

THE HOUSE OF RECOVERY AND BOARD OF HEALTH – FROM THE ARCHIVES OF THE LANCASTER MEDICAL BOOK CLUB

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“The inhabitants of Lancaster have had abundant experience that contagious fever has not only been a prevalent and fatal evil amongst the poor, but has, at almost all periods, extended its baleful influence to the higher classes.

In order to prevent this danger, from which no part of the community can claim exemption, it is proposed to establish a HOUSE OF RECOVERY under the management of a BOARD OF HEALTH; and it is the object of this address to point out a few of the benefits which have been derived from similar establishments in other places.

Firstly – When a patient is removed, at the commencement of fever, from a small and crowded room, to a spacious and ventilated chamber, the violence of his disease is abated and he is rendered almost incapable of infecting others.

Secondly – In a House of Recovery, the patient is entrusted to judicious medical practitioners and careful nurses, whose services could hardly be procured at his own house, or, if procured, could avail little there.

Thirdly – Again, in a House of Recovery, the treatment being uninfluenced by the prejudices of ignorant people, and aided by a happy combination of favourable circumstances, is found to be singularly successful: by proper diet, wine, and pure air, the patient is rescued from many lingering and painful diseases, which would otherwise embitter the remainder of his life, and render him a burden to himself and others.

Fourthly – The sick members of a family, when removed, are no longer burdensome to their relatives, who, being preserved from infection, are able to provide for themselves by their own industry, without applying to the parish, or contracting debts, which often keep a labouring man in want for several years after a fit of sickness.

Fifthly – The Board of Health, by purifying and whitewashing the habitations of the sick, provides against all danger of spreading the infection, and it is frequently observed that such purifying and whitewashing, and the experience of comfort and cleanliness in Houses of Recovery, are the means of introducing decency and order into places where they were before unknown.

Sixthly – When servants or apprentices are seized with contagious fevers, their masters are compelled to send them to their friends, and perhaps thereby spread disease and mortality through an industrious family or populous districts; or by keeping such servants at home, to sustain great expense and inconvenience, to incur risk of infection, and, not infrequently, to be denied the common rights of humanity by their panic-stricken neighbours.

The benefits derived from such establishments, therefore, are neither short in duration nor limited in extent. By checking disease at its commencement much individual suffering is alleviated, much subsequent distress prevented, parish taxes are diminished, and the lives of many, in every rank, are preserved.

By these means many large towns have almost exterminated contagious fevers. Surely, then, no more need be said in favour of an institution so strongly recommended by every sense of mercy to the poor, justice to others, and prudent regard to our own preservation.

Lancaster Dispensary, July 22nd 1815.

N.B. The Worshipful the MAYOR of LANCASTER has convened a MEETING of the INHABITANTS of this town and neighbourhood to take this subject into consideration on FRIDAY next, at the TOWN HALL.”

Printed by W. Minshull, Great John Street, Friarage, Lancaster.

This appeal was printed on handbills of approximately A4 size, and circulated widely (as judged by the Subscription List of September 28th 1815).

At the subsequent meeting “A Board of Health” was established as a charity to prepare “a House of Recovery and Purifying Infected Houses”. The Members of the Board consisted of the mayor, treasurer, secretary, the officers of the Dispensary, and most of the ministers of religion in the neighbourhood. Two notable future members of the book club were Dr Whalley, (second president of the book club) and Christopher Johnson (third president and the most influential local medical man of his time). The sum of three hundred pounds was the estimated cost and immediate subscriptions were requested.

Finally, a resolution was passed thanking Mr Christopher Johnson for his information and assistance, suggesting that he was probably the main instigator of this affair. We do know the physicians of the day were interested in fevers, as Dr. David Campbell had previously written what was then accepted as the classic description of typhus fever; and that the subject of Dr. Whalley’s MD thesis was Rubella.

The Board met weekly thereafter and achieved very substantial headway. The gentlemen of neighbouring towns were approached by printing two hundred copies of the resolutions of the inaugural meeting, asking for voluntary contributions for the running expenses (estimated at one hundred and fifty pounds annually). In return they could make use of the house for a fee of one guinea per patient.

His Grace the Duke of Hamilton and Brandon, the Earl of Balcarres, Lord Geo. Cavendish, and the two Parliament Members were among those so canvassed.

The Dispensary agreed to cooperate in the supply of medicines and wine.

Dr Cassells (who appears to have been a very efficient money canvasser) took charge of a list of cottages inhabited by the poor where whitewashing would be considered desirable to prevent the spread of disease. A house was found by Dr Cassells and Mr Christopher Johnson in Rose Street, in the Friarage, available and suitable for the purpose. Rose Street was a small street at right angles to Monmouth Street which itself was parallel to Bulk Street but nearer the canal and now the area is covered by car parks.

An advertisement for a nurse was inserted in the Lancaster Gazette and a list of the original subscribers reprinted in the Gazette. There were one hundred and fifty names which included the two Parliament Members, the mayor, many business people, Dr David Campbell, most of the Dispensary staff, ministers of religion and other professional people as well as artisan and trades people such as W. Minshull, the printer, and Miss Noon, who kept the Royal Oak Inn, later used for the early book club meetings.

The house in Rose Street was duly purchased. The Dispensary apothecary (W. Briggs) was appointed inspector; "a proper compensation to be made to him". The Dispensary doctors (now members of the Board of Health) agreed to offer their services at no charge. Mr Johnson obtained a bedstead similar to that used in the House of Recovery in Preston (cost £1 16 shillings with carriage) and on approval another five were then ordered.

On 23rd October, the committee defined the objects of the Board of Health and passed the rules of the House of Recovery. The Dispensary supplied the medicines and the doctors' services; an unknown benefactor supplied the wines.

Twenty eight rules defined how the Board of Health be elected and the duties of the officers. The inspector became a Sanitary Officer with specific instructions to visit the cottages of the poor to clean, whitewash and ventilate where necessary, and to exhort those suffering from infection to be removed to the House of Recovery after being washed and dressed in clean clothing. Infected clothing had to be washed, the room aired and fumigated, and washed in slaked lime. He had a chair for transporting patients in Lancaster and Skerton who were unable to walk, the expense being born by the Board of Health.

Patients from local areas were given the option of treatment by their own doctor, who would then supply medicines and wine. Personal clothing had to be either washed or 'stoved' in an oven before being taken into the house.

There were rules which lay down strict medical ethics, a rota for emergencies and one for deputising for colleagues. Strict medical records had to be kept and were subject to scrutiny by the Board of Health.

The matron was made accountable for all the maintenance and repair of bed linen, blankets etc. She was required to superintend all the domestic arrangements "with the greatest economy", but could call on assistance from the Board.

She had to see that five hygiene rules were strictly adhered to. These stressed cleanliness and ventilation and not to rely on vinegar, camphor or other supposed preventatives. Fumigation was done by mixing equal parts of powdered nitre and sulphuric acid (oil of vitriol), stirring with a clay pipe and positioning it to dispense the fumes throughout the room.

Contributions from local gentlemen were sufficient to make it unnecessary to charge the guinea fee per patient. At the first Annual General Meeting on 7th August 1816, the annual report and accounts were presented. The report on the year's activity revealed that nine patients had been admitted; seven were discharged cured, one remained in the house, and one was removed by his friends. Some misrepresentation, misunderstanding and delusion was encountered from the people but "not greater than were expected". The incidence of contagious fever had diminished in line with the experience of similar institutions elsewhere. This was attributed to the Board's attention to cleanliness, white washing with quick lime and advocacy of free ventilation "in the habitations of the labouring classes".

The report of the following year (1816/17) revealed twenty seven admissions; twenty of typhous fever (two deaths); five of scarlet fever and two of smallpox (one death). Typhous fever, prevalent in the area generally, abated in the town after the admission of the above patients. All prejudice against the institution had gone. The original funds being now depleted, an annual subscription was now solicited and the various committee members were assigned a district to canvas for such subscriptions.

The admissions for 1817/18 were fifty nine; fifty four typhous (five deaths); three scarlet fever; two "non specific". Typhous fever was at this time epidemic (fleas? lice? or both?) and a Parliamentary Inquiry was strongly in favour of the House of Recovery and Board of Health principles. Financial problems required the re-introduction of the guinea subscription for county patients, and also an appeal for a grant from the poor rate of Lancaster and Skerton.

The Annual Report of 1820 shows two boosts to the funds. There had been an appeal for funds to provide army volunteers with warm clothing: as the threat of Napoleonic invasion disappeared, so did the need for such funds. Dr Whalley persuaded every subscriber to give the balance to the house. Further, the treasurer secured a donation from the Coronation Fund.

The minutes then become very sketchy, or totally non-existent until November 1831. At this meeting, a special board, consisting of the mayor, the aldermen, the magistrates, the clergy and the Board of Health, was set up to combat the danger of cholera. This was in response to a Government Order in council. This new board was called the Lancaster District Local Board.

In 1832 the Board of Health, fearing that if "cholera should come amongst us" the five beds available in the House of Recovery would be insufficient, considered it absolutely necessary to find a large building suitable for the reception of cholera sufferers. On the initiative of the Board of Health a meeting of the Lancaster Special Local Board of Health was convened and requested to apply for an Order in Council to establish for Lancaster and its neighbourhood a Board of Health with power "to remove nuisances" and levy an adequate rate for expenses.

The five beds in the House of Recovery were placed at the disposal of the town authorities for reception of cholera patients on condition that all expenses be born by the town. A severe cholera epidemic was present in the County Mental Hospital at this time and its possible spread beyond the confines of this establishment was the reason for the public anxiety. The minutes of the Medical Book Club record the circulation of the Cholera Gazette and other publications on this specific subject. In the event cholera did not appear in the town. At a meeting in October 1832 a request was sent to the mayor to convene a public meeting to consider erecting a public hospital or infirmary and attaching the present Dispensary and fever hospital to it.

A sub-committee (Dr Edward De Vitre and T. Howitt Esquire, Surgeon, were the medical representatives) was formed to further this scheme. The public meeting was duly held the following month. Significantly, the mayor was Dr Christopher Johnson so the whole concept was obviously a joint effort of the entire medical community aided by their fellow Board of Health members and likewise the officers of the Dispensary. The opportunity offered by having Dr Christopher Johnson as mayor was not to be lost.

The minutes of this public meeting's full backing of the scheme are recorded in the Board of Health Minute Book – and duly signed by Dr Christopher Johnson. The proceeds of "this year's Charity Ball" were requested and all involved were enrolled to solicit contributions. The sub-committee found and reported favourably on the house in Thurnham Street, lately occupied by Mrs Edward Burrow. At the meeting on April 11th 1833 an offer of £1000 was made for this property and raised to £1100 the following month. The minutes of the last meeting concern the election of trustees to the new Public Dispensary and House of Recovery; the two medical representatives being Christopher Johnson and Edward De Vitre.

A copy of the conveyance of this property from the Gillow family to the trustees of the new Public Dispensary and House of Recovery is the last entry in the book.

REFERENCES:

The second Minute Book of the Lancaster Medical Book Club
 The Lonsdale Magazine Volume I (1820)
 The Minutes of the Board of Health and House of Recovery



The new dispensary on Thurnham Street, showing the space in which the Good Samaritan stone used to sit.



The Good Samaritan stone



The old dispensary on Castle Hill (now offices)

PRESENTED
by
Lancaster Medical Book Club,
T. HOWITT, ESQ.,
1852.

House of Recovery

AND

BOARD OF HEALTH

Lancaster

INSTITUTED

1849

BOARD OF HEALTH
LANCASTER
1845

House of Recovery

AND

BOARD OF HEALTH

At a Meeting of the Inhabitants of Lancaster and the Neighbourhood, held in the Town-Hall, on Friday the 28th day of July, 1845, pursuant to a Resolution, for the purpose of establishing a House of Recovery, the propriety of which was discussed.

John Park, Esq. Mayor, in the Chair.

Resolved, that the Town and Neighbourhood of Lancaster, are frequently visited by contagious Fevers, which cause considerable suffering and mortality, especially among the Poor, and add to the burdens of the Poor Rates.

Resolved, that a House of Recovery for the reception of contagious Fevers, has been long and anxiously desired, and that the Committee have been found to agree that a House of Recovery, on the whole range of medical

HOUSE OF RECOVERY AND BOARD OF HEALTH.

THE Inhabitants of Lancaster have had abundant experience that contagious Fevers have not only been a predominant and evil scourge to the poor, but has, in almost all periods, extended its fatal influence to the higher classes.

In order to prevent the danger, from which no part of the community can claim exemption, it is proposed to establish a House of Recovery, under the management of a Board of Health, and at the disposal of the Authority to pass any law of the nature which may have been devised from similar establishments in other places.

Principles.—When a Patient is removed, at the commencement of a Fever, from a small and crowded room, to a spacious and ventilated chamber, the nature of his disease is altered, and he is enabled to recover more rapidly than in his usual situation.

Locality.—In a House of Recovery, the Patient is attended in public, and the medical practitioners and medical students, whose attendance is required, are not obliged to visit the patient in his private residence, where a large number of persons are often present, and the patient is exposed to the contagion of other diseases.

Physiology.—Again, in a House of Recovery, the patient is attended in a room, which is kept cool and airy, and the patient is enabled to breathe freely, and to take food and drink, which would otherwise be refused by him, and which would otherwise be injurious to his health.

Prognosis.—The sick members of a family, when removed, are no longer burdensome to their relatives, who, being removed from infection, are able to provide for themselves by their own industry, without applying to the parish, or contracting debts, which often keep a labouring man in want for several years after the death of his wife.

Prevention.—The Board of Health, by putting out and removing the infection of the sick, prevent the danger of spreading the disease, and it is frequently observed that such a patient, when removed to a House of Recovery, does not communicate the disease to any other person, and that the patient, when removed to a House of Recovery, is enabled to recover more rapidly than in his usual situation.

NAME	RESIDENCE
John Park, Esq.	Mayor
...	...

Copy Conveyance

... and several Acts of Law, in relation to the House of Recovery.

His Inhabitants made the ...

in the year of our Lord one thousand eight hundred and forty five, between Richard ... of Lancaster, and the ... of Lancaster, ...

... the eighth day of November one thousand eight hundred and forty five, and ...

... the said Richard ... of Lancaster, ...