element of the correspondence. This group, then, was not voiceless. Indeed, and as we shall go on to see, their concerns and rhetoric when contesting and complaining about treatment, have remarkable similarities to modern patients.

Contesting Rights

We can turn first to the question of how a group whose welfare needs were not really covered by the law of 1834 established, maintained and enforced rights. While any poor person meeting certain residence criteria had a right to apply for relief from their union, the New Poor Law was a discretionary welfare and health care system and such applications could be and were turned down. This notwithstanding, it is clear from our material that the sick poor and their advocates often wrote about the poor's "rights" or referred to the law or regulations to back up a variety of welfare claims. Thomas Henshaw, from Ilkeston in the Basford Union, wrote to the Poor Law Commission (PLC) on 5 February 1842 to set out a case for relief. He described himself as "a poor Man by trade A Frame worknitter", with a wife and three children. His recent underemployment had worsened to unemployment and the family had become "completely destitute of food since February the 1st to the present time". Henshaw related how he had applied for relief but was refused. He then approached a local magistrate who provided a "positive order" to give to the local officers, but again to no avail. Henshaw submitted his case to the central authorities asking for "redress" as he had followed the regulations they had set out for securing relief and he felt his case was wrongly dismissed. He also understood the relevant legislation referring in his letter to the 54th clause in the Poor Law Amendment Act 1834 which

[28] By co-produced we mean records produced with the active participation of poor people, who we now understand were adept at seeking and finding others who held socially superior positions to them who would listen to their accounts or complaints of welfare, and who would then take up their cause.

[29] Sometimes interchangeably referred to as statements, witness statements, evidences, and depositions.

[30] The distinction between letters from paupers and letters from poor people is problematic. While being in receipt of relief defined one as a pauper, an application for relief did not. Letters complaining of a lack of relief while destitute, followed by a subsequent one acknowledging inadequate relief had been given, and perhaps a third complaining that even this has been withdrawn therefore embodies a fluid position where the poor might slip from poverty to pauperism and then back quite quickly. For ease of argument we have deemed all such texts as pauper letters.

allowed for relief in “Cases of sudden and urgent Necessity…” such as sickness.[31] Demonstrating further comprehension of the workings of the New Poor Law, Henshaw also referred in his letter to a circular he had seen from Edwin Chadwick, the “clark to the poor law commissioners” stating that neglect of this section could see union and parish officers held to account in law.

Such claims of law and right can be seen in many of the statements and letters of the poor and their advocates. Thus, the Reverend Hugh Metthie in his letter from the Wrexham Union in Denbighshire to the PLC in February 1835, disputed their answer to an earlier letter he had sent. The PLC had claimed they were unable to interfere in the matter of individual cases of relief. Metthie said that he understood the point they made but that he had referred “to the 15th section of the Act, & find by it that the Commissioners <u>have</u> the power of making rules for the administration of relief to the poor; - and, though they cannot interfere in any <u>individual</u> case, yet a <u>general</u> rule issued to them would apply to <u>individual</u> cases”. Furthermore, claimed Metthie, by section 27 of the Act in any union formed under it, two magistrates could order relief to an aged person disabled from working without that person being required to reside in the workhouse.[32] Clinical legal discourse such as this was more common than might perhaps have been expected of this period, but most writers were like Thomas Henshaw and melded together both moral and legal claims on the welfare authorities. Thus, in early 1837 William Passey wrote from the Kidderminster Union, to the PLC, on behalf of Benjamin Hughes. Passey couched his complaint as a case of maladministration of the New Poor Law, claiming himself to be “an advocate of those clauses which order immediate relief to the necessitous, aged and infirm”. He then complained that Hughes, described as “a poor, deserving old man, 72 years of age, who has been unable to gain or procure a livelihood for the last two years”, had lost his job “through his general debility and deficiency of sight; which was represented by his late employers to the Reliving-officer here”. When the relieving officer attended Hughes in his lodgings, the old man was “very ill in bed” and Passey claimed that at that time he had only part of a half pennyworth of oatmeal to eat. In turn, Hughes was told by the relieving officer that he could have nothing and advised him to make the 22 mile journey to his home parish of Ludlow in Shropshire. Passey, in stressing the importance of those “clauses which order immediate relief to the necessitous” (echoing Henshaw’s contention above) claimed that the central poor law authorities should have acted

> to prevent the new system of relief falling in general disgrace and abhorence. The poor old man presents the picture of the most dire destitution, his face, legs and other parts of his body has begun to swell and hourly he becomes more alarming ill through total destitution![33]

[31] Section 54, An Act for the Amendment and better Administration of the Laws relating to the Poor in England and Wales, 1834.
[32] MH 12/16104, paper number 4244/C/1835, Reverend Hugh Metthie, Wrexham Poor Law Union, to the PLC, 9 February 1835.
[33] MH 12/14016/68, paper number 780/C/1837, William Passey, Kidderminster Poor Law Union, to the PLC, 30 January 1837.

Also claiming knowledge of what the law allowed was James Hoare, an ex-serviceman living in Colyton in the Axminster Union in Devon, who wrote to the PLC in July 1844. Hoare hoped that the Commission would "excuse my Boldness" but that as he had "arrived at the advanced age of 64 years, and totally dissabled with rupture and loss of one Eye, while serving in the Defence of my country…" he must correspond with them. He disputed the legality of his current allowance of only two loaves a week "with regard to my old age pay". The local officials, he claimed, did not allow him his due "by the act of the Poor law". He asked the central authorities to intercede "by, ordering, what is allowed by the Poor Law act, to Be paid to me weekly".[34] We find a similar letter from Daniel Rush, who lived at Bethnal Green. He wrote to the Poor Law Board (PLB) "Implorin of you to take my Case into your most seirous Considration". Rush was a 71 year old silk weaver but now considered himself as "Past Labour". He and his 68 year old wife earned about 3s per week and having applied for relief locally were only offered the workhouse. When they arrived there the staff insisted that the couple, who had been married for 49 years, were separated. He claimed that "soner then We Would be seperated We Will Perish for Want". Rush quoted (albeit inaccurately) from the 1847 Consolidated General Order that: "in the Act for the Administration of the Laws in England 23rd July 1847 Chap 109 Verse 23 any two Persons being Husband and Wife shall not be ness be Compeld to be separate" and he asked the Board to ensure they would not be separated.[35] Here Rush was referring to that part of the Order which allowed that there was no compulsion on any union "to separate any married couple, being both paupers of the first and fourth classes respectively".[36] This linguistic register of law, oppression, moral right and reasonable expectation plays out across our sample, but it also has a remarkable resonance with how modern patients dispute, directly or mediated through the media, the decisions of health care authorities on issues across a spectrum from drug rationing to the legal and moral failings of care homes.

Contesting Exclusion

Equally contentious in a modern sense have been post-2010 reforms to a broadly conceived basket of "disability allowances". These have resulted in many more people being classified as fit for some work, though systematic legal challenges on the part of patient and advocate groups has seen the rolling back of many individual decisions. The essential question behind these processes (who can decide if someone is too sick to work?) was played out equally firmly by the poor under the New Poor Law. Thus, managing the sick poor may have been opaquely included in the 1834 Act but the profile of workhouse inmates and outdoor poor suggest that the very young (children), the elderly and the sick predominated pauper populations.[37]

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[34] TNA MH12/2097/207, paper number 10898/A/1844, James Hoare, Axminster Poor Law Union, to the PLC, 20 July 1844.

[35] MH 12/6846, paper number 35021/1851, Daniel Rush, Bethnal Green Poor Law Union, to the PLB, 22 August 1851.

[36] PLC, The Consolidated General Order, 1847, article 93 section 3. These classes were men and women deemed infirm through age or any other cause.

[37] A. Hinde and F. Turnbull, 'The population of two Hampshire workhouses, 1851-1861', *Local Population Studies*, 61 (1998), pp.38-53; D. Jackson, 'The Medway Union workhouse, 1876-1881: A

This notwithstanding, union and central authority staff continuously spent time setting out what type of work might be undertaken by different categories of pauper in receipt of relief. This juxtaposition of the enfeebled or sick pauper and the allocation of work tasks led to complaints that paupers were allocated labour tasks unfairly or illegally. More specifically, that the feeble or sick poor were inappropriately allocated work that they were unable to perform, or while able, were performed to the detriment of their health. Complaints were commonly raised by paupers themselves. In May 1843, one J Lazenby, an indoor pauper at the Bethnal Green Workhouse in Middlesex, wrote to the PLC, complaining that "about five weeks ago the Master Compelled the Age[d], Cripples, and Infirm Males to laber at the Pump instead of the able Bodied Men, under 60 years of age (which is I presume against the Poor Law Act)". Lazenby claimed they were threatened that their food allowances and agreed periods of leave on Sundays would be stopped if they did not undertake this task work. Furthermore he asserted that through fear many men who were too elderly (between 70 and 80 years old), feeble and sick to work undertook the tasks as the threats were in fact being enforced with medical officers in the workhouse disallowed from interfering. He provided details of his own medical conditions, which ranged from spitting quantities of blood, shortness of breath, "fungus flesh in both Ears and my Nostrils" and his ears continually discharging some form of foetid matter. Refusing the task work himself on medical grounds Lazenby claimed he was "deprived of my liberty" and been "most grossly and infamously insulted".[38] A similar concern over work being imposed on those unable to labour can be seen in the letter from James Holmes, who wrote from Calverton in the Basford Union in Nottinghamshire, in August 1846. Stating that he had recently been reduced to applying for poor relief on account of his and his wife's ages (being 69 and 65 respectively), he was told that he would need to work upon the roads to receive relief, but claimed his advanced years and impaired constitution (caused by military service in the West Indies and Egypt) made this impossible. Holme's service rendered his constitution:

> so impaired – that I am quite unable to bear any Exertion – Under these Circumstances, it is hoped my deplorable situation will meet with your sympathy – It is hoped you will attend to my Case – I can not do without relief – and they with-hold it – what am I to do?... I would just add – that they would not admit [me] into the House nor releive me.[39]

The link between unemployment and hopelessness explicitly developed in this letter also has real resonance with modern health discourses. In a recent study redundancy and periods out of work were said to account for around one fifth of suicides across a sample of 63 countries in the first dozen years of the twenty-first

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study based on the admission and discharge registers and the census enumerators books', *Local Population Studies*, 75 (2005), pp.11-32.

[38] MH 12/6844, paper number 5914/1843, J Lazenby, Bethnal Green Poor Law Union, to the PLC, 21 May 1843.

[39] MH 12/9236/266, paper number, 11970/B/1846, James Holmes, Calverton, Basford Poor Law Union, to the PLC, 29 August 1846.

century.[40] Commenting on the research in 2015, Roger Webb and Navneet Kapur cautioned that suicide cases attributed to the financial crisis of 2007-2008 were only "the tip of the iceberg" of a greater suite of social and psychological problems associated with exogenous shocks to employment and status.[41] That the mid-nineteenth century poor were also aware of such pressures is further demonstrated in the case of John Knight, a labourer of Thorncombe in the Axminster Union in Devon who gave sworn evidence as part of an investigation (June 1837), into the suicide of his father, James Knight. John had returned home from work and going upstairs found his father dead. He described the scene: James had a rope round his neck placed over his chin and up behind his ears forming a noose. Another piece of rope could be seen on a beam above him (the rope had at some time apparently snapped). James had been out of work about a fortnight and prior to this he used to earn 3s or 3/6 a week at weeding corn, supplemented by 1/6 and two loaves per week from the local poor law authorities. He had just been informed that his bread allowance was going to be halved in future and had been heard to comment that he would "be starved now he could get no work". James had sought work from several farmers but could secure none. He also unsuccessfully asked the Axminster guardians for additional relief. John blamed Haskell, the relieving officer, for his father's death: "I believe that the cause of my Fathers putting an end to himself was the being unable to get work & the Refusal to give him any further relief and shortening what he had from the Union". Moreover, John was very clear that his father's mental state deteriorated concluding that "the fear of starving prayed on my Fathers mind…"[42] The rhetorical infrastructure of these claims matches almost perfectly that used by relatives of those who have taken their own lives in response to the withdrawal or downgrading of benefits through reforms to Disability Living Allowance or Universal Credit.

Distance and Timeliness

One of the most controversial aspects of Universal Credit has been the fact that delays to sick people applying for and receiving benefits are written into the very fabric of the system. Equally, even a cursory glance at most modern newspapers reveals innumerable complaints of sick people having to wait for doctors' appointments or patients having to undertake long journeys for medical care. Many of our nineteenth-century writers also faced and contested these problems. Thus, although medical districts were originally meant to have medical officers located within their boundaries this was not always possible. Applications for any given district may not have attracted interest from a local doctor.[43] In such cases medical officers could reside many miles from the district they served making timely access difficult or perhaps even impossible. The reverend James Rudge of Hawkchurch in

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[40] W. Kawohl et al, 'Modelling suicide and unemployment: a longitudinal analysis covering 63 countries, 2000–11', *Lancet Psychiatry*, 2 (2015), pp.239-45.

[41] https://www.theguardian.com/society/2015/feb/11/unemployment-causes-45000-suicides-a-year-worldwide-finds-study

[42] MH 12/2095/158, Witness statement of John Knight, in Harry Burrard Farnall, Assistant Poor Law Commissioner, to the PLC, 19 June 1837.

[43] A. Kidd, *State, Society and the Poor in Nineteenth-Century England*, Macmillan, 1999, p.41.

the Axminster Union, complained to the central authorities in March 1842 after he had visited Samuel Quentin who was confined to his bed by typhus. Quentin complained directly to Rudge of the inconveniences the sick poor suffered on account of the distance at which the newly appointed medical officer lived from them. Rudge pointed out that the new man lived at Chard and that the distance from his house to Chard was about nine or ten miles. Indeed, there was no part of Hawkchurch from which it was less than six or seven miles. Thus:

> The result of any application for medical assistance, must be as follows. A messenger, in going & returning, will have to walk about eighteen miles – the medical Gentleman to see his patients will have to ride the same distance and another journey of the same extent must be undergone to fetch the medicine; and I need scarcely add, that, from the length of time these journeys will take, the disease of the patient may be accelerated, and death, in some cases, may ensue. The medical officers, to whom such important interests are entrusted, should certainly not live three or four miles or farther from the residences of the poor.[44]

The frequency of very strong advocacy on the subject of timely treatment (or rather its absence) is a striking feature of our letter corpus which has its analogue in modern letters to newspapers and media reporting. Thus, in early 1864 Frederick T Velly wrote from Chelmsford in Essex to the PLB concerning an unnamed man who walked from Borham to Chelmsford, a distance of about four and a half miles, to call on the union surgeon and who was "completely <u>covered with the small pox</u>".[45] The surgeon secured an order for the man to be admitted into the workhouse. However, after making his way there he was refused entry and travelled back to the town. A second order for admission was secured but once again the man was denied. The surgeon then personally sought out and spoke with the chairman of the local guardians but he refused to intervene in the case. Eventually a half-open shed was found for the man where he was able to sleep. Velly was convinced that the time spent on the journey added to the man's misery. On top of the initial trip from Borham, further "hours… a greater part of which time the poor man was in the open air either standing about in the market place… or travelling to and from the Union house a distance of one mile or thereabout each way" were added to his burden.[46]

For some of the sick poor, as with modern patients, delays to treatment resulted in tragedy, enquiries and lessons to be learned. Thus, in late 1849 Martha Barker, a pregnant 31 year old from Ilkeston in Derbyshire, was taken ill. After she complained to her husband Thomas "of feeling very bad" and expressly wanted medical assistance, he sought out Marshall, the local parish overseer and obtained an order for the medical officer to see Martha. However, Edgar Henry Longstaff, one of the local medical officers, refused to attend and instructed Thomas to bring Marshall to his (Longstaff's) house. Longstaff claimed that the order was invalid and instructed Thomas to go to Bulwell to secure a new order from Topliss, the Ilkeston

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[44] TNA MH12/2096/269, paper number 2937/A/1842, Reverend James Rudge, Axminster Poor Law Union, to the PLC, 22 March 1842.
[45] Original underlining.
[46] MH 12/3405, paper number 3930/1864, Frederick T Velly, Chelmsford Poor Law Union, to the PLB, 29 January 1864.

district relieving officer, as the case was not an “urgent one”. Thomas disagreed and argued that the case was urgent and that his wife was likely to die. Furthermore, Thomas refused to undertake the journey saying he did not know the way and that he could not leave his wife alone in her current state as it would be a round trip of some 14 miles. Taking offence at “my Sauce”, Longstaff refused to provide medicine for Martha, although he later relented.[47] In the event Martha died and Longstaff, who claimed to have misunderstood his duties as medical officer, was officially cautioned to attend all lawful orders as soon as they have been served on him.[48] The aged were also susceptible to this sort of treatment, as Joseph Manderston, an unemployed collier aged 78 in Northumberland, found out in December 1855. Residing at that time in the Berwick-upon-Tweed workhouse, he gave an account of his experiences of a couple of months earlier when he had unsuccessfully visited the Detchant Moor Colliery to seek employment. While there Manderston picked up what he thought was a bottle of coffee. He removed the cork close to the cabin fire and the contents, being gunpowder, exploded. He was struck on the forehead by the blast, his clothes were on fire in several places and both of his hands, his face and neck were severely burnt. Manderston dressed his hands with Florence oil which some of the pitmen gave him. He left the colliery a couple of days later and made for Belford, being advised by the colliery workmen that the workhouse there would be bound to take him in. On arrival, and with all his clothes soaked by rain, he visited Mr Scott, the relieving officer, but found him not at home. Scott’s wife “said that I could be taken in only for the night, but that I could not be allowed to stop, telling Manderston to inform the doorkeeper at the workhouse that she had sent him for a nights lodging. At the workhouse Manderston was placed in a room which had “only sloping boards for sleeping on – There was no Bedding and no Bed Clothes except two old coverlets”. Later the workhouse doorkeeper returned with Mr Scott, who said:

> “Who sent you here and what right have you to come here” He jumped round me like a man either drunk or mad and said “You have no right here and you must go out. I tried to speak, but he would not listen – “He said you have imposed upon my wife and if I had been at home you should not have got in here for I would not have let you” He told me several times to go about my business – I said will you have no mercy upon a poor old man in the situation I was in and with my hands in such a state” He said again that I was to go about my business – I asked him for mercy’s sake to allow me to stay a few days and get medical assistance

When Manderston asked Scott if he was to die “in a Christian land without medical aid”, Scott replied that he did not care either way. The party then left and around 30 minutes later a doctor came and examined Manderston’s left hand. He ordered a poultice, which was done but without the hand being washed. Although Manderston thought the doctor’s manner to be civil he refused to examine the right hand or his face and neck. Put to bed with a supper of porridge and treacle, Manderston described feeling feverish and having to walk across the room throughout the night

[47] MH 12/9239/202-203, paper number 36390/1849, witness statement of Thomas Barker, Ilkeston, in Richard Birch Spencer, Clerk to Basford Poor Law Union, to the PLB, 13 December 1849.
[48] MH 12/9239/249, paper number 15938/1850, draft letter from the PLB, to Edgar Henry Longstaff, Medical Officer for Ilkeston in the Basford Poor Law Union.

to keep warm. A breakfast of porridge and treacle (again) was followed by an order from an unidentified female to leave the workhouse. It was, claimed Manderston, "a very coarse stormy and wet day – I left with tears in my eyes", and he was eventually admitted to the Berwick workhouse some 35 miles away.[49] Even by the standards of the nineteenth-century these events signalled neglect of duty and failures of process, and it is important that, much as with modern equivalent stories, such failures generated complaint and scandal, and with them insistent and powerful patient voices.

Dealing with Chronic Sickness

Chronic sickness, both in our period and for modern health care consumers, presents the most acute problems for patients and their families. It was and is also the territory on which complaint, contestation and scandal (and with them patient voices) emerges most strongly. For many nineteenth-century writers facing a landscape of medical science in which definitive cures were rare, chronic sickness was intricately tied up with the question of having or not having the resources simply to manage their own or a relative's condition. Children who were born disabled or became incapacitated in some way during infancy posed a particular problem. In August 1863, Joseph Smith, from the Bethnal Green Union, wrote to the PLB, concerning his son Joseph John Smith. Joseph John was then aged 25 and regarded as physically and intellectually weak. He was: "afflicted with general debility, his back having grown out through an accident in his infancy, unable to do any Kind of work". Joseph (the father) had made four separate applications on his son's behalf to the Bethnal Green guardians and on each occasion they refused to admit Joseph John to the workhouse. The young man's father was apparently caring for his son on the scant income of a journeyman silk weaver's wage which at the time of writing was around 8 shillings a week. Furthermore, the father was caring as a lone parent. His:

> wife [was] a drunken dissolute woman [who has] has seperated from me having involved me in debt so much that I know not how to extricate myself. I waited on the Magestrate of Worship Street Police Court who advised me to write and explain my case to the Poor law Commissioner.[50]

Much as with modern families who have exhausted their reserves of money and emotional support and thus seek institutional care for their disabled children, Joseph Smith played on the moral conscience of those with the power to order welfare in a discretionary system.

Some of our writers sought to retain children in the home although they required additional financial resources as the child became older or during periodic downturns in family finances. In June 1856 John Bacon, wrote from Arnold in the Basford Union, to the PLB. He stated that he had a daughter aged 14 "that is totally

[49] TNA MH12/8983, 46155/1855, witness statement in W and E Willoby, Union Clerks, Berwick Poor Law Union, to the PLB, 4 December 1855. Original underlining.
[50] MH 12/6850, paper number 29994/1863, Joseph Smith, Bethnal Green Poor Law Union, to the PLB, 3 August 1863.

dark".[51] Up until the time of the letter he had managed to care for her but he "cannot do it any longer without some assistance somewhere". Bacon had approached the local authorities but they would not allow any relief "Unless we all go into the Union house and we should not like to break up our home and go into the house, we only want a little relief for the Girl".[52] A similar letter, again from a father concerning a daughter, was written by Joseph Fletcher in January 1859. Living in Walmgate in the York Union, he apologized for writing:

> but my reason for so doing is, because I have a Child upwards of five Years of Age, whose Limbs are Paralized she was Born in that State, and has no use whatever of herself she cannot talk nor anything, and is likely to be a burden as long as she lives, and as I am but a working Man, I have not much to stir on, therefore I beg to ask your Advice about applying to the Board of Guardians, for a little support for her. I wish to know if they can take her from me, I have not yet applied to them nor do I intend until I have your Advice on the subject, as I am willing to do what I can for her, I have now been out of employ for some weeks past and have had no Assistance from any one, and would be very glad to do without entirely if I could, but I find I am unable to do so any longer, therefore I ask your Advice whether I must Apply for myself or the Child…"[53]

Again here the emphasis was on his having looked after the child for as long as possible without help but now needing some assistance. Fletcher, like Bacon, was unwilling to break up the family home to secure assistance, even though the strain of looking after a paralyzed child must have imposed significant economic and emotional stress. Fearful that the guardians could forcibly remove his child, Fletcher refrained from asking for relief locally until he had received advice from the PLB confirming whether the guardians would have such authority. Much as with modern families who challenge the refusal to provide attendance allowances or their withdrawal, chronic sickness and disability provided a rich canvas of protest and complaint through which patient agency in shaping the health care they received, emerges.

Conclusion

Our corpus of complaints, contesting letters and statements given in the wake of scandals speak very directly to Porter's 1985 call to give voice to the voiceless ordinary patient. Such material, either produced or co-produced by ordinary poor people, allows a sharper picture to emerge of their experiences, their concerns and their views on being sufferers seeking medical care. What emerges from this material is the insistent voice of the sick pauper and their advocates, informed by

[51] The phrase "dark" in this context signals blindness from birth. See C. Beardmore, S. A. King and G. Monks, *Disability Matters*, Call of Crows, 2018, pp.18-21.
[52] MH 12/9245/96, paper number 25337/1856, John Bacon, Arnold, Basford Poor Law, to the PLB, 19 June 1856.
[53] MH 12/14405, paper number 2512/1859, Joseph Fletcher, York Poor Law Union, to the PLB, 18 January 1859.

law, a sense of legal and moral right and above all by a sense that the central authorities had a duty to listen and act given the suffering described and rhetoricised. The thousands of witness statements in the central archive - produced under the direction of union or central authority investigations but with much the same authenticity as letters – provide explicit evidence that the sick poor were willing to contest their treatment right the way through the system to which they were notionally subject. Indeed, such prompts for investigations are widespread. William Morgan wrote to the PLB a few days after leaving the Cardiff Union workhouse in May 1852 and was "under the Disagreable. Necessety of Lodgings a Complaint Against the Surgeon of the union, As regards his Inhumain treet-ment for poor patients afflicted by the hand of God". He painted a very dark picture of the porter who made it his "perticular business" to complain about paupers to the doctor and guardians. This lead to the sick poor being given "work at the pumps and also to break stones when Entirely unable", while others were "put to break stones for several Days some with wounds in their legs." Morgan concluded by offering to assist the PLB should they "feel Disposed to make Any further inquiry in the matter".[54] In April 1848 Thomas Hartley wrote a letter to the PLB where he set out a series of complaints around general conditions in the workhouse. One of the most serious of these was that the elderly and infirm were set to hard task work, with one "Old Man which is 80 years of age or upwards forc'd to the stones sometime carried up on a mans back some [times] Weeld down in a wheelbarrow…" Hartley was clear he had no faith in the guardians' desire or ability to deal with such criticisms and believed that: "I have enough to inform you gentlemen that [this] place wants much investigation, I wish [an] inquiry before I procede farther".[55]

The fact that, at least episodically, sick paupers got their requested inquiries signals an important level of patient agency of the sort that Porter suspected but could not prove when he wrote on the need to resurrect the ordinary patient voice. There is also however, and as we have argued above, important resonance in the rhetoric, attitude and expectations of our sick paupers with modern patient voices. Both groups use complaint, scandal and the forum of the inquiry to contest (for themselves, families or others without power) refusals to grant medical aid or to challenge late, inadequate, hard-to-access and grudgingly given health care. In doing so they challenged and challenge the administratively powerful, very often to great effect. Individually and collectively, then, the voice of the patient demonstrates considerable continuity, both in terms of what is said and how. All of this, of course, reflects something that is often missed by medical and welfare historians, which is that the nineteenth-century sick poor shared with their modern counterpart a clear sense and associated rhetoric of rights. In this context, we end this chapter with the anonymous voice of a complaint for "the old inmates of Bethnal Green at Spitalfields Workhouse [who] are very harshly treated, the poor old men being set to break

[54] MH 12/16249/212, paper number, 18153/1852, William Morgan, Cardiff Poor Law Union, to the PLB, May 19 1852. The local union responded that Morgan "was insubordinate in his conduct and on one occasion was found haranging the paupers into the view of creating a mutiny". MH 12/16249/236, f 324, 22954/1852, Thomas Watkins, Clerk to the Guardians of the Cardiff Poor Law Union, to PLB, 15 June 1852.

[55] MH 12/16248/140, paper number 11120/1848, Thomas Hartley, Kidderminster Poor Law Union, to the PLB, 17 April, 1848.

stones, which is quite beyond their strength, & the old Women being very scantily clothed & fed". The author warned that if such practises were not ended then those in authority "will hereafter be called to account", much as modern patient groups seek to hold governments to account.[56] Once patients found a voice and could sustain it, they felt no compunction in holding those responsible for safeguarding health to the highest standards.

[56] MH 12/6847, paper number, 45369/1857, anonymous, Bethnal Green Poor Law Union, to the PLB, 10 December 1857.