

THE MANCHESTER AND SALFORD LOCK HOSPITAL, 1818–1917

by

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A GROWTH in the numbers and range of specialist hospitals was a distinctive feature of the expanding provision of medical care facilities during the nineteenth century. Concentrating upon diseases and complaints which were frequently excluded from the general hospitals or where the demand for medical treatment was not satisfactorily supplied by existing hospitals, specialist hospitals dealing with infectious diseases, lying-in cases, diseases of the eye, nose, throat and chest were opened. Amongst these specialist medical charities a number of hospitals for the treatment of venereal disease were established. Of the separate venereal disease or "lock" hospitals¹ which had been founded in the eighteenth century, only the London Lock Hospital (1746) and the Westmoreland Lock Hospital (1792) continued to operate during the nineteenth century. The unprecedented growth in urban areas in the nineteenth century, however, increased the demand for treatment facilities for venereal disease and resulted in the opening of lock hospitals in Glasgow (1805), Newcastle (1813), Manchester (1819), Liverpool (1834), Leeds (1842), Bristol (1870) and Birmingham (1881).² In these and other towns in- or out-patient treatment for venereal disease was also available at the general hospital, depending upon the admissions policy adopted by the hospital authorities. Medical help could also be obtained from the local dispensaries or from the medical services organized by the Poor Law authorities.³ In the second half of the century the attempt by the government to reduce venereal disease in the armed forces led to the provision of a number of state financed lock hospitals in selected towns.⁴ These attempts to provide treatment facilities, particularly for in-patients, by voluntary and state action was indicative of the extent of venereal disease in urban communities and the failure of the existing medical services to provide sufficient resources to deal with the disease. Unfortunately, extensive records for many of the voluntary lock hospitals have not been preserved and it is difficult to examine the operation of these institutions. Moreover, some lock hospitals, such as those at Newcastle and Leeds, only operated for a short part of the century. In Manchester, however, the lock hospital operated from 1819 as a voluntary hospital up to the First World War when government measures were introduced which significantly altered the working of the hospital. Using the minute books and annual reports, this article will provide a brief history of the Manchester and Salford

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Lock Hospital and its attempts to deal with venereal disease in an expanding industrial and commercial community until the end of the First World War.⁵

I

The necessity of treating persons suffering from venereal disease in Manchester had raised problems before the nineteenth century. From the opening of the Manchester Infirmary in 1752, the question of admitting venereal disease cases was frequently discussed at the policy-making board meetings. Out-patient treatment was granted but the Infirmary Trustees were reluctant to admit venereal disease cases as in-patients although there was pressure from the medical staff to provide beds for these cases. An exception was made for those persons who were judged to have contracted the disease “innocently”.⁶ This policy did not satisfy the infirmary medical staff who argued that hospitalization of infected cases was essential in many cases if treatment was to be effectual. The dissatisfaction of the medical staff led to the opening of a lock hospital in Manchester in 1774.⁷ This hospital was separate from the infirmary but was forced to close after three years, largely due to a lack of funds. Thereafter those infected with venereal disease or those who suspected that they were infected sought treatment from the qualified or unqualified medical practitioners in the town, purchased quack remedies and treated themselves, applied as out-patients at the infirmary or entered the workhouse for treatment. Many of the infirmary medical staff remained dissatisfied with these facilities and continued to press for improvements. Vigorous in his support of extending the range of treatment facilities was the physician Thomas Percival. He had played an important role in the founding and running of the short-lived lock hospital and in his writings he continued to argue for a humane approach towards persons infected with venereal disease and the necessity of treating such cases for the benefit of the public health.⁸ More specifically, in 1803 with other physicians and surgeons of the infirmary, Percival urged the hospital authorities to open lock wards.⁹

Opposition to the treatment of venereal disease cases, especially as in-patients, was strongest amongst some of the Infirmary Trustees. Moral, economic and medical factors were given as reasons why the infirmary should prohibit the admission of such patients. As a result of the medical staff's request in 1803, John Leigh Phillips, the retiring Treasurer of the Infirmary, summarized the arguments against admitting venereal disease patients. He argued that the infirmary had already extended its medical services to meet the increasing medical needs of the population in the town and that further expansion would make the organization of the infirmary too complex. Additional facilities would also be costly, requiring, he estimated, an additional annual expenditure of £1,000. Admission of venereal disease cases might also prejudice the flow of funds to the infirmary, as individuals might not wish to support a charity which used their donations to treat what they considered to be undeserving cases. To admit such cases was also breaking the trust with past subscribers and benefactors who had given money to the infirmary in the knowledge that in-patient treatment for venereal disease was not provided. Phillips was not only aware of the financial problems which might arise by admitting these patients, but warned that medical and moral problems might also follow. He wrote,

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These patients must either be admitted in the walls of the house, or without, if within their smell is so offensive that I have never visited any Infirmary where even one ward was appropriated to them, without observing that it pervaded the whole house. How far this may be advantageous to the other patients, I presume not to calculate.

If without the walls, I scruple not to affirm that it will become a scene of Riot and Debauchery, such an Institution requires more attention on the part of the conductors than any charity whatever, and if not rigidly attended to, in a moral as well as a medical point of view, will be productive of infinite injury.¹⁰

Whilst strongly opposing any scheme for the infirmary to admit venereal disease cases, Phillips emphasized that he had no objections to a lock hospital unconnected with the infirmary. In the face of this opposition the proposal to provide in-patient treatment was unsuccessful. The infirmary continued to treat cases as out-patients whilst restricting in-patient treatment to “innocent” cases, although cases may have been admitted which did not come under this classification.¹¹ Those persons who could not obtain assistance at the infirmary had to purchase advice and medicine from the legitimate or quack doctors who practised in Manchester. Self-diagnosis and treatment using remedies advertised in the local newspapers was another possible method of tackling the disease.¹² As a final resort treatment facilities were available in the local workhouse.¹³ One source of treatment not available was through the Friendly Societies which existed to provide help in times of sickness for those persons who were subscribers. The rules of Friendly Societies show that subscribers who had venereal disease were usually ineligible for sickness benefits.¹⁴ These inadequate facilities, particularly for in-patients, prevailed until after the Napoleonic Wars, when the medical services of Manchester were buttressed by the opening of a hospital to treat venereal disease.

II

The motivation to open a lock hospital in Manchester came from the medical profession and in particular the efforts of three local surgeons, Joseph Jordan, William Brigham and Michael Stewart. Joseph Jordan was an important figure in Manchester medical affairs in the early nineteenth century, and it was through his efforts in founding a medical school in Manchester that the monopoly of medical education, enjoyed by London, was broken.¹⁵ It is probable that Jordan was the main force in promoting the idea of a venereal disease hospital in the town, although the efforts of Brigham and Stewart were important.¹⁶ Aware of the difficulties that persons suffering from venereal disease had in obtaining treatment, the three surgeons discussed the possibilities of opening a hospital. After obtaining the sanction of William Simmons, senior surgeon to the Manchester Infirmary, a public meeting was held on 19 October 1818 at the Star Inn, Deansgate, where the necessity of such a hospital was emphasized. It was felt “a matter of serious regret, that in this large town, the poor afflicted with diseases arising from indiscretion, can have no recourse to any charitable institution more particularly as the malady to the cure of which a Lock Hospital is appropriated peculiarly requires medical assistance and if neglected or improperly treated it must terminate fatally by the most dreadful progress of lingering sufferings whilst at the same time it must be observed that it is more generally curable than most other diseases.”¹⁷

Included in those eligible for treatment were “a certain class of deplorable objects

rendered miserable by imprudence and destitute by long sickness and sufferings".¹⁸ This referred to prostitutes in the town who were identified, not surprisingly, as a group likely to contract and spread venereal disease and who required treatment. A further stimulus to action was the belief that with the rapid increase in Manchester's population the number of venereal disease cases had also increased.

The arguments for the scheme were persuasive and the meeting decided to establish the Manchester and Salford Lock Hospital and Dispensary which was to be "exclusively devoted to the treatment and reception of poor persons afflicted with the venereal disease".¹⁹ The important role played by the medical profession was evident at the meeting and Jordan, Brigham and Stewart were appointed honorary surgeons to the hospital and also delegated the task of finding suitable premises for use as a hospital. It was noteworthy that the chairman at the first public meeting was the Quaker textile manufacturer, David Holt, who was to be one of the most active supporters of the hospital.

A succession of weekly meetings followed at which the policies of the hospital were discussed in greater detail. Like existing hospitals the new hospital was to be a subscribers' charity, in which an individual could make annual subscriptions or donations and gain the right of recommending patients for treatment as well as voting rights at the hospital board meetings. Thus an annual subscription of one guinea entitled a person to recommend two out-patients and one in-patient to the hospital. As noted above, the hospital was to be selective, concentrating upon those persons whose incomes were low and who were unable to obtain other medical assistance. Subscribers were asked, when recommending a person, to ensure that the individual was unable to purchase advice and medicines and thus avoid any abuse of the charity. To counteract the charge that the hospital was encouraging vice by treating venereal disease, it was resolved, "That no person having been discharged cured shall be permitted to receive medical assistance from the hospital a second time unless by special permission of the Board."²⁰ As prostitutes were to be treated it was decided that the work of the hospital would be more effective if an asylum or refuge complemented the medical efforts of the hospital. In the environment of an asylum it was hoped that the female patients would undergo a moral reformation, abandon their life of sin, and pursue a respectable life. By concentrating its resources upon those persons in need, refusing second admissions, and by not confining its work to the physical treatment of patients, the proposed hospital was closely following the policies adopted by the existing lock hospitals.

In widening its objectives to include the moral rehabilitation of patients it was hoped that the appeal of the charity would be strengthened. The raising of funds, however, was a difficult task. An increasing number of charities had begun operating in Manchester in the previous years and these competed for the support of the charitably inclined inhabitants. As a new and relatively small charity the Lock Hospital lacked the status and appeal of the larger, established medical charities such as the Infirmary and the Lunatic Hospital. In treating venereal disease and attempting to help prostitutes the Lock Hospital was also at a disadvantage and likely to come low in a list of priorities. The printed reports of the hospital make it clear that many people considered the disease as self-inflicted, a justified penalty for sexual immorality

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and that those infected were not worthy of charitable assistance. If charity was to be given it was more likely that it would be directed towards the local Eye Hospital and the Lying-in Hospital or non-medical charities rather than for use by an institution which treated venereal disease and fallen women.

The public image of the hospital was also dependent on the status of the persons who could be persuaded to occupy the key posts of the charity. For this reason, royalty and the aristocracy were eagerly pursued to provide a charity with a seal of distinction and approval. Through the efforts of David Holt, the Duke of Sussex agreed to become the Patron of the Hospital whilst Sir Oswald Mosley, the Lord of the Manor, accepted the office of President. The remaining offices were filled by local men, many of whom were prominent figures in the government and business of the town. These were the important appointments in the charity, as its success was dependent on the time and money which those appointed Treasurer, Secretary and members of the General Committee would be willing to give.

Through personal and private appeals the business of collecting funds went ahead and premises were taken in Cumberland Street, off Deansgate, and fitted out to receive patients. Surprisingly, the Hospital Minute Book does not record when the first patient was admitted but it appears that the proposed schedule to open the hospital on 1 March 1819 was closely kept, as on 2 March, the Hospital Committee were thanking a Mrs. Wadkin for “her kind attention to the patients in the hospital”.²¹

After the initial enthusiasm surrounding the establishment of the hospital the task was to maintain a sufficient level of support. The survival of the hospital was not assured and the Minute Books record the continual financial struggle which the charity experienced in attempting to provide even a minimal service for those persons who were recommended for treatment. As early as 1821 it was necessary to treat only out-patients. By 1822 the hospital had treated a total of 1,666 in- and out-patients at an average cost of 12s. each, but funds had fallen so low that in the autumn of that year it was necessary to canvass the town for subscriptions. The result was not encouraging and in 1823 the hospital moved to cheaper premises in Bond Street. The financial position remained precarious and it was not possible to treat all those who required help, particularly as in-patients. Attempting to accommodate in-patients may have resulted in overcrowding in the hospital and the committee decided to restrict admissions as even by contemporary standards the hospital was overcrowded. The Weekly Board of the Hospital recorded the following revealing minute of conditions at Bond Street: “The nurse reports that there are now 17 patients in the house and only 7 beds for their accommodation. It is therefore resolved that the number shall be confined to 14 in future until more extended accommodation can be provided. . . .”²²

In 1827 it was again recommended that “during the present low state of funds as few patients as possible be admitted into the house.”²³ A welcome fillip to the funds came in the following year when the hospital received £100 from the proceeds of the Manchester Musical Festival. An appeal, however, to raise funds to build a permanent hospital was unsuccessful.

The hospital was again in financial difficulties in 1830 and the Secretary, Charles Pennington, was doubtful whether it would survive the year. It was with anxiety

and regret that the committee referred to the lack of support for the charity and noted that in other towns lock hospitals were more strongly supported. Referring to the Glasgow Lock Hospital, the committee observed, "Our Northern Friends who established a similar institution at a much later period than ours, and who have regularly transmitted to the Chairman of this Board their annual report, exhibit a list of subscribers to nearly three times our amount, and show upon their list of officers and supporters of the Charity, characters of the first respectability and consequence."²⁴ This implied criticism of Manchester's benevolence did not increase funds and it was only through severe retrenchment that the hospital was able to remain open. In 1832, it moved to new premises in Lloyd Street, thus ending an aggravating and unpleasant relationship with the landlord at Bond Street. The rent at Lloyd Street was higher at £55 a year. In the following year, the financial situation had further deteriorated and Mr. Pennington warned that the hospital funds were so low "as to cripple its usefulness and if not attended to it must ultimately end in its entire extermination."²⁵ An appeal was made and the response was sufficient to postpone the closing of the hospital.

The hospital was again in debt in the winter of 1837–1838. Subscriptions, the main source of income, had been falling and it had not been possible to fill the vacuum caused by the deaths of subscribers or their moving away from the Manchester area. An additional problem was that funds were usually reduced during periods of trade recession, a situation which was exacerbated by the increased demand for treatment during these periods when persons who would normally have been in a position to seek treatment elsewhere sought assistance at the Lock Hospital. The continual struggle for money had also produced a feeling of despair amongst members of the committee and there were serious doubts whether the hospital could survive. The hospital report noted that "the friends who had made great efforts in former years conceived that their pecuniary supporters were tired out by the reiterated applications for benefactions, and were in consequence inclined to abandon the hospital to its impending fate."²⁶ However, a final effort was called for, and encouraged by the enthusiasm of David Holt and Reverend Richard Bassnett, the committee began the familiar procedure of personal canvassing and the launching of a public appeal to save the hospital. The crisis was averted and sufficient funds were collected to pay off the outstanding debts.

The next decade was again punctuated by financial crises. The hospital moved to cheaper and larger premises on Deansgate in 1843 but funds remained low and restricted the activities of the charity. Fluctuations in the prosperity of the cotton trade again intensified the difficulties of raising sufficient funds to meet the demands for treatment. After some thirty years of financial uncertainty with frequent appeals to the public it was decided that the finances might be improved if small charges were levied on the patients. A system of charges already operated with various Poor Law authorities whereby the Guardians could send cases to the hospital for treatment. Schemes of charges, mainly for male out-patients, were attempted in the years 1848–1851 but they proved difficult to operate, limited the influence of the hospital, and did not noticeably boost the funds.

A slight improvement in the financial position was evident in the 1850s. A drive for funds to extend the services of the hospital in 1852 resulted in the opening of a

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convalescent ward and workroom for the female in-patients. Patients who would normally have been discharged were now allowed to remain in the convalescent ward, supported partly from the income they earned in doing laundry and needlework. Another development in these years was the increased public discussion of prostitution and the methods to deal with this social problem. The hospital committee welcomed the debate as it helped to question some of the attitudes which surrounded prostitution and venereal disease. The Annual Report for 1858 detected a change in public attitudes, "It is not a little satisfactory to be able to remark on the altered tone of public feeling towards the Charity. Formerly in putting forth its appeals, it was necessary to encounter and overcome a strong outwork of prejudice. Its immediate objects, and the class to whom in a great measure its benefits were extended, were distasteful, and could scarcely be mentioned without offence to ears polite, accustomed to lend attention to tales of delicate distress. This morbid sensibility is rapidly passing away, and, in this district at least, the subject is entertained with the same practical feelings and views which are wont to be applied to other important social questions."²⁷ This view was perhaps somewhat overstated as the public discussion did not increase the funds. Strict economies were still essential to prevent the hospital accumulating debts. In an attempt to meet the demand for treatment from the ever-expanding population in the Manchester area the hospital concentrated upon out-patient treatment and only admitted a small number of female in-patients each year.

Another financial crisis came in 1864. Demand for treatment had outstripped the resources, and despite restrictions the hospital was again in debt. In 1866, a drive to increase funds was assisted by a Ladies' Auxilliary Committee and was relatively successful enabling the hospital to reflate its in- and out-patient facilities. Discussion of the need for permanent premises was revived at this time and in 1868 a building fund was launched to enable the hospital to purchase its own buildings and land.²⁸ The fund progressed slowly until 1872 when the hospital was fortunate to find that the house which it occupied in Deansgate stood along the line of a proposed railway development. The Cheshire Lines Committee paid £500 compensation for disturbance and with this sum and the existing building fund, the hospital committee made the important decision to purchase a plot of land nearby in Duke Street. There were buildings on the site and these were converted and extended. A chapel was also included. The alterations were completed by the autumn of 1875. The cost exceeded the funds which had been available and the hospital had taken out a mortgage of £1,500 and run up a debt of over £700. Economy was again necessary.

In the new premises the numbers treated, particularly of out-patients, increased. Prejudices against the work of the hospital were still evident and subscriptions to the charity showed no noticeable increase. Public support was sought by stressing that the hospital did not only treat venereal disease but also dealt with a considerable number of non-venereal skin-disease cases. Recognition of this came in 1878 when the hospital was renamed the Manchester and Salford Lock and Skin Diseases Hospital. The skin disease department of the hospital continued to expand and in 1885 separate premises for it were opened in Dale Street. The two branches became increasingly distinct and by 1890 they were formally separated and the Lock Hospital reverted to its old title.

Although annual subscriptions continued to decline in these years the total revenue of the hospital increased. This was chiefly due to a number of legacies in the closing years of the century. These were usually invested and provided a steady and essential source of revenue. Amongst these legacies were sums of £500 from the estates of Sir Joseph Whitworth, Mrs. Whitworth and Thomas Standing, and sums of £1,000 from W. J. Rideout and John Richardson. The cotton manufacturer and merchant, John Rylands, left 250 fully-paid £25 shares in his own company, altogether worth over £10,000. Another source of income came from the Hospital Saturday and Sunday Funds which had become a regular means of collecting money for the medical charities in Manchester in the last quarter of the nineteenth century. The income from these sources, added to the subscriptions and donations, placed the charity in a less desperate financial position. The demand for treatment, however, was still increasing and although the numbers treated continued to rise there were still insufficient funds for the opening of lock wards for male patients. The provision of these facilities was regarded as important by the hospital committee but they could only have been obtained at the cost of the existing levels of in- and out-patient treatment. Thus in 1914, whilst more cases were being treated, the hospital authorities were conscious, as they were ninety years before, that more could have been done had the resources been available.

III

It is important to remember that the Lock Hospital did not confine its work to the physical treatment of patients, but from its inception had attempted to reform the female in-patients. At the hospital in Cumberland Street, a ladies' committee had started the work of moral reclamation by talking and reading to the women and providing them with some work. Attempts were also made to find them employment when they were discharged and to try and prevent them returning to morally dangerous environments. The hope that a permanent asylum would be established next-door to the hospital was not successful and further financial and organizational difficulties led the ladies committee to decide in 1822 to open an asylum independent of the Lock Hospital.²⁹ This was called the Manchester and Salford Asylum for Female Penitents and it became the main charity in the town for rescuing and reforming prostitutes.

This separation did not, however, break the connexion between the two charities. The hospital continued to send girls to the asylum whilst receiving girls from there who were found to be diseased. The minute books provide frequent instances of the close relationship between the two institutions:

Mary Stringer an in-patient, appeared at the Board and was discharged cured, and is going into the service of Mr. A. Leigh, 92 London Road thro' the interest of the Ladies of the Penitentiary.

Mary Bayley 18, prostitute has been five years on the town, going to the Penitentiary.

Elizabeth Jackson an in-patient having expressed a desire to go into the Penitentiary. Mr. Lyon has given her a recommendation to this charity. She is to be conveyed there by the Matron having been discharged cured this morning.³⁰

The Lock Hospital Committee was aware that it provided an opportunity to

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reclaim the diseased prostitute which might not otherwise have existed. This chance of saving the outcast was always emphasized in the hospital reports. "None are so helpless and so hopeless as those whose own errors and vicious life bring them to our doors; to them all access to private benevolence is closed, and their very approach is contamination to the virtuous and pure of their own sex. Shut out, therefore, from all means of relief from the hand of private benevolence, and excluded from the participation in those public charities which scrutinize the moral character of their recipients, these unhappy ones must be left to perish under the eye of charity itself, were it not for the refuge afforded by this Institution".³¹

In the first half of the nineteenth century when the activities by missionaries and rescue workers trying to reduce prostitution in Manchester were on a relatively small scale, the Lock Hospital was providing a small, but vital channel whereby diseased prostitutes could be contacted and the work of moral persuasion and reform commenced. The hospital was depicted as a turning-point in the lives of many of the women: ". . . in grappling with the monster evil of prostitution, no link in the chain of means can be more important than the one which laying hold of the sufferer of the fearful penalty entailed by licentiousness, offers the kindly hand of relief, and then leading the penitent points the way to social, moral and spiritual reformation. It is when the Lock Hospital is made the threshold of the Penitentiary, that happy and permanent results may be looked for, and this the committee have sought to carry out as far as their circumstances permitted."³²

The second half of the nineteenth century saw an increase in the network of homes and rescue organizations to combat prostitution both in Manchester and the surrounding towns. The Lock Hospital developed links with these homes and by the end of the century the hospital was sending women not only to homes in the Manchester area but also to asylums and refuges in Chester, Liverpool, Burnley, Halifax, Leeds, Wakefield and York as well as receiving many of its in-patients from these homes.³³

It is difficult to evaluate the consequences of the stay in the hospital upon the character and behaviour of these women. The work of moral reformation was carried out by the clergy, missionaries and ladies who spent time reading and talking to the in-patients and providing them with suitable literature. The women had a more permanent contact with the matron who was responsible for the day-to-day management of the hospital. She had to be a dependable character and had to ensure that the patients did not abuse the rules of the charity and benefited, physically and morally, from their stay. At first, the hospital committee experienced difficulty in finding a trustworthy woman and in 1827 the matron had to be dismissed after it was discovered that "women of notoriously bad character have been found drinking in the kitchen of the Lock Hospital" and the matron had been "seen in a house of ill fame, singing in company with very dissolute characters".³⁴ Subsequent matrons were more dedicated and, in Mrs. Margaret Naylor (1850-1890) the hospital was served by a matron who ran the charity competently and had a beneficial influence on a number of in-patients.

The task however was formidable. The women had frequently experienced a squalid, poverty-stricken and godless upbringing and it was not easy to inculcate

the ideas and ideals of conventional morality. The hospital committee recognized the difficulties and admitted that women who had been discharged or had been sent to asylums did return to their former ways. Not unnaturally, the committee preferred to publicize the successful cases in order to emphasize the usefulness of the charity. An early success was Mary Bramwell who “was admitted an in-patient of this institution in March 1821, was discharged cured May following, had a situation as servant procured for her by the nurse where she continued seven weeks, during which time she conducted herself with the strictest propriety and to the satisfaction of her Mistress. From Manchester she went to Blackburn where her parents resided and was by then apprenticed to a weaver with whom she remained twelve months, and is now married to a local preacher”.³⁵ However, for some women the necessary discipline and routine of confinement in the hospital was too restrictive and they ran away before they were officially discharged. The behaviour of some in-patients was such that the committee had to dismiss them in order to ensure that the moral efforts of the hospital were not jeopardized.³⁶

IV

As with many nineteenth-century hospitals detailed medical and personal information of the patients treated is scarce. Patient records for the hospital have not survived. This hiatus is partially filled by the mention of individual patients in the minute books but these are confined, almost exclusively, to in-patients whilst the numerically larger group of out-patients remain medically and sociologically anonymous. From the incomplete series of annual reports it is only possible to indicate the main trends in the number of persons treated. These show that more out-patients than in-patients were treated and unlike in-patients they tended to increase continuously during the century. Thus from treating around 400 out-patients annually in the 1830s, the hospital was treating over 1,000 cases annually by the 1860s. This trebled to over 3,000 during the 1890s and reached over 6,000 out-patients annually at the time of the First World War. The admission of in-patients was more erratic, fluctuating in the early decades of the hospital’s existence and falling to a nadir in 1863 when only six in-patients were admitted. From that year the number of in-patients began to increase, aided by the improved financial position and the removal to the larger Duke Street premises, so that by the 1900s the hospital was treating over 200 in-patients a year.

Fortunately, the hospital committee provided more detailed information on patients in the years 1865, 1866 and 1867. Whilst these may not be representative for earlier or later periods they do provide a greater insight into the type of persons helped by the hospital at that time. In these years most patients were treated as out-patients and between 60 and 70 per cent of these were males. The committee also noted details of the occupations of the unmarried female out-patients. These showed that in 1866, 29 per cent of the 170 cases treated had been employed in domestic service, 20 per cent had been employed as factory workers and 11 per cent were classified as prostitutes. Of the smaller number of in-patients treated in these three years approximately 75 per cent were unmarried and approximately 30 per cent of these were between the ages of ten and seventeen years. Another feature noted by the committee was that 35 per cent of the unmarried female in-patients were unable to read and write. The

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dominant occupations of these girls, as with the female out-patients, were given as domestic service and factory work.³⁷

The information on patients in the minute books is often teasingly brief and often only records the name of the patient. These records however do indicate that the hospital was usually liberal in its admissions policy and was, for example, willing to treat persons from outside the Manchester and Salford area. One group which were not as fortunate were pregnant women with venereal disease. These were not officially excluded as in-patients but when admitted they were usually transferred to the work-house. Occasionally, the circumstances of an admission were noted in greater detail by the committee. In such cases the vulnerability of young women in Manchester was revealed. In 1823, one case for admission indicated that the observations of Hogarth in the previous century were still valid. "Wrote to John Hill, Farmer of Sutton near Market Drayton respecting a young woman who says he is her father. She appeared a stranger and in distress and from her dress something above the common walk of life and had only been one month here and had an attack of disease rendering her admission as an in-patient indispensable. This girl was brought by the Nantwich coach driver Cy. Cooke, the Coachman who introduced her to a house of ill fame near Piccadilly".³⁸

Domestic service, an occupation into which many of the reformed prostitutes were placed, was also not necessarily a morally safe environment. Female servants could be exposed to the attention of the males of the household. The case of Martha Davies revealed such abuses. "Martha Davies 15, servant with Charles Holt an old man of 60 years of age who had only employed the girl 8 weeks when he committed this act and gave her the disease. Her mother a decent woman attended to take her home when discharged. This old wretch has two wives."³⁹

Whilst the information on the social background of patients is slender, there is even greater difficulty in describing the methods of treatment employed upon these patients. Unfortunately, the medical books recording diagnosis and recommended treatments have not survived and it is thus not possible to say what methods were favoured by the surgeons or how quickly, and with what success, if at all, they implemented the improvements in diagnostic techniques and therapeutics, especially in the years just before the First World War.

V

Whilst it would have been easy to depict the history of the Manchester and Salford Lock Hospital in these years as hagiography, it is necessary to appreciate that without the dedicated band of supporters the charity would not have survived. It was due to the willingness of individuals such as David Holt, William Newall, Reverend Richard Bassnett, James Fletcher and John Rylands, who gave time, money and encouragement, that the hospital remained open. The contribution made by the medical officers in giving their services free was also vital and the hospital was well served by surgeons such as Joseph Jordan, Edward Blackmore and Joseph Peatson. Steered by such persons, the Lock Hospital was kept afloat despite continual financial difficulties. In its early years it had only operated on a small scale and until it occupied the Duke Street premises it had led a peripatetic existence. However, it had remained open to

provide treatment for a disease and class of persons which popular prejudices and indifference regarded as undeserving. Naturally, the Lock Hospital was not immune from these attitudes and as its efforts of moral reclamation showed, it was probably closer to the medieval hospital than to other nineteenth-century hospitals which increasingly dealt with the problems of physical disease and placed less emphasis on the opportunity provided by hospitalization to reshape the moral characters of patients. The Lock Hospital, in attempting to reclaim the in-patients, acknowledged that venereal disease was different from other diseases and that physical treatment alone was insufficient. Had treatment been restricted to attempting a physical cure then the hospital might have severed an important strand of sympathy and support.

It is clear that had the hospital closed, an increased burden would have been placed on those medical institutions which were willing to treat venereal disease, as well as boosting the clientèle of the quack practitioners. Although doubts may be expressed about the efficacy of methods of treatment in the nineteenth century, the Lock Hospital, in treating the numbers which it did, made some attempt to reduce the reservoir of venereal disease in the Manchester area. In the end, however, the increase in population and the increase in the absolute numbers infected showed that the efforts made by the hospital could not cope with the problem of venereal disease in an industrial community. A charity which in 1914 had only thirty beds and one full-time medical officer was incapable of dealing with the cases of venereal disease which came from a population of over half a million. Of course, the inadequate provision for treating venereal disease had been spotlighted by private and government inquiries before 1914 but it was during the First World War that venereal disease was highlighted as a serious threat to public health and ultimately to the war effort. In this context, the government began to implement the recommendations of the Royal Commission on Venereal Disease.⁴⁰ The provision of a national network of free clinics was started, financed by the central exchequer and local councils. In 1917, the Manchester and Salford Lock Hospital was brought into the scheme and it was freed from the financial uncertainties of charity which had shaped its development in the previous century. With funds the hospital was able to provide the long-demanded in-patient facilities for males. Another significant sign of the changing attitudes was the appointment of a woman doctor to examine female patients. Finally, as a sign of the changing attitudes towards venereal disease, the hospital dropped its old title with its connotations of punishment and was re-christened St. Luke's. It was with this new name that the hospital went forward into the inter-war years to combat the problem of venereal disease.

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