

“PERSONS OF HONOUR AND REPUTATION”: THE VOLUNTARY HOSPITAL IN AN AGE OF CORRUPTION

by

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In October 1732, the cashier and the banker of the Charitable Corporation absconded to France, having embezzled “more than half a million of money”.¹ This fraudulent diversion of funds intended to provide employment and relief for the poor caused uproar, but it was not an isolated incident. Three other statutory bodies—the South Sea Company, the York Buildings Company, and the Derwentwater Trust—also fell victim to corruption during the early eighteenth century. Individual politicians were guilty too; in 1725, for example, the Lord Chancellor was fined no less than £30,000 for corruption offences. The integrity of the government was further undermined by Walpole’s willingness to shield those of his supporters implicated in illegal or irregular activities.² The frequency with which corruption erupted into Hanoverian politics is indicative of an *ancien régime* adjusting to the economic conditions of a “modern” society. Spearheading this transition was the Financial Revolution of the late seventeenth century, which saw the ascent of the joint-stock company and the development of a system of public credit based on the Bank of England, the East India Company, and later the South Sea Company.³ The ramifications were far-reaching. Not only did the changed economic context open up new opportunities for financial corruption, but political life was transformed as well. Landed critics of the increasingly powerful “monied interest” revived the classical model of civic virtue to bolster their attack. The good citizen used his property to

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ACKNOWLEDGEMENTS

I am grateful to the Small Personal Research Grant Fund of the British Academy for financial support to spend a study leave term in Bath and to computerize the Infirmary’s Admissions Register for 1742–1752. I should also like to thank Mr Clive Quinnell, Mrs Jean Hogben, and the other staff of the Royal National Hospital for Rheumatic Diseases for their assistance and hospitality during my use of the Hospital’s archive. Alan Rogers, Director of the Centre for Informatics at St David’s University College, gave expert advice on the computer project and Peter Borsay offered helpful comments on an earlier draft of this paper.

¹ *Gentleman’s Magazine*, 1731, 1: 447–8; *ibid.*, 1732, 2: 626–7.

² Paul Langford, *A polite and commercial people: England 1727–1783*, Oxford University Press, 1989, pp. 21–2; W. A. Speck, *Stability and strife: England 1714–1760*, London, Edward Arnold, 1977, p. 228.

³ J. G. A. Pocock, *Virtue, commerce and history: essays on political thought and history, chiefly in the eighteenth century*, Cambridge University Press, 1985, pp. 68–9, 108, 110; W. A. Speck, ‘Conflict in society’, in Geoffrey Holmes (ed.), *Britain after the Glorious Revolution 1689–1714*, London, Macmillan, 1969, pp. 135–6; Charles Wilson, *England’s apprenticeship 1603–1763*, 2nd ed., London, Longman, 1984, p. 172.

acquire autonomy, and the leisure to engage in public affairs and pursue the public interest with impunity. Commercial exchanges, however, were treated with considerable suspicion, especially if they involved the stock market rather than solid commodities; as a disenchanted MP complained in 1702, “a merchant finds a better return between the Exchequer and the Exchange than he makes by running a hazard to the Indies”.⁴ The case against the new commercial élite rested on the dependence of its members. Without an income derived from property, they were said to possess neither the time nor the independence to work for the public good. During the wars against France, financiers had been accused of a vested interest in the continuation of hostilities, as they reaped huge profits from loans to the government while property owners sank under the burden of a heavy land tax. The indictment lived on. The “monied interest” was accused of being caught in a web of symbiotic economic and political relationships, whose servicing took priority over the public interest. Therefore, corruption was always lurking and civic virtue inevitably compromised.⁵ In practice, the pot was calling the kettle black. Those who accused Walpole of contaminating the nation with his commercial politics were not immune themselves; and the demise of the “Robinocracy” heralded no rehabilitation of civic life.⁶ But if vice was endemic to early eighteenth-century society, a new moral code was also evolving. As Pocock has argued, “The rise of commerce and culture . . . vastly enhanced the human capacity for production and consumption, exchange, interdependence, and sympathy, and on this foundation there might be erected new ethical systems which displayed how man’s love of himself might be converted into love of his fellow social beings”.⁷ The direction of wealth into corporate philanthropy was an excellent way of achieving this end because it took the commercial idea of a joint-stock company and modified it to fulfil moral goals.⁸ To mediate successfully between economics and ethics, however, charitable institutions had to be exemplary models of political and financial good practice; they had to be free of corruption and demonstrably managed in the public interest, not for personal or sectional advantage. The focus of this paper is how such civic virtue was pursued in the voluntary hospital movement. It draws extensively but not exclusively on the General Infirmary (or Hospital) at Bath between 1738 and 1750,⁹ which has already been the subject of a general study by Roger Rolls.¹⁰ Three strategies are identified: first, engagement in the Hospital’s administrative structure was linked to financial sponsorship; second,

⁴ Speck, *op. cit.*, note 3 above, p. 141.

⁵ Pocock, *op. cit.*, note 3 above, pp. 48–50, 107–10, 121; Speck, *op. cit.*, note 3 above, pp. 135–6.

⁶ Langford, *op. cit.*, note 2 above, p. 126; Speck, *op. cit.*, note 2 above, pp. 225, 229.

⁷ Pocock, *op. cit.*, note 3 above, p. 147.

⁸ Ruth McClure, *Coram’s children: the London Foundling Hospital in the eighteenth century*, New Haven and London, Yale University Press, 1981, p. vii.

⁹ The General or Mineral Water Hospital at Bath is now known as the Royal National Hospital for Rheumatic Diseases. The following items from its archives have been used in this article: 1/1 Committee Minute Book 1, 16 Feb. 1737/8–30 April 1744; 1/2 Committee Minute Book 2, 15 May 1744–17 May 1749; 1/3 Committee Minute Book 3, 31 May 1749–26 Dec. 1754; 1/38 Copies of Letters 1737–57 [Letter Book]; 1/39 Folder of Letters and Other Items 1737 Onwards [Letter Folder]; 1/40 House Visitors Book, 26 June 1742–16 Nov. 1743; 3/1 Admissions 1742–52 [Admissions Register]; 7/6 Annual Reports 1738–1842.

¹⁰ Roger Rolls, *The hospital of the nation: the story of spa medicine and the Mineral Water Hospital at Bath*, Bath, Bird Publications, 1988.

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income and expenditure were closely supervised; and, third, goods and personnel were monitored by the use of house visitors. Through the application of these techniques, voluntary hospitals helped to reconcile the political and moral tensions of an emergent commercial society.

When the Bath Infirmary was founded in 1738 to grant “cripples and other indigent strangers” access to the city’s spa waters,¹¹ Walpole’s regime had already entered its closing phase and corruption was firmly established as a national political issue. Local institutions were susceptible as well: the London Hospital faced a serious case of embezzlement in the mid-century.¹² Bath Infirmary was spared a major financial scandal during its early years, but from the outset its trustees were conscious of the spectre of corruption and anxious to affirm that they were “persons of honour and reputation”.¹³ Charity sermons also spoke of the “integrity and honour” of the governors.¹⁴ In April 1749, for instance, the Rev. Mr Edward Bayly, preaching on behalf of the General Hospital at Bath Abbey, assured the congregation that: “The proper application of what you give, can admit of no doubt, since the management of it is in the hands of persons of distinguished rank, fortune, and character, who yet condescend to men of low estate, and disdain not to be stewards and agents for the poor”.¹⁵ However, with corruption such a preoccupation of public life, mere assertions of respectability were unconvincing. Civic virtue had to be sought specifically by the adoption of a credible administrative structure and rigorous control mechanisms.

The administrative structure chosen for voluntary hospitals forged a link between financial sponsorship and managerial participation; this, it was believed, offered the best protection against fraud and maladministration. Thus, the Bath trustees noted at a meeting on 7 April 1739 that benefactors would be encouraged “to subscribe when they may by their subscriptions become sharers in the management of the Charity themselves, and suspects into the conduct of others”.¹⁶ But not all contributions secured the right to influence infirmary policy; minimum levels were imposed. In the capital, both St George’s and the London Hospital reserved the status of governor for annual subscribers of at least five guineas, while with a lump sum of 30 guineas the donor became a governor for life.¹⁷ At the Westminster, two guineas per annum was enough to obtain trustee status:¹⁸ in the provinces, the infirmaries at Bristol, Liverpool, Manchester, and Shrewsbury each adopted the same threshold, together

¹¹ John Wood, *An essay towards a description of Bath*, 2nd ed. (1765), Bath, Kingsmead Reprints, 1969, p. 279.

¹² A. E. Clark-Kennedy, *The London: a study in the voluntary hospital system*, London, Pitman Medical, 1962, vol. 1, p. 84.

¹³ Minute Book, 16 Feb. 1737/8, ‘The Plan and Elevation of a New General Hospital, intended to be erected at Bath for the Reception of One Hundred and Fifty Poor Strangers’.

¹⁴ R. Olive, *The particular excellence and true state of the Bath Infirmary*, Bristol, 1759, p. ii.

¹⁵ Edward Bayly, *A sermon preached at the Abbey-Church at Bath*, Bath, 1749, p. 15.

¹⁶ Letter Book, undated, from E. Brett to T. Carew. See also W. B. Howie, ‘The administration of an eighteenth-century provincial hospital: the Royal Salop Infirmary, 1747–1830’, *Med. Hist.*, 1961, 5: 34–55, on p. 35; W. H. McMenemey, *A history of the Worcester Royal Infirmary*, London, Press Alliances, 1947, pp. 5–6.

¹⁷ Clark-Kennedy, op. cit., note 12 above, p. 30; David Owen, *English philanthropy 1660–1960*, Cambridge, Mass., Harvard University Press, 1964, p. 43.

¹⁸ J. G. Humble and Peter Hansell, *Westminster Hospital 1716–1974*, 2nd ed., London, Pitman Medical, 1974, p. 17.

with a benefaction of 20 guineas for life governorship.¹⁹ At Bath too the trustees stated in their early publicity “that every person contributing twenty pounds, or any sum exceeding that, . . . shall be admitted a governor of this Hospital”.²⁰ A year later, however, when the charity became a corporation by Act of Parliament, the amount had been raised to £40,²¹ thereby ensuring that “the governors will always be persons of note and property”.²² Political rights had a financial qualification.

The contributors who obtained governor status were recruited into organizational structures which varied only in detail across the voluntary hospital sector. Normally, all governors were entitled to attend a General Board which met at well-spaced but regular intervals, and when exceptional circumstances arose, to take key policy decisions. Superimposed was the Weekly Board, a smaller group—either open to every governor, or picked by rota or election—and charged with responsibility for the day-to-day running of the hospital.²³ The Bath Infirmary conformed to this pattern. Donors automatically became “guardians of this benefaction” until 1739,²⁴ whereupon the £40 governor was created and given the right to attend General Courts.²⁵ After 1744, these Courts were convened on at least four occasions per annum,²⁶ increasing the scope for supervision. However, real control was vested in a Committee of thirty-two Assistants, selected annually by the General Court and required to meet on a weekly basis. In addition to overseeing the Hospital’s financial and material assets, the Assistants had three further functions: “to appoint . . . , and at their pleasure to remove” officers, servants, and other staff; to fix “salaries, perquisites, or other rewards, for their labour or service”; and to admit those patients for whom the charity was intended, making “such provision for their maintenance and cure, as they shall think necessary and convenient”.²⁷

The diligence with which governors exercised their rights of attendance is not easy to measure. At General Boards, competition for hospital posts aroused considerable interest and when the Westminster Infirmary elected an assistant surgeon in 1746, no fewer than 339 votes were cast.²⁸ Provincial contests were on a smaller scale, but even

¹⁹ William Brockbank, *Portrait of a hospital 1752–1948: to commemorate the bi-centenary of the Royal Infirmary, Manchester*, London, William Heinemann, 1952, p. 202; Howie, op. cit., note 16 above, p. 35; George McLoughlin, *A short history of the first Liverpool Infirmary 1749–1824*, London and Chichester, Phillimore, 1978, p. 63; G. Munro Smith, *A history of the Bristol Royal Infirmary*, Bristol and London, J. W. Arrowsmith, 1917, p. 10.

²⁰ Minute Book, 16 Feb. 1737/8, ‘Plan and Elevation’.

²¹ 12 Geo. II, An Act for establishing and well governing an Hospital or Infirmary in the City of Bath, 1739, p. 582.

²² ‘A short account of the nature, rise and progress of the General Infirmary at Bath’, in Bayly, op. cit., note 15 above, p. 24.

²³ Brockbank, op. cit., note 19 above, pp. 202–4; Clark-Kennedy, op. cit., note 12 above, p. 30; Howie, op. cit., note 16 above, pp. 36–8; McLoughlin, op. cit., note 19 above, pp. 63–4; P. M. G. Russell, *A history of the Exeter hospitals, 1170–1948*, Exeter, Exeter Medical Post-Graduate Institute, 1976, pp. 22–3; Philip Shemilt (et al.), *Salisbury 200: the bi-centenary of the Salisbury Infirmary 1766–1966*, Salisbury, Salisbury General Hospital, 1967, p. 25.

²⁴ Wood, op. cit., note 11 above, p. 280.

²⁵ 12 Geo. II, op. cit., note 21 above, p. 582.

²⁶ Minute Book, 15 Nov. 1744.

²⁷ 12 Geo. II, op. cit., note 21 above, pp. 580–2.

²⁸ Humble and Hansell, op. cit., note 18 above, p. 44. See also Clark-Kennedy, op. cit., note 12 above, p. 79.

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so 120 trustees were present in 1758 to choose a matron for the Salop Infirmary.²⁹ Elections were colourful events, as well as golden opportunities to bestow the patronage acquired through donation. A controversial agenda also augured well for attendance: for example, proposals to develop the Foundling Hospital's estate,³⁰ or a dispute about the site of the new Manchester Infirmary.³¹ Run-of-the-mill General Boards, however, were not always conscientiously supported. At Shrewsbury, attendance was "reasonable",³² but not at the Foundling Hospital where the seven governors who assembled for a Quarterly Court in March 1766 had to disperse because they were inquorate.³³ The situation at Bath was similar. The Hospital was a legal corporation with a minimum of fifty governors,³⁴ yet on average only fourteen put in an appearance at General Courts between 1739 and 1750. Moreover, attendance climbed above twenty on just five occasions, and at more than a third of all meetings there were twelve or fewer present.³⁵ Weekly Boards were also short of participants. It was unusual to find activists largely confined to the physicians, as at Worcester where governors were urged to "take the general management more entirely into their own hands . . . [to give] an acceptable relief to the learned and worthy gentlemen".³⁶ Nevertheless, lay representation was reliant upon a hard core of enthusiasts,³⁷ even at the Salop Infirmary, whose record for General Boards was satisfactory. Thus, in the very first year of its operation (1747), local trustees were asked to spread the burden of work more fairly, so that those who did attend Weekly Boards regularly escaped the unjust "imputation of being over-busy and fond of usurping the management to themselves".³⁸ The Weekly Committees at Bath were likewise sparse gatherings. Interest peaked in 1742/43 when the Hospital first opened, but even then only eleven of the thirty-two Assistants were on average present at meetings. Thereafter, the numbers fell away (table). Indeed, attendances of fewer than five were not uncommon, particularly in the summer months when Bath was out of season and its social life dead. Such a poor record undermined the logic of "an unlimited number of governors" rendering "the management of this Hospital less liable to abuse" and above "all suspicion of monopoly or private interest".³⁹ Head counting, however, is a crude device for assessing the impact of strategies designed to outlaw corruption and attain civic virtue. Of more significance were the procedures followed by those governors who were active to ensure their control of income and expenditure, and goods and personnel.

²⁹ Howie, *op. cit.*, note 16 above, p. 40.

³⁰ McClure, *op. cit.*, note 8 above, p. 168.

³¹ Brockbank, *op. cit.*, note 19 above, p. 14.

³² Howie, *op. cit.*, note 16 above, p. 36.

³³ McClure, *op. cit.*, note 8 above, p. 168.

³⁴ 12 Geo. II, *op. cit.*, note 21 above, p. 585.

³⁵ Minute Books, 1739–1750. Lists of participants are available for all but four General Courts held between these dates.

³⁶ McMenemey, *op. cit.*, note 16 above, p. 53.

³⁷ McClure, *op. cit.*, note 8 above, p. 168; Munro Smith, *op. cit.*, note 19 above, p. 33.

³⁸ Howie, *op. cit.*, note 16 above, p. 36.

³⁹ Letter Book, undated, from E. Brett to T. Carew.

Table: Attendance at Weekly Committee Meetings: Bath General Hospital, 1739–1750.

Year	Number of Meetings	Average Attendance
1739/40	19	6.31
1740/41	5	9.20
1741/42	16	10.31
1742/43	52	11.09
1743/44	50	10.40
1744/45	49	8.81
1745/46	48	8.04
1746/47	45	7.84
1747/48	49	6.73
1748/49	47	6.59
1749/50	48	7.95

The Hospital year ran from 1 May to 30 April. Only meetings with a list of attenders are included. In 1739/40 there was no list for four meetings and in 1740/41, 1741/42, 1744/45, 1746/47 and 1749/50 no list for one meeting. *Source*: Committee Minute Books, 1739–1750.

Voluntary hospitals introduced strict financial mechanisms to prevent private advantage from overriding public interest. It was customary for infirmary rules to exclude the receipt of gratuities,⁴⁰ at Bath, for instance, fees, rewards, and gratifications for services “done on account of the Hospital” were not permitted, whether the source was a tradesman, patient, servant or stranger.⁴¹ In addition, security was often required of governors who held key financial positions. At Shrewsbury and Liverpool, the treasurer was asked to give a bond of £1,000, £500 being requested of each under-treasurer.⁴² Worcester introduced a bond of £100 for the post of secretary in 1751, after the accounts of the first incumbent were found to be defective: as the annual report remarked, “His diligence, the opinion of his integrity and the apparent good condition of his circumstances could give no room for a suspicion that anything of this kind was likely to happen”.⁴³ The Bath Hospital eschewed cash bonds, perhaps a reflection of the high status of its treasurers. Unlike the local tradesmen responsible for the accounts of the Salop Infirmary,⁴⁴ the financial officers at Bath were men of great substance or national standing for whom such guarantees might have been judged inappropriate.⁴⁵ Nonetheless, the potential for corruption was appreciated, if addressed differently. Commenting on the draft Bill of incorporation in 1739, the trustees maintained that three treasurers rather than

⁴⁰ See, for example, Brockbank, *op. cit.*, note 19 above, p. 205; McLoughlin, *op. cit.*, note 19 above, p. 68.

⁴¹ Wood, *op. cit.*, note 11 above, p. 295.

⁴² Howie, *op. cit.*, note 16 above, pp. 42–3; McLoughlin, *op. cit.*, note 19 above, pp. 63–4.

⁴³ McMenemey, *op. cit.*, note 16 above, pp. 58–9.

⁴⁴ Howie, *op. cit.*, note 16 above, p. 43.

⁴⁵ Between 1738 and 1750, the following men served as treasurers: Francis Fauquier, a well-known financial writer who was later to become Governor of Virginia; Richard “Beau” Nash, the Master of Ceremonies for Bath; Dr William Oliver, a leading physician in the city; and the Hon. Benjamin Bathurst, MP for Gloucester from 1728 to 1754. See Annual Reports, 1738/39–1747/48; Minute Book, 2 May 1748; *ibid.*, 1 May 1749; *DNB*, s.v. Fauquier, Nash, and Oliver; Romney Sedgwick, *The House of Commons 1715–1754*, vol. 1, London, H.M.S.O., 1970, p. 445.

one were best “for the interest and good management of the affairs of the Hospital as they are proper checks on each other”.⁴⁶ Over and above controls on the integrity of personnel, the Bath governors were anxious to anticipate allegations of misconduct or extravagance. Thus, from 1748 the annual report drew attention to the special circumstances surrounding the Hospital’s wages’ bill: “These articles amount to more than in other hospitals, for the same number of patients, on account of the extraordinary expenses for bathing patients, and for servants for that purpose”.⁴⁷ The manner in which all donations were entered in the Committee Minute Book was also carefully explained in the hospital sermon;⁴⁸ the treasurers’ annual accounts were audited by a panel of governors;⁴⁹ and details of income were regularly published, not just in annual reports. In 1745, the *Bath Journal* printed accounts of money received by the Hospital’s London bankers,⁵⁰ and church collections were always announced from the newspaper’s inauguration in 1744.⁵¹ Large benefactions were given individual coverage, as when £500 was received “out of the money left by the late Lord Thanet”.⁵² The *Gentleman’s Magazine* also reported this, and other major donations to the Bath Infirmary.⁵³ In seeking publicity, the governors were not blind to the advantages for generating income: public exposure and acclaim might entice new benefactors and encourage previous donors to give again.⁵⁴ However, such a strategy also enhanced the Hospital’s accountability, helping to defend the integrity of its governors and to establish it as an exemplar of civic virtue.

Financial reputation rested as much upon the close supervision of expenditure as upon a scrutiny of how income was handled. Throughout the building programme, the Bath trustees kept a tight rein. The quality of materials was vetted: “Ordered that Mr. Robert Smith and Mr. Hutchings be desired to inspect and examine the several sorts of timber now in possession of Mr. Bradley and then to report to the trustees . . . whether or not in their judgements the said timber are in all respects fit and proper for the several uses for which they are designed for the building of the . . . Hospital”.⁵⁵ When major decisions were delegated, cash ceilings were imposed: “Resolved that Mr. Fauquier be empowered to treat with Mr. Boyce for his stable in Vicarage Lane and to purchase the same of him for one hundred and forty pounds”.⁵⁶ Phased payments were negotiated with contractors: “ordered that Mr. Emes be paid two thirds upon the measuring of every storey and the remainder upon finishing the work”.⁵⁷ And, finally, competitive tendering was adopted: thus, after an

⁴⁶ Letter Book, undated, E. Brett to T. Carew.

⁴⁷ Annual Reports, 1747/48–1749/50.

⁴⁸ ‘A short account of the nature, rise and progress of the General Infirmary, at Bath’, in Olive, *op. cit.*, note 14 above, p. 31.

⁴⁹ Annual Reports, 1738/39–1749/50.

⁵⁰ *Bath Journal*, 7 Jan. 1744/5; *ibid.*, 8 April 1745.

⁵¹ E.g., *Bath Journal*, 5 Nov. 1744; *ibid.*, 30 April 1750.

⁵² *Bath Journal*, 25 Feb. 1744/5. See also *ibid.*, 30 May 1748; *ibid.*, 6 June 1748.

⁵³ *Gentleman’s Magazine*, 1745, 15: 162. See also *ibid.*, 1749, 19: 90–1.

⁵⁴ Letter Book, 14 Mar. 1737/8, B. Hoare to F. Fauquier; Letter Folder, 13 May 1738, F. Fauquier to R. Allen.

⁵⁵ Minute Book, 7 Dec. 1738.

⁵⁶ *Ibid.*, 15 June 1738. See also *ibid.*, 9 Nov. 1738.

⁵⁷ *Ibid.*, 27 Sept. 1739.

advertisement in the *Bristol Journal* for carpenters to present quotations, Edward Bushell was employed, his “proposals having been . . . adjudged to be the lowest”.⁵⁸

The practice of tendering was continued after the Hospital opened and on 13 May 1742, the president and governors “publicly advertized” their readiness “to receive proposals from persons willing to supply the Hospital with meat, cheese, butter, sugar, malt, salt, milk, rice, candles, soap, faggots, coal, flower and oat meal”.⁵⁹ A fortnight later, orders were awarded for the forthcoming year,⁶⁰ but in the meantime a working party had been set up to appraise “the proper methods for supplying the House with provisions”.⁶¹ Its recommendation, that a group of governors meet with tradesmen each year to agree terms,⁶² was meant to ensure the maximum possible economy. Surveillance was intensified a year later, however, when a donation of £100 was subject to the condition that a committee of five be nominated to “examine the prices of all goods and provisions bought in the preceeding month and to audit the bill for the treasurers’ payment thereof”.⁶³ There is no evidence to suggest that these mechanisms were anything other than effective, a conclusion reinforced by the response when an isolated problem did occur. In 1747 the Hospital’s apothecary, John Morris, was unable to produce receipts for goods delivered by Richard Walker of London and Samuel Smith of Bristol. A General Court resolved that Morris himself should be answerable for all demands in respect of these items unless he could find the missing documentation. Moreover, new procedures were introduced to prevent a recurrence: in particular, the duty physician or surgeon was to sign orders for medical supplies, and vendors from outside Bath were to appear in person to collect payment or appoint a proxy in writing.⁶⁴ This package of procedures, variants of which were also pursued in other hospitals,⁶⁵ was intended to satisfy benefactors, and society at large, that gifts were deployed with responsibility. But goods as well as money were prone to embezzlement and mismanagement; and the behaviour of staff and patients might also erode public confidence. Therefore, the role of house visitor was developed to ensure that civic virtue was also pursued in these areas.

House visitors were chosen from among the governors to visit the hospital on a regular rota. Their duties at Bath were typical⁶⁶ and involved the supervision of material resources and personnel. Under the first heading, house visitors prepared an annual inventory of household goods and furniture, compared it with the previous year and, after allowing for wear and tear, decided whether any embezzlement had

⁵⁸ *Ibid.*, 16 June 1739; *ibid.*, 16 July 1739. See also *ibid.*, 16 Oct. 1740; *ibid.*, 30 Oct. 1740.

⁵⁹ *Ibid.* 13 May 1742.

⁶⁰ *Ibid.*, 27 May 1742.

⁶¹ *Ibid.*, 20 May 1742.

⁶² *Ibid.*, 18 May 1743.

⁶³ *Ibid.*, 15 Nov. 1744.

⁶⁴ *Ibid.*, 1 May 1747.

⁶⁵ See, for example, Brockbank, *op. cit.*, note 19 above, p. 205; Clark-Kennedy, *op. cit.*, note 12 above, pp. 56, 126; McClure, *op. cit.*, note 8 above, p. 188; McLoughlin, *op. cit.*, note 19 above, pp. 69, 78.

⁶⁶ See, for example, Brockbank, *op. cit.*, note 19 above, pp. 203–5; Clark-Kennedy, *op. cit.*, note 12 above, p. 142; Howie, *op. cit.*, note 12 above, pp. 44–5; George Haliburton Hume, *The history of the Newcastle Infirmary*, Newcastle, Andrew Reid, 1906, pp. 24–5; McLoughlin, *op. cit.*, note 19 above, pp. 66–7, 69; Shemilt (et al.), *op. cit.*, note 23 above, p. 26.

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taken place.⁶⁷ Food and drink were also monitored⁶⁸ and usually found to be of a satisfactory standard, though at times the quality of bread, meat, malt and small beer did provoke adverse comment.⁶⁹ Finally, the house visitors were asked to “enquire into the management of the whole House”.⁷⁰ This obligation prompted a number of observations. Purchases, ranging from bibles to cooking utensils, linen and furniture, were recommended,⁷¹ and new items evaluated.⁷² Repairs were mooted,⁷³ and structural alterations put forward. In March 1743, for instance, the house visitors suggested: “It may be convenient to make another door way into the cook’s pantry, to keep the bake house more private which is at present liable to some abuses”.⁷⁴ An eye for savings also prompted them to ask, in January of the same year: “Is it worth while to keep constant fire in the pantry below for the rice and sugar?”⁷⁵ Nor was the advice always retrospective. Summer 1742 witnessed a proposal that “a provision of wood should be thought of for winter”.⁷⁶ On the basis of this scrutiny by the house visitors, and the work of the Tradesmen Committee, the governors were able to boast that “the Hospital is served with as good provisions and cheaper than any family in Bath”.⁷⁷ In other words, no accusation of corruption was—in their opinion—tenable.

The house visitors’ second clutch of duties concerned patients, servants, and medical staff. At first glance, the management of people seems less relevant to corruption and civic virtue than the monitoring of money and material resources. However, eighteenth-century conceptions of the public interest embodied a paternalistic concern for the well-being of the lower orders, which included schooling them for their place in a stratified society. The “welfare” of patients was affected by their own behaviour and by that of doctors and other inmates. Therefore, the social control of patients and servants, and some supervision of physicians and surgeons, was no less crucial to civic virtue than proper financial regulation. Like patients elsewhere,⁷⁸ those at Bath were bound by a set of rules which subjected them to authority and educated them in the ways of healthy, sober, and godly living: strict sexual segregation was enforced; smoking, alcohol, cards, and dice banned; and swearing, abusive language, and indecent behaviour proscribed. Religious observances were also imposed and patients capable of work were expected to undertake domestic chores and assist with the nursing of fellow patients.⁷⁹ From time to time, the house visitors received complaints of patients being abusive,⁸⁰ and in June

⁶⁷ Wood, *op. cit.*, note 11 above, pp. 295–6.

⁶⁸ *Ibid.*, p. 295.

⁶⁹ House Visitors Book, 28 Sept. 1742; *ibid.*, 12 Feb. 1742/43; *ibid.*, 19 Mar. 1742/43; *ibid.*, 21 June 1743.

⁷⁰ Wood, *op. cit.*, note 11 above, p. 295.

⁷¹ E.g. House Visitors Book, 15 Aug. 1742; *ibid.*, 2 Sept. 1742; *ibid.*, 3 Oct. 1742; *ibid.*, 25 Oct. 1742; *ibid.*, 6 Feb. 1742/43.

⁷² *Ibid.*, Mar. 1742/43.

⁷³ *Ibid.*, 30 April 1743; *ibid.*, 17 Aug. 1743.

⁷⁴ *Ibid.*, 14 Mar. 1742/43. See also *ibid.*, 21 Oct. 1742.

⁷⁵ *Ibid.*, 29 Jan. 1742/43.

⁷⁶ *Ibid.*, 16 Aug. 1742.

⁷⁷ ‘Short account’, in Olive, *op. cit.*, note 14 above, p. 31.

⁷⁸ See, for example, Brockbank, *op. cit.*, note 19 above, p. 211; Howie, *op. cit.*, note 16 above, pp. 52–3; Munro Smith, *op. cit.*, note 19 above, pp. 28–9.

⁷⁹ Wood, *op. cit.*, note 11 above, pp. 295, 297.

⁸⁰ House Visitors Book, 8 Aug. 1742; *ibid.*, 25 Oct. 1742.

1743 the matron alleged that occupants of “the Princess Ward [were] staying up late at night”.⁸¹ Most criticism of patients, however, centred not around their conduct inside the Hospital, but outside.⁸² In common with other institutions,⁸³ Bath Infirmary allowed patients “to go to their respective places of worship on Sundays . . . , and return . . . directly”. Although the rules also forbade them to “loiter about the city or go to an ale house, on pain of expulsion”,⁸⁴ there were breaches. In August 1743, for example, the house visitors received “a complaint against Chambers for going out of town Sunday last without leave and likewise of Norton for not returning at his appointed time”.⁸⁵ Patients were also reprimanded for “going to the Sun Inn” and “out to drink a pot of ale”.⁸⁶ The problem of controlling behaviour outside the hospital was compounded at Bath because treatment was based on the use of spa water only available externally at the city’s Hot Bath. House visitors included this Bath within their orbit and were mostly content that the patients “behaved well and [were] very well attended”.⁸⁷ Intermittently, however, there were incidents of indecent behaviour or “men being without their linen and swimming naked in the bath”.⁸⁸ Such public spectacles were particularly damaging to the Hospital’s good name and hence a threat which the governors tried earnestly to curtail. Nonetheless, the ultimate sanction of dismissal was applied to only fourteen of the 1,643 discharged between 1742 and 1752.⁸⁹ Therefore, a disorderly picture of voluntary hospital inmates is not readily sustained for Bath.⁹⁰ Perhaps this was because contributors had no sponsorship rights and the Hospital admitted only on medical recommendation.⁹¹ In any event, it seems that house visitors, in conjunction with the Hospital’s officers, were generally able to contain any disruptive patient behaviour and so enable the institution to function as a symbol of civic virtue.

A desire to seek the public good also influenced attitudes to staff, both paid and honorary. Servants from the poorer classes shared with patients a number of restrictions⁹² for similar didactic reasons: at Bath they were not allowed to smoke, play games, or stray beyond the Hospital’s walls unless authorized; and “submission to their superiors, and civility and respect to all strangers” were required. Other rules were geared to the needs of inmates: nurses had to clean their wards and serve breakfast within certain hours, and “behave with tenderness to the patients”.⁹³ The House Visitors’ Book for 1742/43 cites a series of infringements. In October 1742, for example, Nurse MacClinton was discharged following a complaint from William

⁸¹ *Ibid.*, 28 June 1743.

⁸² See also Clark-Kennedy, *op. cit.*, note 12 above, p. 154.

⁸³ See, for example, Howie, *op. cit.*, note 16 above, p. 53; Munro Smith, *op. cit.*, note 19 above, p. 34.

⁸⁴ Wood, *op. cit.*, note 11 above, pp. 297, 299. See also McLoughlin, *op. cit.*, note 19 above, p. 84.

⁸⁵ House Visitors Book, 30 Aug. 1743.

⁸⁶ *Ibid.*, 6 July 1742; *ibid.*, 8 Aug. 1742.

⁸⁷ *Ibid.*, 5 July 1742.

⁸⁸ *Ibid.*, 26 June 1742; *ibid.*, 4 July 1743.

⁸⁹ Admissions Register, 1742–52.

⁹⁰ See, for example, Hume, *op. cit.*, note 66 above, pp. 24–5.

⁹¹ 12 Geo. II, *op. cit.*, note 21 above, p. 575.

⁹² See, for example, Brockbank, *op. cit.*, note 19 above, pp. 210–11; Clark-Kennedy, *op. cit.*, note 12 above, p. 35; Munro Smith, *op. cit.*, note 19 above, p. 28.

⁹³ Wood, *op. cit.*, note 11 above, pp. 297–8.

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Cole in the Duke's Ward.⁹⁴ In July of the same year, a chairman called John Rudman was censured, who "being sent to Bathwick yesterday for oatmeal at three o'clock in the afternoon did not return til eight at night". A few days later, he was delinquent again, this time leaving the Hospital without permission and not returning on the same day. By the end of the month, he too had been discharged, "for his misbehaviour in the House".⁹⁵ Analysis of the Committee Minute Books for a longer period shows that offences were confined to the lower ranks of paid staff; between 1742 and 1750, a cook, two chairmen, and six nurses were dismissed,⁹⁶ but no matron, apothecary, house steward or secretary. The misdeeds committed were naturally an impediment to the smooth running of the institution, but competence at the top of the management hierarchy meant that it was comparatively easy for house visitors to discipline minor employees and minimize injury to the Hospital's virtuous reputation. Unlike the governors of the Middlesex Infirmary in the 1740s, those at Bath never had to fire three senior personnel before order could be restored.⁹⁷

The supervision of honorary medical staff was a more delicate operation because of their professional status. At the Bristol Infirmary, house visitors were initially required to oversee the attendance of physicians and surgeons, until both groups threatened to withdraw their services unless the rule was repealed.⁹⁸ At Bath, there was no such formal duty, but twice between 1742 and 1750 house visitors were asked to investigate the diligence of surgeons appointed to the Hospital after complaints about their lax attendance.⁹⁹ A lapse in the inspection of the apothecary's shop by medical personnel also elicited rebuke during 1742.¹⁰⁰ However, the evaluation of clinical interventions was more problematic, as the dismissal of a surgeon called Archibald Cleland illustrates.

Mr Cleland was a man with impressive credentials. He had served a five-year apprenticeship with an eminent Edinburgh practitioner, studied in London and Paris, and worked for the South Sea Company, before becoming surgeon to a "regiment of horse" commanded by George Wade.¹⁰¹ Therefore, he came to Bath in 1741 with a wealth of experience. Nonetheless, Cleland's appointment to the Hospital in June 1742 was steeped in controversy; for he alleged—and the governors denied—that a rule, requiring of surgeons a seven-year apprenticeship, was passed specifically to exclude him, and only reversed at the intervention of the Earl of Chesterfield, President of the Hospital.¹⁰² In little more than a year, trouble surfaced once again

⁹⁴ House Visitors Book, 12 Oct. 1742; *ibid.*, 15 Oct. 1742.

⁹⁵ House Visitors Book, 17 July 1742; *ibid.*, 26 July 1742; Minute Book, 29 July 1742. Chairmen were employed to convey patients to the Hot Bath.

⁹⁶ Minute Book, 29 July 1742; *ibid.*, 16 Sept. 1742; *ibid.*, 31 Dec. 1742; *ibid.*, 25 April 1744; *ibid.*, 30 May 1744; *ibid.*, 21 Jan. 1746/47; *ibid.*, 9 Mar. 1747/48; *ibid.*, 13 Mar. 1748/49.

⁹⁷ Hilary St. George Saunders, *The Middlesex Hospital, 1745–1948*, London, Max Parrish, 1949, pp. 12–13.

⁹⁸ C. Bruce Perry, *The voluntary medical institutions of Bristol*, Bristol, Bristol Branch of the Historical Association, 1984, p. 3.

⁹⁹ House Visitors Book, 6 Sept. 1742.

¹⁰⁰ Minute Book, 2 May 1743; *ibid.*, 30 Jan. 1743/44.

¹⁰¹ Archibald Cleland, *An appeal to the public*, Bath, 1743, p. 3.

¹⁰² *Ibid.*, pp. 1–3; *A short vindication of the proceedings of the governors of the General Hospital at Bath*, Bath, 1744, pp. 3–4.

when, in September 1743, Mr Cleland was accused of “indecent practices” by two women patients and suspended by the Weekly Committee, pending a full investigation by the General Court.¹⁰³ A fortnight later, the Court was unanimous in finding him guilty of “misbehaviour” and thirteen governors voted in favour of his dismissal, with four against.¹⁰⁴

The dispute rumbled on in a vitriolic war of pamphlets. Clinical competence and professional propriety figured prominently. Cleland admitted that he should have talked to the physicians and surgeons responsible for the cases in question,¹⁰⁵ but denied that he had undertaken repeated vaginal investigations without the patients’ consent¹⁰⁶ and challenged the gynaecological expertise of the Hospital’s physicians: “I could not have believed that these two learned doctors, or any deserving that title, could have been so little versed in these matters, if they had not in their *Vindication* thus publicly exposed themselves to the censure of every judicious reader.”¹⁰⁷ The salacious nature of the Cleland affair ensured that it caught the public gaze, but the man in the street was less able to assess the medical stalemate than the apparent travesty of natural justice. The governors emphasized that, as men enjoying “a fair reputation”, they had satisfied the conditions laid down by the Hospital’s Act of Parliament: all members of the Corporation were properly advised of the special General Court by public notice in the Pump Room, and the governors were informed in writing.¹⁰⁸ Furthermore, it was argued that “a General Court, or a Committee of the governors, is not a Court of Law, and therefore they are not tied down by legal forms, and scrupulous niceties”. The purpose was rather “to hear all sides fairly; and then to judge, not of the circumstances of proof, but of the proof itself, and so to determine according to equity and good conscience”. Only in that way could the acquittal of persons “whom the breasts of every hearer of the trial secretly condemn” be avoided.¹⁰⁹ Mr Cleland derided this analysis and judged himself to be the victim of a conspiracy, orchestrated by a small minority of governors.¹¹⁰ false accusations had been brought against him and basic human rights violated—the right to call witnesses, the right to hear the full prosecution case, the right to be convicted only on reliable evidence.¹¹¹ But why did he think that he had been framed? For two main reasons: first, because he had committed “the unpardonable crime of following my profession at Bath without leave” and, second, because he had proposed new means of applying the spa waters which threatened the livelihoods of those pitched against him.¹¹² In short, a cabal of governors was using the Hospital to pursue their own personal gain by denigrating a competitor.

¹⁰³ Minute Book, 7 Sept. 1743; *ibid.*, 19 Oct. 1743.

¹⁰⁴ *Ibid.*, 21 Sept. 1743; Cleland, *op. cit.*, note 101 above, pp. 38–9; Archibald Cleland, *A full vindication of Mr. Cleland’s appeal to the public*, Bath, 1744, pp. 13–14.

¹⁰⁵ Cleland, *op. cit.*, note 101 above, p. 37.

¹⁰⁶ *Ibid.*, pp. 17–24.

¹⁰⁷ Cleland, *op. cit.*, note 104 above, p. 42.

¹⁰⁸ *A short vindication*, *op. cit.*, note 102 above, pp. 2, 5.

¹⁰⁹ *Ibid.*, p. 8.

¹¹⁰ Cleland, *op. cit.*, note 101 above, pp. 26–7; Cleland, *op. cit.*, note 104 above, pp. 13–14.

¹¹¹ *Ibid.*, pp. 16–23.

¹¹² *Ibid.*, p. 46; Cleland, *op. cit.*, note 101 above, pp. 39–40.

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Cleland's allegations discredited the Hospital and left it open to charges of maladministration and corruption. In the first place, the patients' accusations were not picked up when the house visitors conducted their daily tours of the wards;¹¹³ and the governors themselves were forced to concede that the women "had complained to the nurses and patients . . . [because they] were afraid to make a higher appeal to justice".¹¹⁴ In addition, Mr Cleland was able to construe the Hospital apothecary as an accessory to the plot because, despite being a duty house visitor when the misdemeanours were first talked of, he chose to take statements personally and relay them directly to the Weekly Committee.¹¹⁵ It was perhaps no coincidence that the two men serving with him at the time were among the four who opposed dismissal.¹¹⁶ Furthermore, the fact that two of the dissenting governors went on to resign also gives some credence to the Cleland interpretation of events; for the Rev. Mr Walter Chapman specifically associated his departure with "the hard treatment . . . received from the Committee" by a gentleman whose "behaviour (as far as I have seen or heard) has been agreeable to the strictest rules of modesty and decency".¹¹⁷ Similarly, the withholding of donations and subscriptions carried a financial warning as well as moral endorsement. In a trenchant letter to Mr Cleland, for example, Lady Inchiquin rejected reports that she had increased her contribution to the Hospital at the last collection: "I do assure you, I did not give one sixpence; nor do I design it, 'till you have justice done your character".¹¹⁸ Yet there is no way of knowing how much income (and reputation) would have been sacrificed if Mr Cleland had remained in post. For governors anxious to present the Hospital as a manifestation of civic virtue, this was the dilemma. To the public, they were adamant that the need to "preserve all decency" justified their action and anticipated that when the "passion and prejudice . . . [had] subsided", true lovers of charity would double their benefactions to demonstrate approval for a decision which had been "the duty of honest and impartial men".¹¹⁹ In private, however, they may have calculated that once the rumours had come to light, and whatever their source and status, the dangers of retaining Mr Cleland outweighed those of sacking him. Yes, there might be cries of injustice against a single individual, but these were less damaging than any insinuation that the institution was harbouring sexual impropriety; as the Earl of Chesterfield observed: "To suppose him innocent one must suppose him uncommonly curious, even to a degree of incredulity, into the state of his female patients".¹²⁰

Although the Hospital's infant procedures proved unequal to the Cleland episode, there is limited evidence of successful communication between house visitors and the Weekly Committee where less contentious, material—as opposed to clinical—issues were involved. In August 1750, for instance, the Committee "Ordered that the

¹¹³ *Ibid.*, pp. 12–13.

¹¹⁴ *A short vindication*, op. cit., note 102 above, p. 10.

¹¹⁵ Cleland, op. cit., note 104 above, p. 28.

¹¹⁶ 'A short narrative of the proceedings', in *A short vindication*, op. cit., note 102 above, p. 18.

¹¹⁷ Cleland, op. cit., note 104 above, p. 50.

¹¹⁸ *Ibid.*, p. 56.

¹¹⁹ Letter Book, 19 Oct. 1743, from E. Brett to M. Stewart.

¹²⁰ *Ibid.*, 1 Nov. 1743, from the Earl of Chesterfield to F. Fauquier.

carpenter mend the beds as desired by the house visitors".¹²¹ Instructions also flowed in the opposite direction: in October 1742, the Committee told the visitors "to provide a stock of candles for the winter and likewise to agree with a proper person to supply the House with water".¹²² These are isolated examples from which to gauge the routine performance of house visitors as champions of civic virtue, but study of their Book for 1742/43 suggests that, like other institutions,¹²³ the Bath Hospital had difficulty in achieving consistent coverage. Two house visitors were appointed each week from the Committee; and though daily attendance was not an explicit requirement, it was rare for neither nominee to call. On a quarter of all occasions, however, only one of the two house visitors was present. The situation deteriorated over time, perhaps as the novelty of hospital management wore off. From 25 June (when the book commences) until the end of 1742, there was just one period of more than three days when a solitary house visitor attended; but in 1743 up to 16 November (when the book terminates), there were six such periods, one as long as twelve days.¹²⁴ By far the most frequent single visitor was John Morris. As Hospital apothecary, Mr Morris undoubtedly had an invaluable practical knowledge of day-to-day administration, but when he functioned alone, the Committee lost the independent perspective which house visitors were supposed to inject. Therefore, the supervisory machinery, used to reassure contributors of the Hospital's good management,¹²⁵ appears increasingly an exercise in public relations rather than a strong safeguard against corruption and malpractice.

The focal point of this paper has been the way in which the eighteenth-century voluntary hospital responded to the threat of corruption, broadly defined to embrace not just financial irregularities but also betrayal of civic virtue or the public interest. Three strategies emerged from a case study of the General Hospital at Bath between 1738 and 1750. These varied in their impact. Though governor status was tied to financial sponsorship, only a minority of contributors participated regularly in Hospital management. Gaps in the house visiting record imply that even active governors had difficulty in fulfilling their rota commitments. Nonetheless, if stretched by the Cleland case, the procedures adopted to supervise income and expenditure, goods and lay personnel were largely effective, despite the flaws in day-to-day contact. Voluntary hospitals were not seedbeds of corruption. On the whole, they succeeded in adapting the joint-stock company to their own charitable purposes, using it to personify civic virtue. A "clean" image also enabled the voluntary hospital to complement the materialism of Hanoverian England, as those conscience-stricken by affluence sought outlets for their wealth that were beyond reproach. Philanthropy, then, became the acceptable face of the new commercial society, defusing the political and moral tensions thrown up by a changing economic order.

¹²¹ Minute Book, 15 Aug. 1750.

¹²² *Ibid.*, 14 Oct. 1742.

¹²³ See, for example, McClure, *op. cit.*, note 8 above, p. 169; Munro Smith, *op. cit.*, note 19 above, p. 27.

¹²⁴ House Visitors Book, 1742/43.

¹²⁵ 'Short account', in Olive, *op. cit.*, note 14 above, p. 31.