

FINANCE AND SUPPLY IN AN EIGHTEENTH-CENTURY HOSPITAL

1747–1830

by

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THE original Salop Infirmary, Shrewsbury, a converted ‘gentleman’s residence’, was opened as an infirmary on 25 April 1747. Despite various difficulties and inconveniences the building remained in use as a hospital until 1827. In that year the patients were removed to temporary wards set up in the House of Industry, the old hospital was demolished, and the erection of a new hospital, on the same site, was begun. This new building, which forms the nucleus of the present Royal Salop Infirmary, took three years to complete and was put into commission in the autumn of 1830. The period covered by this study—1747 to 1830—is, therefore, the period from the opening of the first Salop Infirmary till the opening of the second.

FINANCIAL HISTORY OF THE FIRST SALOP INFIRMARY

The earliest reference to finance in the records of the Salop Infirmary is contained in a pamphlet published in April 1745. This pamphlet, *Some Further Considerations in Behalf of a Proposal for Erecting a Publick Infirmary at Salop for the Poor-Sick and Lame*, was the third of three pamphlets published by the advocates of the scheme in an attempt to arouse public interest and support. Having dealt with various objections raised against the project, and touched upon the proposed method of government, the author turns to the financial aspects of the problem. He makes no attempt to estimate the cost of establishing the infirmary in the first instance, a vital point which appears to have been overlooked, but instead directs the attention of the reader towards running costs. The general weekly cost per patient in an infirmary is calculated to be about six shillings, and on this basis the cost per annum of the upkeep of hospitals of various sizes is reckoned. A hospital of 30 beds is estimated to cost £459 10s.; of 40 beds £572; of 50 beds £684 and of 60 beds £797 per year. The size of the proposed infirmary at Salop is not stated; this presumably depended upon the size of the subscription list, and at the end of the pamphlet a list of subscriptions and benefactions so far guaranteed is published. The subscriptions amount to £503 15s., a creditable sum considering that the solicitation of subscriptions had begun only a month before. To hearten supporters it is observed that the Winchester Infirmary, which had been founded in 1736, had begun with a subscription list of £600, but within six years had achieved an annual income by subscription of £864.

In establishing their infirmary one of two courses of action was open to the subscribers, either to erect a new building or convert an existing one. Only one building in the town appeared suitable for conversion—the late Mr. Kynaston’s

house in St. Mary's churchyard'¹—but the owner of the property, Mr. Corbet, refused to sell or lease the house to the trustees. There was therefore no alternative but to build. Two sets of plans were procured; the first, the 'London plan', (the architect unfortunately is not named) was estimated to cost £1493 7s. and the second, a local plan, was estimated to cost £1355 15s. But the trustees noticed that by reducing the thickness of wall in the London plan to that suggested in the local plan the cost would be reduced to £1255, and it was decided that this scheme should be accepted. Wisely, however, it was resolved that no attempt should be made to proceed further until at least £1000 had been subscribed, and this delay proved surprisingly beneficial. Before building began the '45 Rebellion had broken out, and by the time it was ended Mr. Corbet had undergone a change of heart, a change so great that he himself now offered to the trustees, upon reasonable terms, the house that they had previously solicited in vain. Delighted at the prospect of avoiding the heavy cost of building, the trustees agreed to accept Mr. Corbet's proposal and entered into an agreement to lease 'Broom Hall', and two adjacent houses, for a period of three lives or twenty-one years. By the terms of the agreement the sum of £500 was to be spent by the trustees of the infirmary in fitting up and improving the building, exclusive of equipment, and a rent of £54 was to be paid yearly, the Land Tax, but no other, being included in this sum. The trustees also undertook to keep the building in good repair, and to be responsible for glazing, paving and all repairs. Certain related properties were excluded from the agreement—the stables attached to one of the houses, the cellars under Broom Hall, and the pew in St. Mary's Church appropriated to the building. The first Annual Report (dated October 1746 but not issued till November) reported this happy turn of events to the subscribers. The building was considered 'well situated to the Purpose of an Infirmary' and what was particularly advantageous 'capable of being completed for the Reception of Patients in less time and at less Expense than erecting a new Building'. In addition it was pointed out that a considerable part of the rent would be recovered from the subletting of one of the adjacent houses tenanted at the time at £20 per annum.

The Second Report issued at midsummer 1747 (henceforth all annual reports were issued at midsummer) announced the opening of the infirmary on 25 April. Although conversion and furnishing had been carried out with the greatest economy, the expense had been much greater than expected, so that 'Necessaries of considerable expense, Bath, Bagnio &c.' were still wanting. The building had been fitted up to accommodate fifty-two patients, twenty-six male and twenty-six female, but as a temporary measure the number admitted had been limited to forty, in an attempt to reduce, as quickly as possible, the debt which had accumulated. Subscribers were exhorted to be generous, and generous they surely were, for the following year's report announced that the previous year's debt, which had amounted to £345 2s. 11½d., had been cleared, that the Bath and the Bagnio had been completed, and that the hospital was now accommodating forty-six patients. The report complained as usual of non-payment by certain subscribers, but the conscience of the guilty can hardly have been stimulated by the publication of so prosperous a balance sheet.

By 1749 the number of beds in the infirmary had been increased to sixty, and two years later to seventy. In 1752 the Seventh Report recorded that the building now contained seventy-two patients regularly, and frequently accommodated eighty 'though not without difficulty'. A further rise in demand for beds, the report pointed out, was to be expected,² and with greater use of capital ten or twelve more beds could be made available, but difficulties lay in the way. Only sixteen years of the twenty-one year lease remained, and provision had to be made for a new building at the end of that time: prudence dictated against any further expenditure until that had been done. This spectre of the ending lease haunted the trustees till 1759 when the Rev. William Adams, D.D., vicar of St. Chad's, one of the most enthusiastic of the early trustees, presented to the Quarterly Board a letter from the owner offering to sell the infirmary, the cellars beneath the building, and one of the adjacent houses for £2000 down and £500 'as it comes in'. Mr. Corbet made it conditional 'that no Additional expense be laid Out, but what is absolutely necessary for the Charity till the remaining £500 is paid, and at the end of every year what Money remains in Favour of the Charity shall be paid me till the £500 is paid'. These conditions the trustees gratefully accepted, and the building passed into their hands.³

The financial history of the Salop Infirmary is chequered by crises. The first of these—a relatively minor one—occurred in the mid '50s, a time of high prices. At the beginning of the period, in 1750, the annual expenditure was £950 with a balance at the end of the year of £149; five years later expenditure had risen to £1508 and the reserve had dropped to £21. The year 1757 was one of severe scarcity and much sickness, and strained still more the resources of the infirmary, but prices fell suddenly the following year, and subscriptions increased, and by midsummer 1760 the situation was under control; expenditure had returned to the 1750 level (£970) and the balance in the treasurer's hands had risen dramatically to a figure of £975.

The second crisis, a decade later, was rather more serious. In 1765 the annual balance sheet showed an expenditure of £1258 8s. 9½d. and a credit balance at the end of the year of £130, an apparently satisfactory situation, but the financial affairs of the charity were not in fact in as strong a position as a superficial examination of the accounts suggested. In 1768 the auditors pointed out that the arrears were rising to disturbing proportions. In 1770 the arrears were still increasing, and to add to the difficulties the infirmary stood to lose £150 through the dishonesty, or at best carelessness, of the apothecary.⁴ In 1772 the auditors reported that as much as one third of the preceding year's subscriptions were still unpaid, and the following year in an attempt to rectify this it was suggested that the names of subscribers in arrears should be made public. This was not done, however, and in June 1774 the under treasurers reported that they had no money in hand to meet the quarterly bills due, and the Weekly Board was forced to authorize the sale of bonds to supply the deficit. But this was low-water mark. Within a year the tide was running in again, and by 1777 financial stability had been completely achieved, and the trustees were able to reinvest the money they had been forced to realize three years before.

The third and greatest crisis in the affairs of the Salop Infirmary came in the course of the Napoleonic Wars. The economic strain of that long and desperate struggle told on every aspect of the nation's life, and as was inevitable, prices soared, food became scarce and money hard to earn. With increasing poverty and want the demand for hospital services increased tenfold, but at the same time the resources upon which the hospital relied became increasingly incapable of meeting the demand made upon them. Burdened with taxation, the mercantile, professional and landed classes found themselves incapable of giving as freely to charity as had been their custom. To accentuate the infirmary's difficulties competition for such money as was available came from a host of sources, charitable and otherwise, and those of most obvious patriotic appeal tended to gain preference. In 1801 the financial state of the infirmary had deteriorated to such an extent that the trustees were again forced to sell securities to meet their debts. In 1804 Mr. Flint, the under treasurer, reported that the accounts showed the charity to be in debt to him for the sum of £400. The board could pay him only £56 13s.—all the money that remained in their London banker's hands—and appealed to all subscribers who were in arrears to pay their contributions immediately. At the same time a determined attempt was made to increase the number of subscribers, and this was again done in the following year when a letter was sent to every parish requesting the incumbent to furnish the Weekly Board with the names of any potential contributors within their parish. But even these measures produced no immediate improvement, and at midsummer 1806 the finances were reported to be in a critical state. The newly appointed house surgeon—Outlaw—volunteered to serve for a year without salary, and this offer the trustees gratefully accepted. During the following year, 1807, some improvement took place due, as the Annual Report recorded, 'to the good conduct of the New Matron, and the Economies of the House Surgeon'. Attempts at economy were also made in other fields, and a committee of the physicians and surgeons was set up to recommend methods of cutting down the expense of the drug bill and surgical supplies. Shortly after this the trustees had to part with Mrs. Moore, the economizing matron, but in her place secured the services of one of the best of the Salop matrons, Mrs. Williamson, and the careful economy continued. In the end this met with its due reward, and at midsummer 1809 the accounts showed a remarkable credit balance of £352. The war was not over, but for the Salop Infirmary the worst was passed, and in the post war years the financial state was one of ease and tranquillity.

FINANCIAL ADMINISTRATION

The financial administration of the charity was carried out by the officers of the charity (the honorary treasurer, the under treasurers, the auditors and the agents), by the officials of the house (the apothecary, matron, secretary and proveditor) and by the general body of trustees and subscribers themselves through the Weekly and Quarterly Boards.⁵

The Honorary Treasurer. Despite the title of his office the honorary treasurer had virtually no responsibility for the financial affairs of the charity. Payments

were made theoretically in his name, but the majority of the holders of the treasurership would have been horrified at any suggestion of personal responsibility for the financial management of the charity's affairs. The statutes of the infirmary provided that the honorary treasurer should if required give a bond for £1000 'for the due accounting for all such Money as he shall receive for the use of the Infirmary', but it is unlikely that it was ever required. The 24th statute empowered the under treasurers, on the death of a treasurer in office to 'act in their own Names, till a new Treasurer be chosen', but this was paying lip service to a theoretical rather than a practical position.

The Under Treasurer. The under treasurer was in fact, if not in theory, the principal financial executive of the charity. Until 1799 there were two under treasurers, after that there was only one. The under treasurer had by statute to be resident in Shrewsbury, and had to give bond for due accounting for all money in his care, the amount specified being £500. The function of the under treasurer was to receive all subscriptions, either direct, or through one of the officials or agents of the charity, and to be responsible for the payment of all accounts. They were men of substance, mostly members of the Drapers' Company, though other trades were also represented. The under treasurer functioned as a kind of local banker for the charity and appears from time to time to have advanced money when funds ran low; Mr. Flint, as has been noted already, allowing as much as £400 to be overdrawn. Advantageous as this was in some respects the system had its dangers, for any catastrophe which overtook his personal financial affairs affected the infirmary as well. In 1829 one of the under treasurers failed. At the time of his bankruptcy he held £1498 on the general account of the charity, and £598 on account of the new building fund. On this two dividends each of 5s. were paid during the first year, and a third of 3s. 4d. in the £ in 1832. When the final settlement had taken place the total loss amounted to about £474.

Auditors. Two auditors were appointed each year from among the trustees at the May meeting of the Quarterly Board. Their function was to inspect the annual accounts, and in theory to prepare the Annual Report issued each year on the state of the charity. Their duties came in time to be considered of such minor importance that their names and even the record of their appointment were frequently omitted from the minutes of the Quarterly Board.

Agents. Agents or correspondents were appointed to represent the charity in each of the major towns throughout the county. Their sole duty so far as the financial affairs of the charity were concerned was to accept subscriptions from subscribers in their area and transmit them to the under treasurer.

Apothecary. In the early days of the infirmary the apothecary acted also as secretary to the infirmary. In 1763 the posts were separated, but in 1767 they were rejoined and the first full-time secretary was not appointed till 1770. In this early period the apothecary was the individual through whom the other members of the infirmary staff were paid, a draft being drawn in his favour for the payment of the nurses, the domestics, the schoolmaster and the porter. Following the peculation of John Walker (apothecary 1764 to 1770) this system was abandoned, and the payment of nursing and domestic staff was carried out

through the matron, while the apothecary, secretary, schoolmaster and proveditor were paid direct. Until Walker's time also, the apothecary was responsible for the payment of druggists, the payment of surgical instrument makers, and all other creditors living at a distance.

The apothecary's power to contract debts on behalf of the charity was strictly limited. The purchase of drugs was controlled by the 'Committee for buying Drugs' or by the Weekly Board. In an emergency, drugs could be purchased by the apothecary, but not without an order signed by one of the physicians or surgeons. His accounts—the Apothecary's Incidents—had to be submitted to the Weekly Board each Saturday morning for approval. In the early period the apothecary (in his capacity as secretary) accepted subscriptions on behalf of the under treasurers: throughout the whole period under review he was responsible for collecting the fees payable by members of the public using the hot and cold baths.

Matron. One of the main duties of the matron was the supervision of 'the oeconomy of the House' and to her therefore fell the duty of purchasing domestic provisions and supplies. Rule 9 of the matron's rules laid down that no provisions could be bought for the house without the matron's direct order. In the early days of the infirmary it was considered sufficient for this to be given by word of mouth, but after it was discovered that an enterprising young man aged twelve, who, while an in-patient, had been frequently employed on errands on the infirmary's behalf to the hospital baker was continuing the visits to his own private profit after discharge, it was laid down that the matron's order to purchase must be given to the contracting provision merchant in writing. By the 75th Statute the matron was required to keep a daily account of all provisions coming into the house, and this account had to be laid before the Weekly Board and approved by it each Saturday morning. The matron was responsible for selling the products of the house—the suet, dripping and cream—and for the disposal to a rag merchant of old sheets, nightgowns and unclaimed patient's clothing. Of all these transactions she had to keep accounts, including them in her weekly 'Incidents' submitted to the Board. As has been already mentioned she was, after 1770, the member of staff through whom the nurses, domestic servants and porter were paid.

In 1806 after the bitter experience of two dishonest matrons the financial responsibilities of the matron were considerably curtailed. The accounting for the sale of suet and dripping was transferred to the secretary, and the matron's accounts had to be submitted to the secretary for scrutiny before presentation to the Weekly Board. Vouchers for all money expended by the matron had to be passed by the matron to the secretary, who was required to satisfy himself as to their accuracy before presenting them to the Board.

Secretary. The responsibility of the secretary in both the financial and the administrative fields grew steadily throughout the century. At the beginning of the infirmary's history he was only able to accept subscriptions for transmission to the under treasurer upon the same standing as an agent: by 1829 he was empowered to receive subscriptions on the treasurer's behalf, and his receipt was to be considered valid evidence of payment. The amount of money it was

anticipated he would deal with on the charity's behalf is demonstrated by the introduction in that year of a requirement that the secretary should give a bond of £100 as a guarantee of honesty on taking up his post, and the responsibilities given to him in 1806 in checking the matron's accounts further emphasizes the increasing importance of his office. From 1770 when the first whole-time secretary was appointed, the 'Secretary's Incidents'—for quills, ink, paper and other stationery requisites—was submitted weekly to the Board along with the matron's and apothecary's accounts.

The Weekly Board. The mainspring of the whole administrative machine of the infirmary was the Weekly Board. This body of trustees, meeting every Saturday morning in the boardroom at the infirmary, dealt with all aspects of the charity's affairs except matters of major policy, and the appointment of senior members of staff. On the financial side its activities were manifold. It examined and approved accounts submitted to it each week by the apothecary, matron and secretary, and was the body responsible for authorizing payment of the quarterly accounts. It controlled the investments of the charity and gave directions for the purchase or sale of securities as required. It was responsible for securing tenders and awarding contracts for supplies. It commissioned architects, employed tradesmen and authorized expenditure on maintenance work or structural alterations when these were necessary. It regulated salaries of the nurses and domestic servants, and authorized alterations in staff establishment. The Weekly Board was a 'General Purposes' committee in the widest sense; its duties were unending.

Method of Payment. Accounts were presented quarterly to the Weekly Board for approval, and when passed, an order for payment signed by the chairman of the Board at which they were approved, and countersigned by the secretary, was issued to one of the under treasurers. The action of the under treasurer on receipt of the order was explained in the twenty-fifth report by the auditors in 1770:

The method in which the Trustees have always paid their Bills hath been by drafts on the Under Treasurers made payable to the persons to whom they were due. But for their creditors at a distance, which are few in number, chiefly for drugs, medicines and impliments of surgery, these drafts have been usually made payable to the Secretary, [at this time the apothecary] who had the care of remitting the money to their order.

This system, though it worked successfully normally, had its dangers, amply demonstrated by Mr. Walker, the apothecary, when he failed to remit sums due to the druggists supplying the infirmary—thus placing the trustees in the distressing position of being dunned for payment of bills they confidently believed they had already paid.

Publication of Accounts. The accounts were drawn up each year at midsummer, 'for the Satisfaction of the Contributors' and an abstract of these was included in the Annual Report published each September prior to the anniversary meeting. In addition to this annual review subscribers had an opportunity of keeping watch on the running accounts. Details of housekeeping expenditure drawn up under its various heads were entered each week in a table hung up in the boardroom, 'that every error in the Management of this Important Article, may the sooner be discovered'.

SOURCES OF INCOME

Subscriptions. The principal source of income was the annual subscription. The majority of subscribers gave two guineas, the sum that entitled them to take part in the management of the charity as a trustee, but a few gave more, and many gave less. The names of the subscribers of one guinea and above were published in the Annual Report, together with the amount subscribed; sums under one guinea were grouped together under a single entry. Until 1777 subscriptions were considered to be effective from the quarterly meeting immediately preceding the date of payment, and continued to be payable until notice of termination was given by the subscriber to the Weekly Board. After 1777 although a subscriber could take part in the general management of the charity from the time of payment, he was not entitled to vote in any election until six months after the date of first payment. From this regulation, heirs and executors of a subscriber carrying on the subscription of a deceased subscriber were exempted. For many years, to simplify accounting, an attempt was made to persuade subscribers to date subscriptions from midsummer but as persuasion met with but moderate success it was finally decided in 1829 to make payment at midsummer compulsory by statute. Subscriptions were payable in advance, and all rights of recommendation and election were forfeited by any subscriber falling into arrears. The statutes laid down that a 'monitory letter' should be sent to every subscriber irrespective of status whose subscription was more than three months overdue.

Considerable efforts were made by the Weekly Board, and by individual trustees, to secure new subscribers. Agents were encouraged to notify the board of likely subscribers in their area who could be approached by the Board; and the incumbents of parishes were similarly applied to on more than one occasion. The persistence with which the Board pursued its quarry is reflected in a minute of the Weekly Board of 23 March 1793:

Read a letter from Mr. Collins of Wenlock, reporting Sir John Edward Acton, Bart., of Acton Round in this county an Annual Subscriber of Five Guineas.

Ordered That the Secretary be directed to return the Thanks of the Board to Mr. Collins for his obliging readiness in conveying to Naples (where Sir John resides) a Letter of solicitation for the Trustees, and the polite manner in which he communicated the answer thereto—and that he be requested to take the first opportunity of transmitting the grateful acknowledgement of the Board to Sir John for this benevolent instance of his regard to the welfare of the charity.

A recurrent source of anxiety to the board was loss through subscriptions falling into arrears. That subscriptions should be allowed to fall into arrears was a subject of reproach in numerous Annual Reports, and finally, in 1773, when a serious number of subscriptions was in arrears the board threatened to make public the names of defaulters by introducing the double-line system. This was a simple system of having two columns opposite subscribers' names in the published list, one for subscriptions duly paid, and one for subscriptions in arrears, the amount of the subscription being entered in the appropriate column. In the case of a subscription in arrears, the number of years the subscription was overdue was shown in a third column. There must have been considerable

opposition to the scheme for it was not then carried into effect, but six years later, in 1779, when arrears were again reaching perilous proportions a proposal to introduce such a system was again made. As a precaution the secretary was directed to write to the infirmaries at Gloucester, Northampton and Manchester 'to know what Conveniencies or Inconveniencies have accrued to their respective Charities from adopting the Plan abovementioned', and the reply from these sources being reassuring the system was introduced in the following year's report. Warning of the intention to do so was given in the *Shrewsbury Chronicle*, but even so twenty-four subscriptions were listed in the report as overdue, the period varying from one to five years. There was, as was to be expected, an outburst of indignation on the part of some of the subscribers thus publicly disgraced, which the Weekly Board did its best to mollify—but at least five paid up, though some directed that their names should be removed from the list of subscribers.⁶ In the long term, however, the move proved successful. In 1781 there were seventeen subscribers in arrears, in 1787 there were only two: subscriptions in arrears had ceased to be a problem.

Benefactions. Donations to the charity other than annual subscriptions were classified as benefactions. Benefactors of twenty guineas at one time, or of ten guineas on two occasions became trustees. Legacies were included among benefactions, and when twenty guineas or more were bequeathed the privileges of trusteeship were conferred upon the executors.

The sources of the money given as benefactions was diverse. In 1767, for example, Sir Watkins Williams Wynne presented a purse of £50 won by his horse 'Fop' at Shrewsbury Races, and in 1803 the young ladies of Miss Pritchard's School presented £6 7s. raised by raffling articles made by themselves. In 1804 the young ladies presented a second donation of £11 1s. 6d. gained in similar fashion and in 1805 a third of £10 15s. 6d. The residue of funds gathered for other charitable purposes was frequently donated to the infirmary, and damages secured as a result of legal actions, or as an out-of-court settlement, were a further fruitful source of supply.⁷ The Company of Drapers, the Company of Mercers, the Company of Hatters, Joiners and Coopers, and other corporate bodies gave many generous donations over the years. A particularly interesting donation of \$100 was given in 1831 by Edward and Robert Haycock, the Shrewsbury architects, being 'the Premium awarded by the State of Louisiana, in America, for the design of a Hospital to be erected in New Orleans'. The details of all benefactions were painted upon benefaction boards and exhibited in the infirmary.⁸

Anniversary Service Collections. The collection gathered at the anniversary service held each year in September was a valuable source of income to the charity. The amount of the collections varied from £32 in 1749 to £312 in 1819, with an average throughout the century of about £80. From the hospital records it cannot be ascertained with certainty whether the eloquence of the preacher, or the beauty of the ladies holding the plate played the greater part in securing a bumper collection—no doubt due attention was paid to both forms of attraction by thoughtful treasurers!

In addition to the collection at this special service general collections for the

benefit of the charity were taken in both Established and Nonconformist Churches throughout the county from time to time.

Baths. Within the first year of the opening of the infirmary, baths were built, and arrangements made for making these available to the public. The charge in 1750 was 1s. per person for the cold and hot baths, with an extra charge of 6d. if the hot bath had to be specially heated. In 1778 a new cold bath was built and new regulations for payment were made.⁹ The price of the hot bath remained unchanged, but the price for the cold bath was reduced to 6d. for adults and 3d. for children under twelve. If paid in advance the fee for the cold bath was 8s. a quarter, 14s. for a half year and £1 1s. for a whole year, children under twelve paying half price.

Products of the House. The suet from the meat supplied to the infirmary, the dripping produced during cooking and cream from the dairy (when cows were kept), were sold on behalf of the charity. In the investigation of Matron Oakes' embezzlements in 1806 it was stated that two cans of dripping were generally sold each week, one holding 11 lb. and the other 7½ lb. For the large can 3s. 8d. was received, and for the other can 2s. 7d. Small quantities were also sold privately. The dairymaid said in evidence that she sold cream daily at 1s. a quart, and generally sold 12 to 14 quarts in a week.¹⁰

Property. A house adjoining the infirmary was sold to the trustees along with the infirmary building, and this, after the death of the occupying tenant, was let to one of the surgeons; in 1780 to Mr. Sandford at £20 per annum, and in 1814 to Mr. Humphreys at £45 per annum. When the infirmary building was purchased the cellars were let to a wine merchant, but after his death no tenant could be found. An attempt to auction the lease was finally made, but even this proved unsuccessful. Despairing of ever profiting by them the Weekly Board ultimately directed that they be applied to hospital use.

Charity Boxes. A charity box was placed at the infirmary entrance for casual donations by visitors. This box had two locks, the key of one being held by the treasurer, and the key of the other being held by a trustee appointed by the Weekly Board. A charity box for the infirmary was also to be found in the Red Lion and the other inns in the town—the Raven and Talbot.

Apprenticeship Fees. The training of apprentices by the apothecary (later the house surgeon) was a considerable source of income to the charity in the latter years of the period under consideration. When first introduced the fees were modest, but by 1808 they had risen to 180 guineas for the infirmary with, in addition, 20 guineas payable to the house surgeon in two 10 guinea instalments. In 1819 the infirmary fee had risen to 200 guineas exclusive of the house surgeon's fee, and by 1830 was fixed at 300 guineas. The period of training given to the apprentices varied from five to seven years.

Minor Sources of Income. There were a few minor sources of income, some of which might be better classified as 'recovery of expenses' rather than income. Under this head came military subsistence money. By statute no soldier could be admitted to the infirmary until the officer in command of his company or regiment had undertaken to pay the soldier's subsistence money to the charity, but this money was not always easily secured, for the regiment frequently

marched from the district before the soldier was discharged, after which the regimental agent would prove conveniently deaf to all solicitations by the Weekly Board for payment. Upon occasion the unlucky soldier would be abandoned in the infirmary without even sufficient funds to rejoin his regiment, so that he could not be discharged until some payment had been secured by the importunity of the Weekly Board. Until 1803 the subsistence money claimed was 6*d.* a day, but in that year it was raised, on the suggestion of Mr. Sutton, one of the surgeons, to 10*d.* a day, that being the sum which, according to Mr. Sutton, 'Regimental Hospitals' received.

From the origin of the infirmary it had clearly been laid down that no one capable of paying for his own medical or surgical care should receive treatment in the infirmary. Upon occasion, such persons were admitted, usually as a result of accidents, or in the case of 'black sheep' through failure to appreciate at the time of admission their proper social standing. In 1754 it was decided that all such persons who had gained admission to the infirmary before their financial status was known should be required to sign a promissory note to satisfy the physician or surgeon for his services, and pay 6*d.* a day for diet and medicine. This was not, however, uniformly enforced; the sum charged tending to vary from occasion to occasion according to circumstances.¹¹

A minor source of income arose from the publication each year of the sermon preached at the annual anniversary service. The sermons were sold at 6*d.* a copy, and any profits made were presented by the preacher to the Weekly Board for the benefit of the infirmary.

Investments. The favourite investment of the trustees was in East India Bonds though they did also invest in South Sea Annuities and Old South Sea Stock. In the form of legacies, they inherited a variety of other securities, as for example in 1803 when Mr. Isaac Hawkins of Burton-on-Trent bequeathed £1200 to the charity in 3 per cent Consolidated Bank Annuities, and they also held an interest in several Turnpike Trusts gained in similar fashion. In the ten years from 1747 to 1756, the interest received on cash invested in funds and securities amounted to £436 8*s.* 4*d.*; in the ten years from 1787 to 1796 to £2291 12*s.* 9*d.*; and in the ten years from 1817 to 1826 to £5726 0*s.* 7*d.* The main drawback of investment was that times of crisis in the affairs of the infirmary invariably coincided with periods of national stress, when the funds were depressed and sale of stock uneconomic. At such times the trustees preferred to make fresh appeals for emergency subscriptions and benefactions rather than sell their securities at a loss. It was only in the greatest crises that they would consent to realize these assets.

EXPENSES

Salaries. The first place in expenditure was taken by provisions, the second by drugs and surgical supplies and the third place by staff salaries. Salaries were paid quarterly on the order of the Weekly Board, being supplemented in cases where satisfactory service had been given by a yearly gratuity. The salaries of the nursing and domestic staffs were regulated by the Weekly Board, those of the apothecary, matron, secretary and schoolmaster by the Quarterly

Board. The salaries of staff established at the opening of the infirmary in 1747 were: apothecary and secretary £25 per annum plus £5 gratuity; matron £10 plus £5 gratuity; the nurses, cook and laundrymaid each £3 per annum plus £1 gratuity; the porter £4 per annum plus £1 gratuity and a greatcoat annually.

Wages were fairly stable in the infirmary throughout the greater part of the eighteenth century, but did begin to rise towards the end of it. The apothecary's salary, while fluctuating slightly from time to time was still only £35 in 1784. Shortly after, it was raised to £60, and then in 1792, when the first house surgeon was appointed, to £100. This sum, which was indeed princely, was later considered excessive, and in 1805, with the approval of the physicians and surgeons who considered their junior grossly overpaid, the house surgeon's salary was reduced again to £60. It must be noted, however, that both apothecaries and house surgeons benefited considerably from gratuities presented to them by the trustees in acknowledgment for good service rendered to the charity.

In 1752 the matron's salary was raised from the initial £15 (with gratuity) to £17. This compared favourably with what she would have received as a housekeeper, the strata of the domestic servant class from which the majority of matrons were recruited, but the position lacked the perquisites which fell to a housekeeper in ordinary service, and this to a considerable degree, evened the balance.¹² The matron received no further increase until 1792, when the £17 was advanced to £20 at which level her salary remained for a further fifteen years. In 1807 after the unfortunate experience of having had two dishonest matrons in succession, it was resolved to increase the salary from £20 to £30 per annum, the previous salary 'being deemed inadequate to a trust of so much responsibility'. There was no further change until after 1830.

The salary of the nursing staff remained static throughout the whole of the eighteenth century,¹³ except that the nurse of the men's ward was allowed an extra £1 per annum on account of the hard work in that ward, which raised her salary (with gratuity) to £5 per annum compared with the £4 paid to the nurses in the other wards. In 1802 the domestic staff grumbled at the inadequacy of wages, and complaints must also have been prevalent among the nurses, for the following year the Weekly Board resolved to present each nurse with a pair of slippers as an extra gratuity. Salaries were increased slightly when it was decided that nursing staff only should be employed as night watchers, but the first major advance did not come till 1815, when the salary of the nurses in the men's and women's wards was increased to £8 10s. (the differential between these two being dropped) and that of the nurse in the venereal ward to £7 10s. The under nurse in the men's ward was advanced from £4 to £6. In 1826 there was a further increase, the salary of the principal nurses being raised to £9, that of the nurse in the venereal ward to £8 8s. and the under nurse's salary from £6 to £7.

The most considerable rise in salary during the period was that paid to the secretary. When the first whole-time secretary was appointed in 1770 his salary was fixed at £12 a year, a figure at which it remained until 1792 when it was

raised to £20. In 1803 a further increase raised it to £30 and six years later, at his own request, this sum was doubled to £60 per annum. At this level of payment the secretary was receiving a salary equivalent to that of the house surgeon and double that of the matron.

Drugs, Dressings and Apparatus. The drug bill took second place in the annual expenditure, but the Weekly Board, and the trustees in general, appear to have been content to accept that the money expended was properly spent, and that the control of the committee for buying drugs was effective. On only one occasion, in 1807, when, as has already been mentioned, the infirmary was in considerable financial difficulty, did the Board set up a committee to recommend methods of reducing the expenses of the drug bill: upon the whole expenditure under this head was completely unchallenged.

More concern was expressed over a subsidiary matter—the loss of phials and bottles from the dispensary. The 110th Statute laid down that no fresh medicines should be given to out-patients ‘till they deliver their Phials and Gallipots, and such medicines as they have not taken’. The out-patients, however, appear to have frequently failed to return bottles, and indeed some of the less honest were in the habit of attempting to sell these to apothecaries in the town. In 1760 the supply of bottles for the dispensary cost £3 8s. 6d., in 1765 £8 17s. 4d., and in 1770 £5 15s. 11d.

Periodic attempts were made to introduce economies in the use of dressings. Supporters of the infirmary were invited to donate, or sell to the infirmary, rags useful for this purpose, and the patients themselves were employed in the preparation of lint, a task for which they were paid at the rate of 1s. per lb. of lint produced. In 1788 the Weekly Board resolved that all out-patients should have dressings applied in the surgery by the dressers (the surgeon’s apprentices) instead of being allowed to help themselves to dressings from the surgery as had hitherto been the case; a system which had resulted in considerable losses in dressings and tow.

A considerable item of expenditure in the realm of surgical appliances was the supply of trusses to out-patients. In 1789 two dozen trusses with the boxes in which they were packed cost £7 5s. 8d. Prices later rose even higher, and in 1819 the Weekly Board resolved that old trusses should be brought for inspection before new ones were issued to replace them.

Requests for special equipment such as the electric machines, the pneumatic apparatus bought in 1794, and the slipper bath bought the same year, were invariably approved if recommended by the medical staff. The electrical machines cost from £6 to £9, the pneumatic apparatus purchased from Boulton and Watt of Birmingham cost £14 14s.,¹⁴ and the slipper bath cost £2 12s. 6d.

In 1750 the cost of drugs required by the infirmary amounted to £55 9s. 3d. In 1770 this had risen to £188, and by 1829 had reached £408. Hospital management committees may derive some consolation from the thought that drug bills were steadily rising even before the days of modern therapy.

Wine. What the antibiotic bill is to the contemporary Hospital Management Committee the wine bill was to the eighteenth century Weekly Board. Alarm

was continually being expressed at the rising cost, and regulations intended to bring about economy were frequently devised. One of the earliest resolutions the Weekly Board passed, on 20 February 1747–8, directed that no wine should be supplied except on the express orders of the physicians or surgeons. In 1774 the Board bought raisin wine from Mr. Skey in Bewdley, but the physicians were not evidently impressed by its medicinal properties and preferred port. In 1788 the Board attempted to reduce costs by buying in bulk, and enquired of Mr. Flint at what price he would be prepared to sell to the charity by the pipe.¹⁵ At the same time it was directed that a verbal prescription should no longer be valid, but that the name of each patient who was to have wine must be entered in a register, with the quantity prescribed, and that the entry must be signed by the physician or surgeon concerned. In 1794 another system was introduced. The nurse receiving the direction was to inform the house surgeon, who was then to forward to the matron written authority to issue, and keep a record of all wine so dispensed for examination by the Weekly Board. In 1806 a further attempt was made to improve things by making the secretary instead of the house surgeon responsible for keeping the record of all wine issued, and also a record of wine in store. In 1808 the Weekly Board issued a request for economy to the medical staff, but the consumption of port continued to increase. Many years were to pass before the medical profession was to be convinced that port was not a sovereign remedy for all ills, and nurses were to be employed whose standard of ethics prevented them having a taste for their patient's medicine.

Provisions. Upon the prices paid for provisions the trustees kept close watch. This was a matter of which they had experience and understanding, and they did not hesitate to take action when economical marketing was not being carried out. A continual watchfulness was certainly required, for the period was one of fluctuating prices, and effort was needed to strike the best possible bargain on the charity's behalf, but there was no great difficulty till the end of the century when as a result of the French war prices began to rise steeply. Meat prices may be taken as an example. The meat bought by the infirmary in April 1747 cost 2½*d.* per lb. Fifty years later, the trustees were still paying only 3*d.* per lb., but despite intense effort prices then began to rise. In an endeavour to keep them down the trustees arranged for a group of butchers to supply in turn at low price, four supplying 1 cwt. per week for four weeks at 3*d.* per lb., then being succeeded by four others. This system functioned successfully for a time, but eventually they had to revert to single contract with one butcher at 4*d.* per lb. In 1801 prices had risen to 5*d.* and by 1813 to 7*d.* per lb. In 1750 the bill for butcher meat for the year (8285 lb.) was £86; by 1770 it had risen to £171 and by 1829 totalled £324.

Taxes and Assessments. An annual sum—about £1 7*s.* 6*d.*—had to be paid to the Water Company for the supply of water. At times the quantity supplied was deficient, and the Board had to threaten the manager that complaint would be made to the company if the supply were not improved. When the company water was insufficient, supplies had to be bought by the matron from water carriers.

The Land Tax due upon the infirmary ground and the adjoining house had

to be paid yearly, but by agreement the infirmary managed to avoid payment of all local assessments. By conferring on St. Mary's churchwardens the right of nominating two in-patients yearly, freedom was secured from all parochial rates levied by the parish, and in 1764 by placing and maintaining a lamp at the door of the infirmary exemption was secured from assessment by the trustees for street lighting.

Insurance. The infirmary was first insured in 1748 for a sum of £1500 with the Royal Exchange Assurance Office in London. The premium paid was £1 17s. 6d. In 1780 on the foundation of the Salop Fire Office the insurance was transferred to the new company.¹⁶ With the Salop Office the infirmary was insured for £1000, the furniture for £200, the drugs and utensils in the laboratory and the dispensary for £150 and the adjoining house for £300. The premium remained at £1 17s. 6d. In 1807 the trustees decided to increase the insurance value of the infirmary to £3000, the furniture to £600, the laboratory stock to £200 and the dwelling house to £500. The Salop Office was approached with this proposal but declined to accept more than £3000, that being the maximum the company allowed on any one risk. The possibility of insuring the remainder of the property, other than the infirmary building, with the Royal Exchange or British Fire Office was explored, but the premium demanded by these companies was considered excessive, and it was ultimately decided to limit the whole to £3000 and insure entirely with the Salop Office. In this, fortune was with the trustees, for there was never a fire until the new building was built, and it was insured for a considerably greater sum.

Minor Expenditure. The trustees had periodically to defray the cost of minor items, for example, the funerals of paupers disowned by the parish, garments for penniless patients whose clothing had had to be destroyed and bundles of tracts designed to convert the sinful to better ways. Towards the end of the period under review the infirmary offered to pay the cost of transporting patients from the country to the infirmary in certain circumstances; they themselves had for some time supplied a sedan chair for use as an ambulance in the immediate neighbourhood of the infirmary. Patients within the hospital developing smallpox, or other infectious disease, had to be removed to lodgings in the town, and in such case the infirmary defrayed the cost of board. Out-patients, if lodging near the infirmary, could be supplied with diet and be visited by the apothecary, but under no circumstances would the charity undertake the payment of lodgings for out-patients. From time to time articles of furniture—beds, chairs, tables, chests of drawers, mirrors—had to be bought, but expenditure on such items was infrequent. One expense must have been unique to the Salop Infirmary; from 1765 the trustees were custodians, and responsible for the upkeep of, a public fire engine.

SUPPLIES

Purchase and control of supplies lay largely in the hands of the Weekly Board. For a short period some part was played by an early supplies officer, the 'Providitor'. This official was first appointed in 1758 to 'buy all the Provisions and Furniture for the House which shall be required of him', but he

disappears from the list of staff salaries in 1781 and nothing more is heard of him. Despite the implicit terms of the appointment it is difficult from the records surviving to be certain of his exact duty, and to distinguish with certainty the division of responsibility between the proveditor and the matron, for she was also entrusted with the purchase of provisions and various other articles, for example clothing and textiles. Individual trustees too were upon occasion commissioned to make purchases on the Board's behalf. In 1752 for example the Rev. William Adams was directed to buy a barrel of Norway tar, and in May 1758 Mr. Mason, the under treasurer, and one of the Drapers' Company, was requested to buy for the infirmary a quantity of home spun cloth at the next fair, to make table cloths and towels for the wards. Effective control of the supply position was, however, maintained by the Weekly Board by virtue of its responsibility for granting contracts, and by its supervision of accounts.

The procedure to be used in granting contracts was laid down by statute. The provisions or goods required by the charity had to be duly advertised—in the early days this was done by handbill and by the use of the services of the town crier, later by advertising in the *Shrewsbury Chronicle*—and the tradesman desiring to undertake the contract had to deliver sealed proposals to the secretary generally within a week of the advertisement being published. In the case of certain articles, for example sugar, the tender had to be accompanied by samples to show the quality of article to be supplied. After 1779 tenders had to be submitted on printed forms provided by the infirmary. These, according to a note in the *Shrewsbury Chronicle*, were introduced to assist the trustees 'by making a comparison of tenders more easy'. The articles for which tenders were generally requested were milk, butter, cheese, bread, rice, sugar, oatmeal, hops, malt, candles and coal.

In appointing suppliers the Weekly Board often favoured subscribers. This was a custom of which John Howard strongly disapproved¹⁷ but the Salop Weekly Board considered it advantageous to the charity, and there is no evidence of any dishonest intention. In 1801 for example the Board directed the matron to purchase groceries from Mr. Beck, who, being a liberal contributor to the charity 'will be more likely to serve the House upon good terms than any non subscriber in the Trade'.

Shrewsbury merchants do not appear to have been always over zealous to supply the infirmary. In 1779 for example the trustees complained that so few tradesmen submitted proposals, that they were left without any choice in the granting of contracts, to the great hurt of the charity, and they appealed to all who could to submit offers.

The Board made every attempt to enforce economies. For a period a saving was attempted in the supply of milk and butter by the keeping of cows, but this was abandoned after 1806. A saving of bread was achieved in 1799 by installing an oven and introducing home baking. The attempts in 1798 to keep down the cost of meat by organizing supply groups has already been referred to; the same technique was tried for a time in the case of groceries with an equal lack of success, and a return had finally to be made to a single supplier.

By the 45th Statute a committee for buying drugs was established. This

committee consisted of the physicians and surgeons of the infirmary, and all the apothecaries who were subscribers. By the 88th Statute the infirmary apothecary was forbidden to buy any drugs without an order from the drug committee or the Weekly Board, except in an emergency, and then only after obtaining an order signed by one of the physicians or surgeons. After purchase no drug could be deposited among the stores until it had been inspected by the committee for buying drugs assisted by an apothecary resident in Shrewsbury.

Both prepared drugs and raw chemicals were purchased by the drug committee, the latter presumably being made up for use by the apothecary in his laboratory. It appears to have been an accepted convention that apothecaries subscribing towards the support of the infirmary were entitled to a share in the orders for drugs. This applied not only to local apothecaries, but to apothecaries as far away as London.¹⁸ Failure to allocate a proportion of the drugs to such subscribing apothecaries soon brought complaints,¹⁹ and the Weekly Board was frequently under the necessity of issuing a directive to the infirmary apothecary to place the next order with a specific supplier in an attempt to placate an offended subscriber. Subscriptions in such circumstances would appear to have been rather in the nature of 'professional discount' than true subscriptions for the benefit of the charity.

Surgical appliances were bought from various sources as need arose: surgical instruments were generally bought from Mr. Savigny in London. In 1756 a set of couching instruments was purchased, and in 1765 an order was placed by the Weekly Board for

Two Male Catheters (leather), A set of Pullies for the Shoulders, A Dozen Bougies made of leather, Two Dozen of Needles with two Tenaculums, Half a Dozen Silver Probes, Three Probes with Eyes, Two Trocars of different Sizes, Two Touriniquets of the newest Pattern, A Case of round pointed Knives, A Complete set of Amputating Instruments, three Pair of Probe Sizzars, Three Steel Directors, A Quantity of Agaric, Three pair of forceps of different Kinds, Two Steel Seton Needles, A Set of Keys for drawing Teeth.

This set of instruments cost £24 6s. In April 1778 four pocket thermometers, for the use of the infirmary and eighteen surgeon's needles were purchased for £4 15s.

The appliances most frequently provided by the infirmary were trusses, stockings and wooden legs. Trusses were bought from various sources in Chester and Birmingham. Lace stockings were generally made by one of the nurses and purchased from her. Wooden legs were not supplied by the charity until after 1775: before that date the cost of the leg was recovered from the subscriber recommending the admission of the amputee. The source from which the legs were obtained is, unfortunately, not stated in the records.

MAINTENANCE

When called upon to deal with some building problem or some major structural alteration it was the custom of the Weekly Board to seek advice and guidance from one of the builders in the town such as Mr. Cooper (whose son later became one of the infirmary surgeons) or from one of the local archi-

pects—Thomas Farnolls Pritchard, Thomas Telford, Edward Haycock or Thomas Carline. The occasions upon which such expert advice was required were, however, infrequent; the common problems were not those involving structural alterations but the more humble maintenance tasks such as painting and whitewashing.

Maintenance work was for the most part supervised by members of the Weekly Board themselves: in 1752 for example the Weekly Board ordered that ‘such parts of the House as need it, to be whitewashed under the direction of the Rev. Mr. Wingfield’. On occasion the task of supervising was entrusted to the matron, but this was infrequent.²⁰

Painting was generally carried out by contract following advertisement in the *Shrewsbury Chronicle*, or before the date of its foundation, following proclamation by the town crier. In 1764 Payne, the Shrewsbury painter, was paid £40 8s. for painting the outside of the infirmary, the boardroom and the apothecary’s shop. In 1776 Roger Yeoman agreed to paint the house at 4s. the yard inside and out, with an additional charge of 1s. a side for sash windows large and small. For this sum two coats of paint were to be applied.

The first Salop Infirmary had the good fortune to be served at the time of its foundation, and throughout the whole period of its existence, by most conscientious and prudent trustees. It was happily placed in a community which was not only prosperous, but, on the evidence of the charitable work carried out throughout the century, essentially benevolent in outlook. Yet with all these advantages its very existence was at times precarious. Lack of certain income, an income guaranteed and equated to continually rising expenditure, was a serious handicap to efficiency, and in the later period the considerable restriction by taxation of charitable wealth, coupled with increasing cost, and increasing demand for services presented an immense and difficult problem. That the charity continued to survive despite all adversity is a tribute to the care and acumen exercised by those responsible for its management.

NOTES

1. This property was also known as Broom Hall. According to local tradition the building received this name because in its unfinished state the window openings were filled with broom that had taken root and grown up among the stonework. (Burstons, *The Kynaston Family*, p. 219.)
2. An increase was to be expected as ‘the agreeable as well as convenient accommodation of the Patients . . . has by degrees got the better of that Prejudice, which the Vulgar are apt to entertain against Hospitals and all places of public charity’. (Seventh Report, 1752.)
3. The Trustees felt under the necessity of defending themselves from accusations of extravagance in paying so great a price. ‘The House itself, which was designed for the Mansion of a Gentleman of great Fortune, is built not only in the strongest and most durable manner, but with more Expense and Ornament than may be thought necessary for a Hospital of this sort: a circumstance which has considerably enhanced the Price. But what has been paid in this sum for

- elegance alone will, we are persuaded, by all that take a pleasure, or, if you please, an honest pride in the publick Works that adorn the Country, be thought little; and the Purchase itself, considering the strength and goodness of the Fabrick, the convenience, healthfulness and beauty of its situation, but especially the great Expense of erecting a new one, appear a very advantageous one to the Publick.' (Fourteenth Report, 1759.)
4. There is an interesting appreciation of 'fixed costs' in the Annual Report of this year. 'In the mean time, the Publick may be assured, that every expedient that can be thought of hath been or will be tried to keep the expence as low as possible; that of reducing the number of patients excepted: which is the last article of saving they are willing to have recourse to, for this obvious reason; that when a house is furnished and provided with servants, beds &c., the addition of a few patients more will make very little difference in the expence.' (Twenty-fifth Report, 1770.)
 5. An account of the administrative organization will be found in 'The Administration of an Eighteenth-century Provincial Hospital: The Royal Salop Infirmary 1747-1830', *Med. Hist.*, 1961, 5, 34.
 6. William Pearce Hall, Esq., distressed at the disgrace of finding his subscription in arrears in the Report, sent the £5 5s. overdue together with another £5 5s. for the current year 'but desires to withdraw his subscription in case, through oversight, the same public disgrace should fall upon him again'. The Chairman was desired by the Weekly Board to write to Mr. Hall and request its continuance, pointing out that a single subscription in arrears was obviously accidental, and bore no reflection on the contributor. (Minutes, 18 November 1780.)
 7. The Weekly Board had upon one occasion a lengthy correspondence with a fiery Welsh gentleman who wished in exchange for his money to have the name of the transgressor, and his crime, printed on the Benefaction Board. This the Weekly Board firmly refused to do, at least in so far as the insertion of the name of the wrongdoer was concerned. The Benefactor ultimately gave way and allowed the name to be omitted.
 8. Benefaction Boards were not a form of exhibitionism; they played an important part in preventing legacies being lost or embezzled. The S.P.C.K. continually urged local committees to have all endowments they received for the furtherance of their work inscribed on a board and set up in the Parish Church, and the Church authorities also supported this method of preserving a record of local charities. (*The History of the S.P.C.K.*, p. 34.)
 9. The new cold bath was 7½ feet long, 4 feet wide, and 4 feet deep. Steps 2 feet wide led down into it. It was lined with lead, the corners at the bottom being rounded to save lead and water. (Minutes, 4 August 1778.)
 10. This was a fairly common practice in large households, and indeed was a perquisite of the domestic staff. The butler was given the candle-ends and old bottles to dispose of, while the cook sold the kitchen stuff—dripping, bones and fat. It may well have been that Matron Oakes—who had been in domestic service before her appointment—felt she was unjustly deprived of her rights by the Weekly Board in not being allowed to sell the suet and dripping on her own account, and was led into dishonest practices from a sense of grievance. (cf. *The Domestic Servant Class in 18th Century England*, p. 157.)
 11. Mrs. Minton of Albrightlee 'desires to be informed what Restitution she should make for the Maintenance of her son Willie, who on the night of the 4th Ult,

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- broke his leg in Raven Street, and being intoxicated with Liquor, was by the People about him conveyed here'. The Weekly Board fixed on a sum of two guineas, 'he being now well enough to return home', and requested Mrs. Minton to satisfy Mr. Lomax for his attendance as surgeon. (Minutes, 25 October 1777.)
12. A housekeeper between the years 1743 and 1790 might expect from £10 to £16 a year, the lower range from £10 to £12 being most common. (*The Domestic Servant Class in 18th Century England*, p. 146.)
 13. Nurses were poorly paid in comparison with domestic service. The housemaid between 1734 and 1790 could command between £6 and £8, and even a maid-of-all-work between £4 and £8. In addition the ordinary domestic servant had, as has already been stated, numerous perquisites and vails, while the nurse was forbidden, on pain of dismissal, to accept any gratuity. (*The Domestic Servant Class in 18th Century England*, pp. 147–8.)
 14. This was the largest size of pneumatic apparatus produced by Boulton and Watt, designed to produce all forms of gases—oxygen, hydrogen and nitrous oxide. The 'domestic size' cost £8 to £9, and that designed for the private practitioner £11. (*English Pioneers of Anaesthesia*, p. 94.)
 15. A pipe was usually 105 gallons.
 16. Many of the directors of the Salop Fire Office were also prominent trustees of the infirmary, among their number being Dr. Pryce Owen, physician to the infirmary from 1757 till his death in 1786.
 17. In his account of the Middlesex Hospital Howard comments, 'In the printed laws and orders I am sorry to find the following one "That all drugs, medicines, materials and necessaries be bought from persons who will furnish them at the cheapest rates, and that the preference be given to tradesmen who are subscribers"' (*The Principal Lazarettos in Europe*, p. 133.)
 18. In 1750 a Mr. Palmer, a druggist in London, became a subscriber of two guineas, and the Weekly Board directed that he should have a share in the order for drugs. (Minutes, 24 November 1750.)
 19. In 1776 Mr. Gosnell appeared before the Weekly Board and complained that Mr. Careless a non-subscriber was getting orders for drugs while he was not. The apothecary was ordered to get no more from Mr. Careless while a non-subscriber, and to avoid appearances of partiality in his buying. (Minutes, 13 July 1776.)
 20. Whitewashing was considered an important means of disinfection, and in its report of 1787 on the imperfections of the House, the Medical Staff complained bitterly of the infrequency with which it was carried out. They insisted that the men's ward should be done once each year in August or September, and the women's ward every second year at least.

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