

# Wigan Dispensary

The predecessor of the current day Wigan Infirmary. First written 2016.  
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## WIGAN DISPENSARY, 1824 – 1873.

Charitable Healthcare Provision prior to the opening of Wigan Infirmary.

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**Context:** The word “Dispensary” used here does not have quite the same meaning as it does today. It signifies a place where general healthcare was provided or given out – *dispensed* – to patients. Perhaps nowadays most would think of a dispensary as a pharmacy or chemist shop. The dispensary movement began in London in the 1770’s. This was in response to the unmet health needs of the poor in rapidly growing industrialising cities. In such places insanitary conditions and overcrowding made the population vulnerable to infectious diseases and epidemics. State health care provision was weak and inadequate. It was left to the drive and commitment of individual doctors and philanthropists to set up charitable fever hospitals and dispensaries. Wigan Dispensary was not the first in the area but followed the model of others nearby. This approach was also taken decades later when it came to planning an infirmary for the town. That was based on the experience with the North Staffordshire Infirmary.

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**Beginnings:** The Wigan Dispensary was established in 1798. Its aim was to provide some charitable medical assistance to the very poor of the town. The first of its Rules and Regulations states . . . *That the objects to be*

*benefited by this Institution are the Sick Poor, who are unable to pay for medicines.* It was financed by donations, church collections, bequests and annual subscriptions. From 1801, when the population of Wigan was about 11,000, it had a building in King Street. In 1873 it amalgamated with Wigan Infirmary which opened in that year.

Records of the Dispensary from 1824 to 1873 are held in the borough archive at Leigh Town Hall. Most of the information that follows is from those records. The hand written pages are mainly the minutes of committee meetings and annual reports to donors and subscribers. They describe the management of the institution and its perceived effectiveness in benefiting the local community. They do though give a flavour of the medical practices of the time and of the social and health issues afflicting the town. The records also reveal that politics in medicine, financial constraints on the availability of healthcare, and disputes between managers and clinicians are nothing new. Words in *italics* are direct quotes from the records. Additional information has been obtained from The Rules and Regulations of the Dispensary, local almanacs, directories, newspaper obituaries, maps and the like held at the Museum of Wigan Life.

1824 appears to have been a moment when the Dispensary needed to be re-organised and taken to a new level; and this is probably why the records start at this time. During that year 580 patients were admitted to the benefits of the Dispensary of whom 95 were children vaccinated against smallpox. This brought the total number of patients admitted since the opening of the Dispensary to 18,474. The word “admitted” needs explanation. Today the term usually implies that the patient is put in a bed and kept in the building (e.g. overnight as an “inpatient”). Back then it meant merely that the patient was given the rights of treatment under the rules of the institution, i.e. they were permitted, or allowed, to have the assessment or treatment. By the end of 1872, the last full year of the independent Dispensary, the total number of patients admitted since the opening of the institution was 148,287 [see Appendix 1]. This was an average of about 2000 per year but it had been over 4000 in the final years.

There are a handful of long forgotten heroes in the history of the Dispensary and the healthcare provision for the poor in Wigan. The first of these is mentioned at the start of the records in April 1824. They acknowledge that it was – *Dr William Counce who first suggested the establishment of this*

*Dispensary and for his constant attention to its interests for 27 years during which time he has been not only regular in his gratuitous attendances but eminently beneficial in his treatment of the patients. He remained the Honorary Physician to the institution until ill health forced his resignation in June 1831. His contribution was warmly acknowledged in a letter sent to him at that time:*

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*The Committee of the Wigan Dispensary through their secretary beg to acknowledge the receipt of your letter tendering your resignation as physician to this Institution. They accept it with reluctance sincerely regretting that your declining state of health should render such a proceeding necessary. May you in the evening of your days in your retirement on taking a retrospective view of the past enjoy that pleasing satisfaction and heavenly comfort invariably attendant on a mind conscious of having discharged its duty with rectitude and fidelity. The officers and Committee of this charity as a tribute of gratitude due to you accompanied with their best wishes for your happiness and renovated state of health beg to express their most sincere thanks for the associated attention you have invariably discharged in promoting its interests for the protracted period of 34 years, and for the courteous affordable and gentlemanly conduct you have individually evidenced towards them. I have the honour to subscribe myself your most obedient and honourable servant, William Groundson [Honorary Secretary].*

From 1824 it was clear that the Dispensary needed a live-in doctor – a resident “House Surgeon”. The only exception to this was for 7 months in 1833 when Mr Part, the then House Surgeon, married and was allowed to “take a house”. When he was not present the apprentice had to sleep in at the Dispensary. The original format of the Dispensary had been based on similar organisations elsewhere and when considering its improvement, the same approach was taken:

*Your Committee think it unnecessary to dilate either upon the present state of this Institution or on the comparatively little advantage derived from it by those for whose benefits it is intended, both must be obvious to everyone who has paid any attention to the description, or is at all acquainted with the rapid increase of the population in this town and neighbourhood. The impression will become more obvious, and the urgent necessity of some*

*alteration in its management be still more apparent, from an attentive perusal of the annexed statements of the utility of the Dispensary in the adjacent towns. It cannot fail forcibly to strike the observation that in every neighbouring Institution there is a Resident Apothecary whose duty it is to attend exclusively to its benevolent purposes. . . . That a select committee of subscribers be appointed and requested to form a plan for rendering this establishment more efficient and more beneficial to the numerous sick poor of the town and neighbourhood.*

At a meeting on 23rd June 1824 the committee comment – *That on comparing the number of patients admitted to similar institutions of the neighbouring towns it becomes apparent that the constitution of the Wigan Dispensary is ineffective and that it is necessary same should be revised and reconsidered to ascertain whether it may not be altered and improved.*

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It was also implied that the services of the current single visiting surgeon had been unsatisfactory and that a new arrangement of three Honorary Surgeons should be established. In August 1824 Messrs Croft, Morris and Rogerson were elected. Around this time there were at least two groups of surgeons in chambers in Wigan, in Standishgate and Wallgate. These were the private practice premises of the surgeons who then attended the Dispensary at certain times of the week, presumably free of charge.

**Staff and Roles:** The two key individuals, upon whom the day to day work of the Dispensary most depended, were the House Surgeon and the Matron.

**House Surgeon:** The live in House Surgeon saw patients that came to the Dispensary, but also visited others at their own homes. During the sessions when the Honorary Surgeons & Physicians attended he would assist them. The House Surgeon was also responsible for the operational organisation of the Dispensary.

In the early years the House Surgeon was also referred to as the “Resident Apothecary” which indicates that part of his role was the making up of medicines and oversight of the drugs. This was specified in Rule 40 . . . *That the House Surgeon shall be held responsible for the care and proper classification of Drugs, and for providing at all times an adequate and proper supply; that he examine all Drugs received, to see that none be admitted*

*except such as are of proper quality, and that there be due care and economy in the use of them.*

There was an increasing requirement that the post holder should be a formally qualified medical practitioner. It seems that this had not been the case initially, although the individuals would have had a practical training. In 1832 when seeking to make a new appointment – *It was resolved that in future no gentleman shall be eligible to the office of House Surgeon of this Institution until he be a graduate of one of the recognised universities or has received his diploma from the College of Surgeons and also be a Licentiate of the Apothecaries Company (LAS).* John Latham, the House Surgeon from 1824-29, did not obtain his Membership of the Royal College of Surgeons until 1832, and his LAS until September 1843 (1, 2). Any applicant also had to provide testimonials of professional ability and moral character. Adverts were usually placed in The Lancet, The Medical Times, The London Times, The Liverpool Mercury, and The Manchester Guardian, at least one month before the day of election.

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The Dispensary rules, as at 1843, flesh out the role of the House Surgeon. By this time medical qualifications, for surgeons, had become more established.

*Rule 21: There shall be a resident House Surgeon, who shall be a Graduate of one of the recognised Universities, or a Member of the Royal College of Surgeons in London, Edinburgh or Dublin, and also a Licentiate of the Apothecaries' Company in London, and shall, before the day of election, lay before the Committee proof thereof, and also satisfactory testimonials of moral conduct and professional competency, and (if required) undergo an examination before the Physicians and Surgeons of the charity.*

*Rule 22: That the House Surgeon shall reside at the Dispensary, and shall not attend to any other business than that of the Charity, nor go out of the Dispensary without leaving information where he may be found; that he shall be under the reasonable control of the Honorary Physicians and Surgeons, and faithfully compound all prescriptions, and delivery the same with accurate directions; that he shall immediately attend when he has received notice of any casualty, and report the same to one of the Surgeons – and that he visit as soon as he can, such sick at their houses, within the*

*district of 2 miles from the Dispensary, as any of the Physicians or Honorary Surgeons may direct; and it shall be his primary duty to attend the Honorary Medical Officers at the Dispensary, to see to Medicines being properly compounded, the surgery being kept in proper order, the drugs regularly classed and taken care of, and the Books of the Institution regularly posted and kept, and that general attendance on out-door patients being made subservient to these duties.*

*Rule 23: That the House Surgeon shall keep all account books that will be thought necessary by the Physicians, Surgeons or Committee; that he shall be responsible for all books committed to his care, and preserve all surgical instruments belonging to the charity, in good order; that he shall have the charge of all drugs and medicines, keep an account of the same when taken into store, and by no means lend any books, drugs or instruments which can be procured elsewhere in the town.*

*Rule 24: That the House Surgeon shall have a salary of £100 per annum; also, fire and candles, and such other accommodation in the Dispensary as the Committee shall decide to afford.* The salary had risen to £150 by 1867.

The terms of employment were quite exacting. The period of office was a minimum 3 years and medical practice outside of the Dispensary within 5 miles of Wigan was strictly forbidden (I assume to protect the private practice of the other surgeons in the town). In the 1820's a Bond of £500 had to be paid which would be forfeited if these conditions were not met. This was an enormous sum (around £35,000 today) indicating that only the wealthy could enter into a medical career. By the time of the last appointee it had been reduced to a more modest £50. Six months notice was required at the end of the term.

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The first House Surgeon was John Latham who served diligently for 5 years (1824-9). He then moved on to local private practice. He showed a career long commitment to healthcare in Wigan. In July 1830 he was appointed a "Town's Surgeon". In February 1832 he was elected one of the Honorary (visiting) Surgeons to the Dispensary. When the Infirmary opened in 1873, he was its most senior medical practitioner; another unsung local hero. See Appendix 2 for further details of him, and his son and grandson who also pursued illustrious medical careers.

**Matron:** The Matron's role was not as we would understand from that term today. There probably was a nursing component to her activities, in that she was to support the medical staff. There is no mention at all in the records of nurses at the Dispensary. The breadth of her duties also seems to have included the domestic and housekeeping chores of the premises. Her role is set out in the rules thus: *That there shall be a Housekeeper or Matron, who shall keep the rooms and apartments perfectly clean and well aired; shall assist the Physicians and Surgeons and Committee at every Meeting, and render such other services to the House Surgeon as the Committee shall fix upon and direct, to the best of her abilities; and if anything be wanted at the Dispensary, shall apply to the Committee for a written order to enable her to procure the same and shall not purchase anything without such written order. And that . . . .so long as the Matron faithfully and attentively discharge these duties she shall be allowed to occupy the lower apartments and garden, without paying any rent, on condition that she keep them perfectly clean and in good order, free from nuisance and irregularities of every kind, and without interfering with any of the rooms above stairs, except as required pursuant of the last rule; and that she shall receive such allowance as the Committee from time to shall fix upon.*

Providing in house accommodation for the matron incurred costs and in the summer of 1852 the committee – *unanimously resolved that on account of the additional expense entailed upon the Institution arising to the enlarged family of the matron this Committee deem it advisable that her services should be discontinued on 31st Dec next. Notice to be given to the matron by the secretary . . . she consented to accept such resolution as notice and to quit on that day.* This was very harsh treatment by today's standards.

In 1824 it was agreed with Mrs Winstanley the Matron – *that she be paid 5/- a week for cleaning the rooms and making the bed and fire for the House Surgeon.* This seems to have been irksome to several of the early post holders and more than once the minutes remind and chastise the Matron for failing in these tasks or wanting extra pay for them. On the appointment of a new Matron in 1837, a Miss Varley who'd succeeded her late mother who'd been in post since 1826, it was necessary to re-state the duties and expectations afresh:

*It was resolved that the following should be rules for the guidance of the Matron viz – to sweep out the patients’ room, the surgery and the dressing room once every day and to be scoured at least once every week and to keep the other rooms and apartments perfectly clean and well aired. . . . To prepare the breakfast and tea for the House Surgeon without any further remuneration for her services. That she shall not be permitted to have anyone reside with her at the Dispensary without the consent of the Committee. Resolved that these rules be copied out and given to the Matron with an injunction that they be strictly enforced.*

In December 1845 the committee had to reaffirm that – *the duties of the Matron include cooking for and attendance upon the House Surgeon.*

In 1855 Mr Vincent, the House Surgeon, stated to the committee – *that Mrs Heaton, the Matron, had claimed £10 for domestic services rendered by her to him and his wife. The Committee resolve that they cannot allow any charges to be made by the Matron for services to the House Surgeon but Mr Vincent having agreed to pay £5 to Mrs Heaton they are willing to sanction that arrangement.*

Disputes over domestic arrangements ended when the House Surgeon’s wife became Matron. They were Mr and Mrs John Macloghlin and the Dispensary was their home for 14 years. He was appointed House Surgeon in July 1859 and served until the amalgamation with the Infirmary in 1873. She became Matron in January 1860 and things seemed to have run smoothly thereafter such that in 1868 the committee – *deemed it needful to draw attention to the fact that beyond the annual allowance of the sum of £20 no acknowledgement has been made of the services of the Matron but those services have been courteously and assiduously performed for 9 years and your Committee recommend that a special donation of £20 be made to her as mark of appreciation of the satisfactory way in which in her department she has served the Institution.* Another two heroes in the history of the Dispensary.

**Assistants and Apprentices:** As the work of the Dispensary increased an “Assistant” to the House Surgeon was taken on. This was a paid job. The “Apprentice” however was a medical trainee and was bound by an Indenture and had to pay the Dispensary for the training received. Rule 25 stated that . . . *the Apprentices shall be bound to the House Surgeon, and his*



*successors, for a period not less than five years; that they for the time being consider the House Surgeon as their master and instructor in professional matters, that they obey his orders as they would any other Surgeon or Apothecary to whom they might have been articulated; that they also be subject to the directions and commands of the Physicians and Surgeons, and under the control of the Committee.*

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In December 1829 Mr Wightman was taken on as an Apprentice on one month's trial and had to pay £60 just as an administrative fee. The extra manpower and income must have been an attractive proposition and as early as February 1825 – *having consulted with the medical officers who approve of it it is considered in the interests of the Institution that they seek an Apprentice and that therefore an advert be placed to that effect.* On one occasion it seems that an Apprentice transferred from training within private practice in the town to the Dispensary. The records from October 1839 state that – *Mr Henry Croft having applied to be admitted as an Apprentice to the Institution it was resolved that he should come upon trial for 1 month and if at the end of that period he conducted himself with propriety the Committee with the consent of Messrs Morris & Darglish (surgeons) would transfer his Indenture to the House Surgeon for the remainder of his apprenticeship.* Then as now not all find medical practice to their liking. In January 1834 – *Thomas Collette one of the Apprentices to the Institution having expressed a wish to retire from the profession it was decided after a consultation with his father that his Indenture should be cancelled on 31st March next.*

In 1843 work pressures were such that the committee comment that – *the duties of the Dispensary cannot be performed without an Assistant* – and resolved – *to offer £20/annum and endeavour to obtain another Apprentice.* In 1855 John Jackson, the Assistant, had wanted to forward himself and become the Apprentice but sadly his father was unwilling to pay the Apprentice Fee; but his weekly wage was increased from 7/6 to 10/- in 1861. The Assistant was also sometimes referred to as the Dispenser.

**Honorary Physicians and Surgeons:** The senior and more experienced medical staff at the Dispensary were the Honorary Physicians and Surgeons. It is perhaps necessary to give an historical context here. Today all doctors in the UK receive a common university-based education at medical school.

This has not always been the case. When Wigan Dispensary came into being it was a time much closer to the separate beginnings of physicians and surgeons. Physicians, who diagnosed internal problems, had a degree and were fewer and ranked higher than surgeons. In England in 1856 only 4% of those in the Medical Directory had a medical degree from an English university (3). Surgeons in contrast had origins from barbers-surgeons. Historically barbers didn't just cut hair but might draw blood and extract teeth. Surgeons might carry out more major procedures, but in the presence of a physician. In the early nineteenth century surgeons were likely to have completed an apprenticeship and training but may not have taken exams or obtained formal qualifications; particularly outside London (1).

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Rule 18 of the Dispensary specified that . . . *the Honorary Medical Officers shall consist of 2 Physicians and 4 Surgeons, who shall be appointed at an Annual or Special General Meeting, and continue in office for 3 years from the time of their appointment but no longer unless reappointed at an Annual or Special General Meeting.* In 1865 this was modified such that the mix . . . *shall consist of Physicians and Surgeons or both not exceeding 6 in number.*

Rule 19 instructed that . . . *a Physician and Surgeon, or 2 Surgeons, shall attend at the Dispensary each day in the week except Sunday.* When Dr Counce stood down in 1831, he was replaced by Drs Pemberton and Stuart. The Committee instructing that – *each should attend two days a week and also it was further recommended that the Honorary Surgeons should likewise attend two days in a week – to decide the exact timetable themselves.* In line with the above rule the most favourable working arrangement was, where possible, to pair surgeon with physician. However, this didn't always happen. In August 1834 Dr Stuart (physician) *having complained that he has no surgical assistance during his attendance here it was resolved that the secretary write a note to Dr Pemberton (physician) requesting he will dispense with the services of either Mr Fisher or Mr Daghish (surgeons) that the same may be transferred to Dr Stuart.* In 1835 the timetabled pairings were Dr Pemberton & Mr Daghish on Mondays and Thursdays, Dr Stuart and Mr Fisher on Tuesdays and Fridays, and Mr Morris & Mr Latham on Wednesdays and Saturdays. The number of

Honorary Surgeons was greater than the number of Honorary Physicians, as was their turn over.

A number of the House Surgeons in due course became visiting Honorary Surgeons. One example was John Latham, the first House Surgeon, mentioned above, and another was James White. In February 1855 – *The Committee understand that James White offering himself as candidate for the office of Medical Inspector of Factories in this district has great pleasure in bearing testimony to the very efficient and satisfactory manner in which he has discharged the duties of House Surgeon & Honorary Surgeon to the Wigan Dispensary for a period of nearly 8 years. Accordingly, the Committee wish to recommend Mr White to the office of Inspector having no doubt of his ability to fulfil the duties of it.*

Two of the surgeons are worthy of particular mention. They each served the Dispensary for 40 or more years. Mr George Daglish was appointed in 1832 and died in post in 1871. His demise triggered special recognition for his colleague Mr Thomas Fisher. He'd taken up the role in 1828 and in 1871 was given the unique title of Honorary Consultant Surgeon. See Appendix 2 for more on both men.

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After the founder Dr Counce, the longest serving physician was Dr James Stuart. He was appointed in 1831 and didn't step down until 1853. There was a generous move to acknowledge his long service with a retirement gift. However, this was objected to by some who felt that monies donated to the charity should not be used for that purpose. At the meeting of 26th January 1853 it was graciously noted that in appreciation of the – *long and valuable services of Dr Stuart in the capacity of Honorary Physician to the Institution – to purchase some suitable testimonial for £20 which they desire to be presented to that gentleman in their name as a tribute of the high opinion which they entertain of his services.* In March the secretary states – *that the deputation appointed at the last meeting to wait upon Dr Stuart had done so and that Dr Stuart had stated that he consented to waive his personal feeling in respect of the objection which had been made to presenting him with a testimonial and that he would willingly leave the matter in the hands of the Committee.* Good sense prevailed and in due course – *The Committee resolved that the £20 should be expended in purchasing a microscope of that value to be selected by Mr Thomas*

*Eckersley and bearing a suitable inscription – such a present being most agreeable to Dr Stuart.* In October 1853 it is recorded that the microscope – was purchased from J. Danser opticians, Manchester, with the following inscription “presented to James Stuart Esq MD in recognition of the eminent and gratuitous service rendered by him as Honorary Physician to the Wigan Dispensary during a period of 22 years, September 1853”. Sadly, he had very little time to use and enjoy this gift as he died in 1855. Several meetings were then held to decide on a suitable testimonial. It was resolved that – some suitable and lasting memorial to evidence the public appreciation of his worth and the general estimation in which he was held (be obtained, and) to canvass subscriptions in the town – to raise money for whatever they decided to get – and what mode of expressing the public respect would be most acceptable. The decision was to erect a tablet to his memory in Wigan Cemetery. See Appendix 2 for more on Dr Stuart.

In 1868 the Dispensary appointed Mr J Walls as its first Honorary Surgeon Dentist.

**Fund Raising and Finances:** The Dispensary was funded by one off donations and bequests, and recurring annual subscriptions and church collections. There was also an Annual Ball, at the Eagle and Child. In 1832 ticket prices were ladies 7/6 (37.5p), & gentlemen 10/6 (52.5p). There were other occasional imaginative one-off events. In November 1840 – *In consequence of the depressed state of the funds of this Institution it was resolved that a Ball be held at the Assembly Room on Tues 29th December for the benefit of the charity and that the secretary be requested to write to the most influential gentlemen in the town and neighbourhood to become patrons.*

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*It was resolved that an application be made to J. Horabon and for his band to attend on the 29th December and that his offer of his attending for £11 including everything be accepted – also resolved that notice of the Ball be inserted in the Gazette with a list of patrons and patronesses and that the town and neighbourhood be placarded.* In September 1851 – *It was reported to the Committee to be the intention of Mr Egerton-Wright and other gentlemen to give an amateur performance at the theatre under the patronage of the Mayor and other members of the Borough (Council) – for the benefit of the funds of the Institution.* The offer was accepted, one feels

with a sense of bemusement. In the later years there was also income from investments.

In the early decades finances were precarious. The numbers of subscribers who faithfully renewed their support each year was constantly eroded by deaths and in crisis years the members of the committee would each be allocated areas of the town to canvass for more subscribers. Somehow the numbers did grow over time. The situation was particularly bad at the start of 1827 with the following heart rending entry in the minutes:

*On referring to the printed list of subscribers to the Institution for the last few years our Committee cannot but view with regret the havoc and devastation which the unrelenting Lord of Death has had on their column. The depressed state of trade and the great reduction in the price of labour with the concomitant evils of sickness, poverty and want have caused so considerable an influx of patients and consequently so increase in expenditure on presenting their annual report for the past year your Committee think they would ill discharge their duty did they not attempt to fill up the chasm by an earnest appeal to the liberty of and enlightened and generous public. They would first address the clergy of every denomination thanking them for their past services and requesting them again to use their persuasive influence within their flocks in their respective places of worship on behalf of the charity. They would next appeal to the subscribers in plain but energetic language to the affluent they would say augment your subscriptions and to the remainder each induce your friend or neighbour to become a subscriber. To the non-subscriber (of which there are sorry to observe a great number abounding in the good things of this world both in Town and neighbourhood) they would say no longer defer joining in this good work with hand and heart cheerfully to cooperate in the benevolent undertaking. This charity is not liable to the impositions of the artful and deceitful so successfully practiced in many cases for however depraved there are few without any prospect of advantage will voluntarily come forward to take the nauseous drafts or willingly submit to the surgeon's knife to undergo an operation unless there be real occasion for it. In alluding to the finances of the establishment your Committee cannot silently pass over the conduct of their respected secretary without returning in their sincere thanks for the fostering of maternal care he has invariably manifested for the last nine and twenty years in watching over its interests and for the*

*kind indulgence by which the charity now desires the benefit of a loan from the Bank exceeding in amount the sum of £200.*

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The appeal to the clergymen of all denominations was that they dedicate a Sunday around New Year to preach to their flock of the worthiness of the charity and have a collection for it. It was the job of the House Surgeon each year to liaise with the clergy and make a fresh request that they do this. It seems that most churches and chapels complied with rare exceptions. It was a coordinated arrangement but slowly over the years it became less formal. It received fresh impetus in the 1870's by copying the practice in other towns of calling the fund-raising day "Hospital Sunday"; a simple promotional improvement.

In January 1871 the Annual General Meeting (AGM) minutes record – *The Committee be requested to communicate with the respective clergymen and ministers in Wigan and the neighbourhood and request that they if possible make arrangements to have collections in their respective places of worship on some one Sunday in the year to be called "Hospital Sunday" for the benefit of the Dispensary.* By the following year arrangements had been made and a placard was issued and an advert inserted twice in each local newspaper which read – *It has now for some years been the practice at several of the leading Lancashire towns to set apart one Sunday in the year as a day on which united collections are made in the various places of worship on behalf of the medical charities in the respective districts and these special occasions are known by the name "Hospital Sunday". In Wigan however, until this year, collections for the Dispensary have been made on just such days as suited the convenience of the respective places of worship without any attempt at united action. The result of this united effort has been most satisfactory. The contributions have been almost trebled as compared with last year. The respective amounts were £52-7-5 last year and £144-6-7 this year.* Twenty congregations and churches took part on the first Hospital Sunday with contributions from 3 others on other dates. This raised funds from church attenders. It was then suggested that there be a secular "Hospital Saturday" to raise funds from non-church goers, but it was the Infirmary that went on to benefit from that.

Finances improved in 1843 with a donation of £100 from The Right Honourable the Earl Balcarres, in addition to his liberal annual subscription,

donations of £50 from Mr Woodcock and James Dawber Esq, and £107 raised by the secretary Mr Bisset. This cleared the debt.

By the time of the annual report of 1857 twenty eight additional subscribers had been recruited during the past year and – *The Dispensary had recovered its former position in the eyes of the charitable public, and thoughts were turning to – a more commodious building either on the present or other suitable site.* A Collector of Subscriptions had been taken on with the incentive of 2.5% on renewal of existing subscribers and 7.5% on new subscribers. Nevertheless, there were times of economic downturn or epidemics in the borough which increased the patient numbers and stressed the resources of the Dispensary. In the later years there was a regular short fall of subscriber and donor income against expenses which was only made up by the income from prudent local investments.

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1862 put a particular strain on the staff and finances of the Dispensary. Sickness was so rife that the work had to be re-organised with individual medical officers allocated to specific wards within the town. The number of patients on the books rose by 826 over the previous year to 4409; an increase of 23% in one year! The annual report records – *The increase in cases over the previous year will be readily perceived & whilst the Committee regret the cause of such increase they say to the friends of the Institution – to enable them to meet the emergency – that they enter the present year with good hope that withstanding death with its impartial stroke has deprived the Institution of many valued friends yet they rely with confidence on the subscribers that they will not permit the charity to be crippled in its efforts to carry calm to the sick and suffering poor but by encouraging the subscribers and entering into the benevolent cause will enable the Committee not only to carry it on efficiently but to extend its valued usefulness – the large increase of admissions arising in a great measure to the prevailing distress – previously to staff of the Medical Officers being appointed to the respective wards. An extra payment of £20 was made to the House Surgeon – in consideration of the extra duties which (he) has been called upon to perform in consequence of the distress amongst the Factory Operatives.*

**Rationing of Care:** The purpose of The Dispensary was to provide some basic medical assistance to the very poor of the town; those unable to pay

for such care themselves. This was a century or so before the advent of universal state provision via the NHS. However, patients could not access this care directly themselves. There was strict rationing to protect the financial viability of the charity. Patients could be referred, the term used was “recommended”, to the Dispensary either by a donor or subscriber, or by the clergy. There was set paperwork for this and if this was not used, or not properly adhered to the recommendation was classed as “irregular” – though it seems that significant numbers of such irregulars were still seen. In April 1837 the minutes note that – *numerous recommendations having been sent in improperly filled up it was resolved that a respectful note be sent to each subscriber stating the wish of the Committee that the blanks should be filled up agreeable with the printed form.*

The patients themselves also had to comply with the arrangement of the Dispensary if they wanted to continue to receive its benefits, as set out in Rule 30 . . . *That such patients as are able shall attend the Dispensary at the time appointed, as often as directed by their Physicians and Surgeons to do so; and, if they absent themselves longer than one week without a reasonable cause, to be allowed by their Physicians or Surgeon, or the House Surgeon, shall be discharged for irregularity.*

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The number of patients that could be recommended by any individual supporter was in proportion to the amount given to the institution as defined by its rules and regulations. How strictly this was policed varied depending on the finances. In April 1827 when recent appeals had failed to generate many new subscribers, and at a time when finances were tight the records state that – *to curtail the expenditure they therefore respectfully requests that each subscriber will not in future deviate from the fourth rule of the Institution which states that no subscriber shall have any more than one patient on the books of the Dispensary at the same time for each half guinea of subscription and that particular care be observed that no sick person be accommodated who can otherwise procure relief. The Committee likewise feel it necessary to endeavour to impress upon the minds of the subscribers the absolute necessity of enjoining the patients to obtain their discharges and return the bottles etc which may have been lent to them – as the Institution has within the last 3 years upwards of £20 owing to the bottles etc not having been returned.*



The clergy were the most frequent offenders in recommending more than their entitlement. One solution offered was that when they did go over their limit the surplus patients might be put under the name of a subscriber with underused privileges. In 1826 – *The Committee respectfully suggest to the subscribers at the annual meeting for their consideration the propriety of limiting the clergy as to their power of recommending patients to the Dispensary and that such limitation be proposed to be as follows viz: That each of the Ministers respectfully shall be considered as representing the particular body to which he or they may belong and have power to recommend patients in proportion to the amount of subscription yearly made by such body and that if any Minister should at any time have a greater number of applications than the subscribed sum will allow him to assist it be the desire of the subscribers that the applicants be referred to the Dispensary to be there referred to some individual subscriber and be recommended by such.* The following year it was suggested that each clergyman be limited to no more than 20 patients on the books at any time. Despite these arrangements excess recommendations continued to be a perennial problem, though this is understandable. The clergy would have frequent contact with the poor and needy and would want to help them. In 1836 the Committee had to reaffirm – *that in future the clergy shall be restricted in their recommendations to the amount of their collections in their respective places of worship.*

In 1860 seventy percent of patients were clergy recommendations; 2098 of the 2985 patients taken onto the Dispensary books that year. The referrals from individual churches were as follows:

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St Paul's Chapel 39

St Mary's Chapel 75

St John's Chapel 305

St Patrick's Chapel 707

Parish Church 316

St Thomas' Church 166

St George's Church 22

St Catherine's Church 468

There was an intermittent arrangement for taking on some of the Poor Law obligation of the town. The Borough had some statutory responsibility to provide crude healthcare. It seems that, at certain times at least, the Dispensary "contracted" to deliver some of this. In November 1826 the minutes state that – *It is resolved that the Overseers of the Township of Wigan be desired to call a meeting for the Committee for the Poor for the purpose of taking into consideration the propriety of adding the funds connected with the medical department of the Town's business to those of this charity.* In December 1828 Mr Latham, the House Surgeon, sent a note to the Overseers of Wigan's pauper care respectfully desiring that they exercise caution in sending patients to the Dispensary on account of the funds of the institution being at a low state. Mr Latham left the Dispensary the following year and subsequently became a "Town's Surgeon". This caused a diplomatic spat when he took on the Borough's pauper healthcare undermining the income of the Dispensary. At the AGM in January 1831 it is recorded that – *This meeting regrets that the reliefs of the Town has been taken away from the Dispensary and that it will be for the interests of the Town as well as the benefit of the poor if the reliefs were again entrusted to that Institution and that as it is believed that the gentleman who now acts as surgeon for the Town is willing to resign the office if any arrangement can be made for restoring the business to the Dispensary – a committee is now appointed for the purpose of conferring between the Overseer of the Poor of the Town's Committee and endeavour to arrange with the Town for the business of the Town (to be transferred back to the Dispensary).* This seems to have happened because in 1836 the Overseers were allowed to have no more than 80 patients on the books at any given time for their subscription of £40 per annum. By 1840 there had been some changes to the Poor Law and in that September – *It was resolved that the secretary be deputed to call upon the Board of Guardians and state to them that unless they agree to give to the Dispensary the sum of £100 per annum they must discontinue the Town's business.*

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There was some means testing of patients to check that they really couldn't afford to pay. Rule 36 of the Dispensary stated that . . . *no person who shall*

*be a member of any household of which the earnings or other sources of income shall amount to 15 shillings per week if one, and three shillings in addition for every additional member above one, shall be entitled to the benefits of the Institution, unless such person be a lodger; and no lodger, the earning and other income of whose family shall amount to 15 shillings per week if one, or three shillings per week for every additional member, shall be entitled to such benefit. This was slightly adjusted in 1859 to read . . . Persons whose earnings exceed the following shall not be considered fit objects of the Charity, one person 12 shillings per week, 2 persons an additional 5 shillings per week . . .and so on, adding 3 shillings, for each additional member of the family.*

In February 1841 when seeking ways to relieve the debt it became necessary – *to consider whether any & what modification should be made in the scale of earning entitling parties to the benefit of the charity.* In 1861 the management committee needed to stress to the subscribers – *the very necessary care that should be exercised in recommending patients many of whom on an examination of their circumstances have been found . . not poor enough but to have sufficient means & not to qualify.* Insufficient notice was taken of this chastisement as at the very next AGM the committee once again had to – *impress upon the subscribers to a more strict discretion in the use of recommendations – and that – some patients seem to “remain on the books” until they are formally discharged and part of that responsibility being the patients themselves – Subscribers would be much obliged if they could impress upon patients the necessity of doing that, i.e. that patients remove themselves from dependence on the Dispensary when they had no further need of assistance.*

It seems that some individuals wanted to support the Dispensary with a subscription but didn't want the bother of referring patients, or lived too far away to do so. In the later years an arrangement was devised so that their unused rights of referral (recommendation) could be used by proxy for emergency or particularly pressing cases. At the AGM of 1868 the justification for this was given as – *it would be a great pity had one deserving and afflicted be deprived of help – as long as – this way of carrying on should not in any way interfere with the rights of (other) donors or subscribers.* This was overseen by 3 or 4 members of the committee under the authorisation – *That in case the objects of the Institution require it the*

*Committee shall have power to apportion the unused recommendations amongst donors and subscribers as they shall think proper – who shall act as proxy and issue the recommendations – and that – a list of donors and subscribers with their residences, together with their recommendations, which each individual donor or subscriber has authority to grant, be posted up in the waiting room of the Dispensary, and that the House Surgeon also keep a register of the numbers of recommendations granted by each donor and subscriber.*

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The rules of the Dispensary bared accepting cases of “immoral” diseases. In February 1827 the physicians and surgeons were requested – *to prevent the admission of any improper object to the Institution.* When this did occur – *a respectful note* – was to be written by the House Surgeon to the subscriber recommending the case concerning the – *possibility of the subscriber being imposed upon from not knowing the disease applying for relief.*

Industrial injuries were also not accepted. In October 1843 a complaint was made against Mr Phillips, the House Surgeon – *for non-attendance upon an accidental injury to 2 children at Mr Rylands factory (mill) – but that – having read over the 31st Rule it was resolved that Mr Phillips was justified in declining to attend the cases.* Rule 31 (as at 1852) stated . . . *That accidents, or cases of sudden emergency, in the first instance, be considered as proper objects of the charity, without a recommendation from a Donor or Subscriber, on application to the House Surgeon, or at the Dispensary; that when the person requires to be visited, the recommendation shall be left at the Dispensary, by 9 o'clock in the morning, any day except Sunday; and that accidents happening at works of any description, where upwards of 30 people are employed, shall not be deemed cases entitling such persons to the benefits of this Institution beyond a first attendance.*

The prevalence of industrial injuries was a particular reason given for the town needing an infirmary which would deal with such cases. This is expressed in the minutes of 22nd October 1866 – *Your Committee are fully convinced that great necessity exists in Wigan and its neighbourhood for an institution to which accident cases can be taken and attended to. They are satisfied that large numbers of patients of this class die or are disabled for life for want of proper assessing, which is not obtainable in the majority of*

*the homes of the working classes, and that many families are made paupers in consequence.*

**Smallpox Vaccination:** From today's viewpoint perhaps the most useful medical intervention undertaken at the Dispensary was the vaccination of children against smallpox. The technique was popularised by Edward Jenner, who first tried it on eight year old James Phipps, at Berkeley in rural Gloucestershire in 1796, just two years before the creation of the Wigan Dispensary. The principle was that if someone caught, or was deliberately infected with, the unpleasant but mild illness of cowpox they would be immune to the more serious smallpox. It was not however the simple sterile jab in the arm we associate with immunization nowadays. The records of June 1840 record the arrangements – *Upon the representations of Dr Pearson it was resolved that a parent of every child vaccinated at this Institution shall deposit one shilling and when the child is brought to this Dispensary for the purpose of having matter taken from the pustules the shilling shall be returned.* The probable explanation for this is that the vaccine material was kept viable by transfer from the arm of one patient to the arm of the next candidate. Originally obtained from a calf the cowpox material was inoculated (scratched) into the skin on the arm of the first patient. When they developed a skin pustule fresh matter was drawn from it for the next patient. The chain of vaccination therefore depended on each successive patient returning for the material to be harvested. The one shilling incentive was to encourage them to do so. In 1821 the number of children vaccinated was as high as 340. This was a very non-sterile technique and provided the opportunity for the development of other infections; even septicaemia and death. In October of that year the Dispensary took on the scheme for the town as a whole – *An offer having been made by the Board of Guardians to give to the Institution the sum of £50 per annum to vaccinate the children in the Borough – resolved that the offer be accepted – and resolved that Dr Pearson, for undertaking the above, be allowed the sum of £20 in addition to his salary.*

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The Vaccination Act 1853 more firmly established the routine of smallpox vaccination. It required that parents should have every child vaccinated by the age of 3 months, either by a legally qualified medical attendant of the family, or by the appointed public vaccinator. If the child was an orphan the

vaccination had to be within 4 months of birth. The child had then to be examined 8 days after vaccination to check that it had been successful (i.e. that skin pustules had developed). The penalty for not complying was 20 shillings. Registrars were required to notify the parents of the children whose births they had registered of the names and addresses and hours of the public vaccinators.

This new position of “public vaccinator” is mentioned in an extract from the Wigan Examiner of the 4<sup>th</sup> June 1859. Mr Vincent had resigned as House Surgeon at the Dispensary to take up a new position. *The friends of Mr Vincent house-surgeon of the Wigan Dispensary will be gratified to learn that he has been appointed one of the district medical officers and vaccinators for Liverpool. There were many candidates for the situation but ultimately the number was reduced to 2; Mr Vincent and Mr Parker, and at the select vestry meeting held on Tuesday Mr Vincent was selected on a majority of 17 to 6. We have been informed that the salary and fees amount to about £200 per annum.* Mr Vincent had asked for a reference from the Dispensary in support of his application. The committee was happy to provide this stating that . . . *The Committee of Management of the Wigan Dispensary have pleasure in stating that Mr John Alder Vincent has filled the office of House Surgeon to the Institution for 4 years and during that time has discharged the duties with great ability and been most attentive to the patients under his charge. For the experience the Committee have had of Mr Vincent services they feel confident that he will prove satisfaction to a similar situation to which he has been appointed.*

By the time the Dispensary amalgamated with the Infirmary in 1873 smallpox accounted for less than 5% of deaths and dwindled further thereafter (4).

**Healthcare Provision:** The records are mainly about the operational management and finances of the Dispensary. They are not a record of the medical care provided but there are some insights into that.

The Dispensary was open from 9 a.m. until 6 p.m.. Patients received advice and medicine, as well as surgical aid, but the records give few details. In 1858 The House Surgeon – *was authorised to order 3 gross of various sizes of medicine bottles and that he sells these to the patients at 1 penny each – when they require them.* As we would now judge things medical

practitioners back then could do very little. However, what we nowadays underestimate is the benefit upon the patient of the doctor him or herself. The attendance of the doctor, the caring “bedside manner”, expressed concern and empathy often boosts patient wellbeing. The very term “doctor” means “teacher” and when the patient better understands their condition they often do better. Such has been the role of the physician since antiquity.

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Diphtheria, a bacterial infection, seems to have been common during the era of the Dispensary and in some years was in epidemic proportions. In severe cases it can cause swelling of the throat and blockage of the airway preventing the patient from breathing. Surgeons at the Dispensary would have been able to perform a life-saving tracheotomy in such cases. This involves a cut into the airway just below “Adam’s apple” enabling the patient to breath from that hole rather than via the nose or mouth.

Medicines were frequently given at the Dispensary, or the patients’ home, as revealed by the accounts of the drugs’ bills and attempts to obtain them more cheaply. Initially drugs were obtained through local suppliers but in March 1841 the Dispensary made enquiries of Messrs Horley and Eyre, a Liverpool company, for a list of their prices. In principle they were happy to provide this but wanted reassurance that the “Wigan Druggists” would not consider them interfering with trade. The House Surgeon was instructed – *to inform them that by resolution of the Committee no drugs are to be purchased from Wigan but that they are to be procured from wholesale houses – so any contract with H&E cannot interfere with Wigan Druggists.* In January 1847 the drugs of the Liverpool Apothecaries Company being found of inferior quality the House Surgeon was to get samples of drugs from other wholesale houses as soon as possible.

A surgical procedure that was, in all probability, undertaken was the extraction of bladder stones. The evidence for this is that in April 1825 – *a set of Lithotomy instruments be wanted for the purpose of the Institution – Mr Latham (House Surgeon) to send for a complete set.* The treatment of hernias is mentioned in 1840 when – *It was resolved unanimously that in future paupers recommended by the Overseers of the Poor shall not be allowed trusses at the expense of the Institution but shall be allowed to have them by paying the cost price. It was further resolved that no trusses shall*

*be given at the Institution but all the parties requiring them may purchase them at prime cost.*

The use of leeches is mentioned early in the records. The extra expensive in obtaining them may have been one of the factors that triggered the move to ask the local clergy to appeal to their congregations for funds. In January 1825 – *This Committee recommend to the Subscribers at the annual meeting to take into consideration the propriety or otherwise of affording the application of Leeches to those persons belonging to the Institution whom the physicians and surgeons may think likely to benefit thereby.* (The very next comment in the minutes may be a general statement of affairs and not necessarily linked to the cost of leeches.) *In consequence to the increase in expense to the Institution the Committee think it proper that a suggestion shall be made to subscribers at the annual meeting that a request be made to the clergymen of every persuasion in the town to preach an annual sermon for the benefit of the Dispensary.* Payments for the supply of Leeches feature throughout the records. It seems that certain local women were the main suppliers; perhaps a cottage industry. Fanny Rigby and Phoebe Royal are often mentioned, amongst others. The following are typical examples of payments approved:

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23/12/1844

Alice Ashurst for Leeches		2 shillings
Elizabeth Dobson	ditto	2 shillings 3 pence
Phoebe Royle	ditto	16 shillings
Fanny Rigby	ditto	12 shillings 6 pence

3/6/1846

Liverpool Apothecaries Company (drugs)		£36
Wigan Apothecaries Company (drugs)		£9 – 2 shillings
Mary Houghton for Leeches		8 shillings 6 pence
Phoebe Royle	ditto	5 shillings



Fanny Rigby      ditto      5 shillings

Then as now some new treatments come into fashion but don't last. In 1868 electricity was in vogue and in August of that year instructions were given – *That a good and effective galvanic apparatus be obtained for the Institution and the Honorary Secretary confer with the Honorary Surgeons as to the purchase thereof.* In the following October – *the galvanic apparatus ordered at the last meeting was examined and approved.*

**Buildings and Premises:** From 1801 the Dispensary had premises at 35 King Street, next to the Baptist Church. The site is now 47 King Street. The building was single storey though with a basement or cellar. The only picture I know of is after it had changed use and become the “Wigan Bank for Savings” (5). This shows a plaque over the doorway with a date of 1821 but this must be the incorporation date of the bank and not the build date of the premises. In 1860, for insurance purposes, the property was valued at £600 (building £400, furniture, books and instruments £200). In 1875 the site was sold for £2000.

Rooms were needed for the House Surgeon and Matron, both were required to live in, as well as space for seeing and assessing patients. A street map of 1847 shows some of the internal arrangements. There was a room either side of the front entrance. The front door led into what was probably a waiting area which had a central stair descending to the lower level. There were two small square rooms to the left of the waiting area and two to its rear; the one on the right leading through to a longer back room. There was a yard and garden at the rear, where the land falls away slightly, overlooking what was “Faggy Lane Fields”, but is today the railway line into Wallgate station. In August 1859 the Committee instruct – *That Mrs Dean the Matron be informed that it is necessary that she give up the room below looking into the garden in consequence of the front room being now provided for her use and on being informed thereof she expressed her willingness to do so immediately.* In November 1860 Mr Macloghlin, the House Surgeon, requested that the yard behind the Dispensary be levelled and put in order at the expense of 30/-. A degree of privacy was important as in 1866 an objection was raised against the neighbour Mr Duff, who – *has put out (made) a window overlooking the premises of the Dispensary.* It was – *resolved to ask him to make it up again.*

The re-structuring of the Dispensary's operation in 1824 meant the building needed a revamp too. *It was ordered that the rooms and apartments be painted and whitewashed – and that a joiner be employed to fit up the surgery in such a manner as the physicians and surgeons shall think proper. That the physicians and surgeons be requested to order such instruments, bottles and gallipots etc that they may think necessary for the Institution. Also, that a joiner be employed for the purpose of making such alterations in the shelves and placing new ones in such a manner as to afford more room for the articles required for the use of the Dispensary – and – for larger drawers for the convenience of the physicians and surgeons.* Mr Latham, at the time one of the candidates for the House Surgeon post, pointed out that there were no instruments whatsoever belonging to the institution and that these are articles that will be in almost daily requisition – authority was then given to order such things. It is also recorded that – *The state of the drugs is also insufficient and if there be no objection they will order what are wanted from such Druggists as they are persuaded will serve the Institution in the most advantageous terms. There also being a want of glass bottles, gallipots etc they desire that sufficient quantity may be provided as may be convenient.*

The appearance of the House Surgeon's room can be guessed at from the fittings provided in 1842, remembering that it had a coal fire which the matron had to make up: 2 pairs of sheets, 1 pair of blankets, towels, a bedside carpet, bed and window curtains of coloured Gingham (presumably therefore a 4 poster bed), calico table covers and tablecloth. An advert in 1845 for the post of House Surgeon specifically mentioned that candles were provided for his apartment (6). Gas Burners were first installed at the Dispensary in 1845 which was rather late considering that gas lighting had first appeared in Wigan in 1823.

Over the years the records repeatedly mention the unsatisfactory condition of the interior. It was quite a small property and saw a lot of comings and goings. In September 1839 – *in consequence of the filthy and dirty condition of the different apartments it was resolved that Mr Leigh be appointed to paint and paper the different rooms under the direction of the Committee, and likewise to paint the windows on the outside. Also resolved that a new carpet be purchased for the Parlour and the old one (be repaired) and made*

*suitable for the consulting rooms and Matron was reprimanded by the Chairman for the dirty state in which the different rooms were found.*

*In February 1843 – The Committee having examined the surgery, and other parts of the Dispensary, it was resolved that the Matron's chamber and kitchen floors be repaired and a partition fixed up in the large cellar and that Mr Barlow be requested to superintend the workmen. Re-whitewashing was common as in 1854 when – The Medical Committee . . . . state that as a sanitary precaution as well as for the sake of cleanliness of the Institution it would be greatly benefited by a thorough whitewashing painting etc. Yet by April 1858 the House Surgeon was – authorised to purchase a brunells carpet for the sitting room at 3/9 a yard – and further authorised to purchase a rug from 10/- to 15/- , and that the ceilings be whitewashed, the walls in the sitting room and lobby washed, also the walls in the cellar whitewashed and coloured and that Mr Dean be requested to do the work and also superintend the alteration of the Gas Light over the inner entrance door.*

*In 1853 it was thought that the current premises either needed upgrading or a new building constructed at a different site. The less radical option was pursued – and in order to increase the efficiency of the Institution (&) to make the present premises more commodious, to erect Receiving Rooms and Bedrooms for the use of Indoor Patients, bath-rooms and water-closets, and also to make such alterations as may be required. The secretary was asked to – write to Mr Lane and request him to point an early day for making a survey of the Dispensary and have him send in a plan for the enlargement or re-building of the Dispensary. Plans were duly received and were left at the Dispensary during that September for inspection. One resulting comment was – that Mr Lane be requested to make some means whereby the Waiting Room in his plan for the new building can more easily be entered than is at present proposed.*

*In 1855 the matron was forced to move out of her apartment because of damp and the Drug Room was temporarily converted to a bedroom for her. In November 1858 it was instructed –*

*That the bedroom and the surgeons' consulting room should be papered and painted – also ordered that Mr Whitfield, ironmonger, put in a new boiler and a new a saddle in the kitchen grate at the cost of £1.*

The building suffered damage on several occasions. In December 1852 it was – *resolved that Mr Fairclough be requested to repair the injuries done to Institution by the recent storm and rebuilt the chimneys and provide suitable iron straps for the same – such iron straps to be affixed by the consent of Mr Hurbert to the wall of his house.*

In the summer of 1865, there was some vandalism with breakage of the glass in the skylight. They considered covering the glass with wire but it was thought that this would interfere with the light too much which says something about the dimness of the interior. In April 1870 – *The building being damaged by the mining of the Ince Hall Coal Company the secretary was instructed to write to them giving them notice that they will be held responsible for the damage and required also to pay.* In the meantime – *temporary protection against the weather be placed in the brickwork injured by the Ince Hall Coal Co until the question with them be settled.* They subsequently received an offer from the company of £30 to settle the matter and be free of any further obligation, but insisted on a figure of £50 on the understanding that all future injury to the buildings be repaired by the company.

The most detailed inspection of the premises, inside and out, was undertaken in May 1863. The findings were not good. There was a long list of repairs and maintenance requirements.

It was accepted that this would involve significant expenditure but that the recommendations made were nothing more than were absolutely necessary to arrest the decay of the building and for the health and comfort of the surgeon and matron. The matron's sitting room was found in a dilapidated condition with paper and plaster hanging off the walls. There was a widespread need for cement repairs to masonry and brickwork. The chimney needed re-pointing to stop it leaking smoke. The kitchen range was in such a bad condition that it needed taking down and probably replaced. The whole of the lower apartments needed repairs to the ceiling to be followed by whitewash. The surgeon's sitting room and bedroom, the consulting rooms, waiting rooms, entrance hall and lobby all needed cleaning, whitewashing and the window frames painting. There was particular mention of the inconvenience to the matron of having to pass from the lower to the upper apartments to perform her duties and of the crowded state of the waiting room. The ergonomics of the place needed

looking at. The furnishings needed general renewal. This included new sheets, pillow cases, table cloths, washstand covers, towels, window blinds, cutlery etc etc. This seems more to redress the living and working conditions of the staff than for the visiting patients. Some additional items requested and supplied over the next few years included – (December 1864) 1 double blanket, 2 breakfast table cloths, 2 dinner table cloths, 2 roller towels for the surgery and 2 for the kitchen and a fire guard for the waiting room, (February 1866) half a dozen breakfast cups and saucers, half a dozen tea cups and saucers, 6 small plates and 2 large plates, a slop basin and cream jug for the House Surgeon's rooms, (March 1867) 2 pairs of linen sheets, 4 dressing table covers, 1 carpet broom and one counter pane for the matron, (June 1867) a pair of iron bedsteads with covers and mattress, cost not to exceed £3-5-0 and 2 iron saucepans, (May 1869) 6 new chairs for the sitting room, and in June 1870 a poisons chest for the surgery.

Keeping the building up to scratch seems to have been a constant battle and strain upon the finances for despite the revamp of just 6 years earlier in 1870 once again – *it has been found absolutely necessary to enlarge the Dispensary surgery – to repair and renew much of the household and general furniture and fittings which were worn out – and to paint the whole of the building (which) has entailed a considerable outlay.*

**Socio-economic Deprivation:** At this time health, or the lack of it, was far more dependent on social and economic conditions than on medical treatments, and even the weather could be a life or death factor. Folk living in poor, cramped and squalid housing were more vulnerable to infectious diseases. There were no antibiotics. The demands put upon the Dispensary reflected the conditions in the town. In October 1831 – *in consequence of the sickness so very prevalent at present in the town and the great increase of patients in the Institution it was unanimously resolved that an Assistant should be procured for a few months or until the town shall be declared in a more healthy state. Mr Brown being proposed as a fit and proper person it was unanimously agreed that he be appointed Assistant Surgeon for one month and if his services should be further required the Committee should then enter into a further agreement with him and such remuneration made for his services as the Committee shall think proper.*

Winter could be a particularly bad time. In November 1834, Mr Latham, a former House Surgeon at the Dispensary and now in private practice in the

town, offered the help and services of one of his apprentices for a short period during “the sickly season”. The offer was gratefully accepted.

In December 1833 it was – *moved by Mr Fairhurst and seconded by Mr Walls that a note be sent from this Committee to the Magistrates complaining of a nuisance in front of Greenhough Row belonging to a Mr Walsmesley Esq which on the representation of the medical officers attached to this Institution is productive of more disease than any other part of the town.* A letter was also sent to the Council in January 1844 expressing concerns about the inadequate drainage, ventilation & cleanliness of some parts of the town. However, in 1872 there was a decrease of 382 in the number of patients “admitted” to the Dispensary and a decrease of 74 in the number of deaths compared with the previous year. This was put down to – *a pleasingly improved state of health in the town as compared to last year – attributed to it is supposed the cleansing results of the recent unusual and prolonged rainfall.* The rains had been the heaviest for over a century.

Unemployment could bring destitution and vulnerability to illness. There was an economic slump in the mid 1860’s which thrust more sick poor upon the Dispensary at a time when fewer could afford to support it. At the AGM of 1864 – *Your Committee regret that owing to the present great depression in trade the charity suffers by the loss of many subscriptions (just) as the requirements of the charity become greater in equal degree from the pressing needs of many who in better times do not seek its aid. Your Committee strongly impress up the subscribers and their public the necessity of continued and increased efforts in obtaining such pecuniary aid to the Institution as its necessities demand.* Benefactors rose to the challenge. Loss of subscribers from economic hardship and death were fully made up by new subscribers. In January 1866 the minutes record that – *the Committee have great pleasure in being able to congratulate you upon the satisfactory state that they find the affairs of the Dispensary at this time.* The Medical Report stated – *how greatly the Institution is increasing in favour and usefulness.* The number of new patients in 1865 was 4582 – *the largest ever and 270 more than in any year during the cotton distress.*

**Epidemics:** Each January the Annual General Meeting presented the Medical Report and review of the previous year. Periodic epidemics are mentioned although the minutes are unlikely to be a comprehensive record of these. In 1857 the number of patients rose sharply by 400 during a period

when typhus fever and smallpox had been particularly prevalent. 1867 brought three epidemics – scarlatina (scarlet fever), smallpox and measles. That year there were fewer patients overall but 172 more deaths than in the previous year – *and that mostly amongst children* – and – *much additional and tedious labour has been thrust upon the House Surgeon*. The following year also saw outbreaks of – *diarrhoea* (dysentery), *measles and malignant smallpox* (this form killed over 90% of its victims).

In 1870 there was only a slight increase in the number of patients but deaths rose by 20, accounted for mainly by the prevalence of scarlatina amongst children during the summer months. There was no let up the following year when the number of deaths was up by another 14 on account of the epidemics – *which have been of late unfortunately prevalent*. In this context – *The Committee have the conviction that the Institution was never in a more efficient condition nor doing its work more worthy of itself* – and *that its operations were never more appreciated by those who really need or deserve its aid*.

In some years the lack of epidemics was conspicuous by their absence and yet childhood mortality persisted relentlessly. The Medical Report for 1860 records an – *increase of 307 patients in number admitted* – over the previous year, and that – *there has been a gradual increase over several years demonstrates very much the greatly extended usefulness of the Institution*. An enquiry made by your Committee obtained the information that *no disease of an epidemic character has prevailed* – *the larger proportion of the increase arising from disease incident to children*.

In 1869 the town had been free of epidemics but the number of patients for the year was up by about a thousand as – *there has yet been very much general sickness*. Despite the increase in patients the number of deaths was 40 less and – *valuable assistance has been given to many of the needy and deserving who had it not been for the depressed state of trade and other causes would not have sought the help of the Institution*.

**Disputes:** In the spring of 1832 there was quite a kerfuffle over the appointment of the new House Surgeon. It came down to an election between Mr Part and Mr Marsden and after proxies had been included the vote was tied at 63 each. A scrutiny of the proxies was then demanded which subsequently reduced the score to 60 each. Mr Part then protested

against some of his proxies having been rejected. One was from a Mr Standish whose vote had been discounted because he had been out of the country at the time of the election. Mr Part asserted that he had checked with the secretary beforehand and had received an assurance that this proxy vote would count. He also objected to the proxy of Mr Shaw which had been allowed to stand in favour of his opponent. This was despite Mr Shaw being in good health, in the locality, and that he could have attended the meeting, and that the proxy form had not been signed by him. He also protested that the chairman had voted twice – in the original ballot and then giving a casting vote in favour of Mr Marsden. The committee chickened out and declined to make a decision, instead calling a general meeting of the subscribers to resolve the issue. Mr Part's arguments did though get him appointed as temporary House Surgeon in the meantime. His appointment was confirmed the following month. It is interesting that the motion supporting him was seconded by Mr Christopher Morris. He was one of the first Honorary Surgeons and James Part had served as his apprentice in private practice. We know a little about James from The Royal College of Surgeons' records. He'd been born in the neighbourhood of Wigan and studied medicine at St Bartholomew's and University College Hospitals in London. In 1830-1 he'd won the prize for surgery at the Medical School in Aldersgate Street. After qualification he seems to have spent his early years in Wigan but then returned to London where he died in 1875. He wrote an article in The Lancet in 1861 titled, "Successful Treatments of Poisoning by Strychnine". His appointment as the Dispensary's House Surgery was one of those "on a knife edge" moments that set the future course of his career. He was allowed to resign early from the post of House Surgeon and left in October 1833 shortly after getting married.

In 1841 the senior medical staff of the Dispensary resigned en-masse disillusioned with the management. The following letter was submitted and read to the AGM on the 27th of January: *We the Honorary Physicians and Surgeons of the Wigan Dispensary most respectfully tender our resignations as Medical Officers of the Institution. The reasons which have induced us to take this step are the numerous abuses existing in the management of the charity by which our interests as private practitioners are considerably injured and at the same time the funds of the Institution diverted from their legitimate channel* – signed by surgeons Christopher Morris, Thomas Fisher, George Daghish, Richard Taylor, and physicians Drs Stuart and Shea. In



consequence of the above it was resolved that a committee of seven be appointed to investigate the nature of the complaints made by the medical officers and to report the result of their investigations at the next general meeting. There then followed a period of brinkmanship. On the 2nd of February it was – *resolved that the Committee beg leave to recommend to the general meeting that the resignation of the Honorary Surgeons & Physicians be accepted. The vague insinuation made by them of mismanagement and gross abuses of the funds of the Institution are unfounded and the Committee require evidence of the correctness of such charges so gratuitously brought against them.*

At the following meeting on the 10th February, with The Earl of Balcarres in the chair, it was moved by the Rev Powell that the resignation of the medical officers be accepted, and this was seconded by Rev Middlehurst. At this point a Mr Part diplomatically stepped into the breach. It seems unlikely that this was a spur of the moment move. The issues were so serious that thought must have been given by both parties beforehand as to how each would play the situation. Perhaps Mr Part was primed to act at a strategic moment to redeem matters. He moved an amendment – *that it is desirable to retain the services of the Honorary Medical Officers of the Institution and a committee be appointed to take such steps as may be desirable to secure their appointments compatible with its original design with power to consider and suggest whether any and what regulations shall be proposed for the future government of this Institution.* This was seconded by Rev Gunning and on a show of hands the amendment was carried. If nothing else this provided a breathing space for tempers to cool and reason to revive. A week later it is recorded that – *Dr Shea, Dr Stuart and Mr Daghish on the part of the Honorary Medical Officers, after expressing their satisfaction with the report of the select committee adopted by the general meeting of subscribers on the 17th Inst propose to withdraw their letter of resignation dated 2nd Jan 1841 and tender the continuance of their services which are accepted by the Committee.* Perhaps though there was some lingering mistrust as – *it was resolved that in order to prevent mistake or misapprehension as to the contents of the Select Committee or of the proceedings of the meeting of the 17th Inst such report . . . be printed and circulated.*

**Complaints & Disciplinary Action:** From time to time questions arose about the practice or professional behaviour of individual doctors. In March 1833 it was directed – *That the case of a man named Edwards a patient of the Dispensary who charges Mr Part with neglect and improper treatment be enquired into by the whole of the medical officers attached to the Institution to report on the 19th March.* Perhaps there was a closing of ranks, or maybe the patient was a genuine trouble maker, for – *The medical officers present in compliance with the request of the Committee having delivered their opinions respecting the case of Edwards it was moved by Dr Pemberton and seconded by Mr Darglish that Edwards has not been improperly treated by the House Surgeon of this Institution and that his present inability does not arise from neglect or improper treatment and in consequence of what has this evening transpired the Committee exonerate him from blame.* At the next meeting it – *was carried unanimously that Edwards the man whose case had been brought before this Committee be erased from the list of patients of this Institution and that in future he shall not be allowed on the books.* Lawyers don't seem to have been involved; oh happy days!

The Committee of the Dispensary was composed of the great and the good of the town. In January 1833 The Earl of Balcarres was elected President, a post vacated by the death of the Rev George Bridgeman, Rector of Wigan Hall, who himself had married into the aristocracy. They showed little deference to the Coroner when in December 1837 – *A letter from the Coroner and Foreman of the Jury who sat on the body of one Ann Heys on the 9th Nov last having been produced and the Committee having enquired into the circumstances of the case from Mr Acton the Governor of the Workhouse, Mr Marsden the House Surgeon, and Mr Price the Apprentice to the House Surgeon, resolved that it is the opinion of the Committee that no blame attached to the officers of the Institution and that the letter is altogether uncalled for.*

The Committee were less forgiving when the rules of the Dispensary itself were broken. In January 1833 – *Mr Wightman one of the apprentices having absented himself from the Institution without leave from the House Surgeon and having conducted himself with great impropriety the Committee refer his conduct to the general meeting.* That was probably just for a dressing down. More seriously in January 1840 – *A charge was made that Mr Pennington one of the Honorary Surgeons of the Institution was in the*

*practice of charging a shilling for each visit paid to patients of the Dispensary in their own houses knowing them to be patients (and therefore entitled to free treatment) – also that in the case of Hitchen, a cow keeper, a member of a club, whom he had contracted to visit and furnish medicines for a specific sum paid by the said club, he had induced him to procure a recommendation by which he obtained medicine from the Dispensary (i.e. by getting the patient onto the Dispensary books the patient's medicines were free but he still charged the patient for them). Both charges were admitted by Mr Pennington in consequence the secretary was requested to communicate with Mr Pennington and the following correspondence took place: Sir, In compliance with the general meeting held here this morning the unpleasant duty dissolves upon me of informing you that under existing circumstances your resignation of the office of Honorary Surgeon to the Institution would be accepted. He duly fell on his sword. The following answer was received from Mr Pennington.*

*Sir, Your letter I duly received in which you state that it is the wish of the Subscribers of the Wigan Dispensary that I should resign the situation of Honorary Surgeon to that Institution. Had I not have received the notice I should most certainly, from a fixed determination have resigned after the conduct which had been shown to me, and trust that my successor may discharge the duty to the welfare of the patients more satisfactorily than I have done at the same time I beg to state in justification to my own character as a professional man that the cases in which I have made a charge for the visits above, when seeing them at their own house have been at the particular request of the patients they having been under my care as visiting patients at the Dispensary previous to my attending them at their residence . . . your most obedient secretary Mr H Pennington, Wallgate, Wigan.*

Another significant breach of the Dispensary's regulations occurred in 1855 – *It having been stated to the Committee that Mr Roocroft House Surgeon had violated the rules of this Institution by attending Mrs Fleming of Wigan Lane and Mrs Pearson of the Hostelry as private patients and supplying them with medicines from the Dispensary and the Committee having investigated the statements they are unanimously convinced that the charges have been fully substantiated and this Committee having forwarded Mr Roocroft every opportunity of confuting the charges, which he declined to do, they cannot*

*refrain in justice to the donors and subscribers and the medical profession from recording their opinion that Mr Roocroft's conduct is deserving of their censure. The Committee further find on Mr Roocroft's admission that he has occasionally given Certificates of Death and charged 1/- each for the same they therefore wish that his practice of charging shall be discontinued as being contrary to the objects of the donors and subscribers to this Institution and that the Secretary send a copy of the above resolution to Mr Roocroft.*

The management committee certainly did not give the medical staff free rein. In February 1843 Mr Phillips, the House Surgeon, was asked by the Committee about attendance of the – *Medical Gentlemen* – and was informed – *that Dr Stuart and Mr Taylor are very regular in their attendance, but no others are so, and that Dr Shea is in the habit of prescribing to people, without calling at the Dispensary and that he sends his prescriptions to be made up sometimes accompanied by recommendations and sometimes otherwise.*

We are not given details but in May 1845 – *The conduct of Mr Rogerson (Honorary Surgeon) with respect to the patient Margaret Molyneux was brought before the meeting. It was resolved that such conduct is considered by the meeting as highly reprehensible & that should it be repeated Subscribers & Donors will feel themselves bound to prosecute & that a copy of the resolution be sent to Mr Rogerson.* A separate unexplained incident the following September was firmly dealt with when it was – *moved by Mr Part and seconded by Mr Fairhurst that circumstances have been brought to the knowledge of the Committee & proved to their satisfaction which make it highly (desirable) that Mr Phillip should be discontinued in the situation of House Surgeon to Wigan Dispensary beyond the period of his present engagement and that his continuance in that office will be highly detrimental to the well-being and the respectfulness of the Institution.*

Bad behaviour at the Dispensary wasn't limited to the patients or medical staff. In November 1853 the minutes record that – *The secretary having stated that the Matron had complained of having sustained personal ill-usage from her husband and of his having broken several articles belonging to the Institution the secretary was desired to obtain from the House Surgeon a statement of the value of such articles and to apply to Mr Newton for payment of the same and also to notify Mr Newton that upon receipt of*

*any further similar complaints from the Matron they should take steps to eject him from the premises.*

**Amalgamation with The Infirmary:** The possibility of a hospital for the town was first mentioned in the Dispensary records as early as January 1832 when – *it is resolved that it is desirable that a hospital be erected in addition to the Dispensary if it should be found practicable to carry it into effect without interfering with the resources of the present Institution.* In January 1841 – *It was moved by Mr Marsden that the Honorary Secretary be asked to ascertain from the Treasurer of the Bolton Hospital the probable expense of maintaining a hospital in conjunction with this Institution so far as regards matrons, nurses etc. Mr Durland having kindly offered to draw a plan and give us an estimate of the expense of erecting a hospital – resolved that his offer be accepted.*

The issue simmered in the background and in 1851 it was announced that there should be a – *meeting of Trustees to consider a merger of this Institution with the proposed Infirmary – to consider what steps could be taken re building of an Infirmary so as to combine it with the present Dispensary.* The meeting was held in the Town Hall on the 4th of April that year.

In June 1856 – *In the opinion of this meeting it is very desirable and necessary that the Infirmary movement should be proceeded with and this meeting respectfully requests the Executive Committee now (take) charge of the detail thereof to take such steps as will secure a speedy commencement of the building – though that was still over a decade away.* This apparent slow progress caused a dilemma for the Dispensary. There were some suggestions that it be further expanded or move to a larger building. However, this would use resources that might be better channelled into the Infirmary project. This is reflected in an entry from April 1866: *The Relief Fund (of the town) have decided to hand over the balance of their fund to the Dispensary Committee towards a fund to be raised for the enlargement of the present Dispensary, or the erection of an Infirmary or Hospital. The meeting of subscribers further determined and suggest to the Dispensary Committee the advisability of making application to the Mansion House and Manchester Relief Committees for contributions out of their balances towards such a fund. The Committee thank the Relief Fund for their money*

*and pledge themselves to use their best endeavours to raise funds for the accomplishment of the object named.*

The budget planning for the proposed infirmary was based on the following analysis. According to the 1861 census the population of Wigan Union, the principle part of Wigan District was 94,561. If Leigh, Golborne, Westleigh, Newton, and Haydock were included, and other places within a radius of 6 or 7 miles, then the infirmary would serve a population of about  $\frac{1}{4}$  that of Manchester and Salford. The North Staffordshire Infirmary was used as a benchmark as it served a district of similar population and class mix. The cost of building that establishment, excluding land, had been £26,964. It was therefore estimated that the probable build cost for Wigan Infirmary would be around £30,000 and the probable working expenses for the anticipated number of beds and patients would be around £3,000 annually.

The process that ultimately brought Wigan Infirmary into being was set in motion by the subscribers of the Wigan Dispensary. In October 1866 they appointed an Infirmary Committee under the directive – *That it is necessary and desirable to erect a building to be used as an Infirmary and Dispensary for the use of Wigan and the surrounding district – that the present meeting be formed into a committee which shall include the members of the present Dispensary Committee, have power to add to the number and to appoint its own executive and that the Committee take such steps as they may think proper relative to the erection of an Infirmary and Dispensary and to report thereon to such meeting as they may think desirable.* This committee was initially of 25 members. This included Mr Latham a former House Surgeon of the Dispensary and now one of the visiting Honorary Surgeons. Three members were churchmen and the rest gentlemen of the town. The first meeting of this Infirmary Committee was held in the Town Hall on the 31st of October 1866. Its first action was to vastly expand the committee membership.

In August 1869 there is an interesting comment about the location of the Infirmary. This remains the site of Wigan Infirmary today but is has now been enveloped by the town.

*To the Committee of the proposed Infirmary, Wigan.*

*“First I would congratulate your committee on the possession of a site admirably suited to its intended purpose. In extent of adequate dimension, near to the town, yet free from any objection of its proximity thereto, high in its level, open in its situation, with extensive and pleasant prospects, and having the means of good sanitary provision from an existing outfall sewer and ample water supply. These make a sum of advantages not often attained by Institutions of the kind you are about to establish. ... The principle of the design is based on those now commonly admitted to be the best both by hospital builders and medical professions and known as the Pavilion System.”*

Some pressed hard for keeping a separate Dispensary in the centre of the town whilst others thought that an amalgamation under one roof was a more workable and pragmatic solution. One can understand the emotional attachment to the Dispensary among those who'd been committed and supportive of it over the years. Perhaps those more set in their ways and with stronger ties to the Dispensary didn't take kindly to the Infirmary clique. There seems to have been a ruffling of feathers over the ceremony for laying the Infirmary Foundation Stone as the minutes of 21st December 1870 reveal – *A meeting of the Committee to consider the invitation of the Infirmary Building Committee to attend the laying of the Corner Stone of the Infirmary and Dispensary – that the Honorary Secretary reply accepting the invitation on behalf of the Committee but that he should state in the reply that the Committee have decided to attend merely to prevent any appearance of a want of cooperation on the part of the Committee with the Infirmary movement – and further that the Committee found that they had not been courteously treated in not being invited to take part as a Committee in making the arrangement for the laying of the Corner Stone.* The “Corner Stone”, which is tucked to the left of the entrance porch of the current infirmary records that it was laid on the 26<sup>th</sup> December 1870 by The Right Honourable Alexander William Earl of Crawford and Balcarres. The following month – *The (Dispensary) Committee are glad to be able to report that the building of the Infirmary and Dispensary has at length been commenced.* The architect was Thomas Worthington whose preferred style was “Gothic” – hence the similarity of Wigan Infirmary to St Pancras station.

It was then necessary to look at all the legal and practical arrangements for amalgamating the Dispensary with the Infirmary, and in all of this the rights

of the loyal donors and subscribers had to be protected. At the Annual General Meeting of January 1871 – *There was a short discussion as to the proposal to transfer the Dispensary funds and property to the Infirmary and Dispensary and as to the legal and other steps necessary thereto and as to the need of the Dispensary operations being carried on in the centre of the Town – it was considered that before any step could be taken in the matter the Trustees should meet and also discuss the matter with the Committee and that afterwards a special general meeting of the Trustees, Donors, Subscribers and all persons interested should be held and proper direction be taken.*

A year later in January 1872 – *Your Committee in cooperation with the Trustees will be prepared to take the needful steps to consider the union of the Dispensary with the Infirmary as soon as the Infirmary building is completed and ready for active operations. The following May – The subject of uniting the Dispensary operation with those of the Infirmary was fully discussed and the necessity of preserving the present donors to the Dispensary of the privileges they now possess and the propriety of the dispensing of medicines to the poor being still conducted in the centre of the town was fully considered. It was deemed desirable that no steps should be taken as to the union of the Dispensary with the Infirmary until a proper intimation of the completion of the Infirmary building and the proposed provision for the needs and operation of the Dispensary had been forwarded by the Infirmary Committee to the Honorary Secretary of the Dispensary and that the subject should then again be considered.*

The religious collections for the Dispensary usually took place in January. In 1873 it was anticipated that the Infirmary would be open within the year and so the funds raised were to be diverted to the combined institution. However technically by the rules this would remove the privileges of the clergymen to refer patients to the Dispensary. It was therefore resolved at the AGM that their rights be based on the previous year's collections.

As the Infirmary building neared completion there was a flurry of correspondence and meetings to tie up the loose ends for the amalgamation. In May 1873 the Dispensary Committee – *received a copy of the proposed rules of the Infirmary and Dispensary and they therefore request the following information from the Infirmary Committee.*



1. *What is proposed to be done to provide accommodation for the Dispensary operation in the centre of the town as present carried on and what provision is proposed to preserve to the donors and subscribers the privileges they now possess?*
2. *What is proposed as to the sale or otherwise of the present Dispensary building and premises?*
3. *What is proposed as to the present invested capital of the Dispensary, who are to be the Trustees thereof and how is it to apply the income arises therefrom?*
4. *What is proposed as to the position of the present Dispensary House Surgeon and Matron in the new institution?*
5. *Has a satisfactory arrangement been made with the present Honorary Medical Officers of the Dispensary?*

Wigan Infirmary was opened by Their Royal Highnesses The Prince & Princess of Wales on June 4th 1873 and was named The Royal Albert Edward Infirmary and Dispensary.

*A special meeting of donors and subscribers to the Dispensary was held on Wednesday the 16th July 1873 where it was announced that – The Infirmary buildings being now completed it is proposed that the Dispensary be united in its management with the Infirmary as from 1st January 1874 and that the present Committee of the Dispensary be authorised to act on the board of management of the united institutions and that in accordance with the resolutions of the meeting of 30/1/1867 the present invested capital and the proceeds of the sale of the Dispensary when sold be invested in the names of the Trustees of the joint Institution as an endowment fund.*

The events at a further special meeting on the 15th of August 1873 were published in the local press. This is transcribed here at length as it brings down the curtain on the original independent Dispensary. There was to be some overlap in the activities of the old Dispensary and the new Infirmary. The gist seems to be that the traditional activities at the Dispensary site would be continued for a while but be ultimately passed over to and absorbed into the operations of the combined organisation. In the meantime, the old Dispensary would be fully financially supported. The date for the amalgamation of the management was brought forward a few months.

“The Honorary Secretary said that since the last meeting there had been several meetings of the Committees’ of the Dispensary & Infirmary and they had agreed to a series of resolutions which were before the present meeting in circular form and were as follows:

1. The Dispensary been united with the Infirmary in its management as and from the first day of October 1873 and the present Committee of the Dispensary be authorised to act on the board of management of the united Institutions.
2. That (if not continued in the present Dispensary buildings) Dispensary operations shall be carried on in some suitable building near the Dispensary and all the existing privileges and regulations as to the recommendations of patients and attendances of the Honorary Medical Officers and the dispensing of medicines and surgical relief shall be continued and carried on in the building to be provided.
3. That the original annual subscriptions for 1874 shall be deemed to be part of the current income of the Infirmary and Dispensary and be collected at the direction of the united Committee thereof.
4. That the sum of £3400, the present invested capital of the Dispensary, and the proceeds of the sale of the current Dispensary premises when sold shall be continued in the name of the Earl of Crawford & Balcarres (etc names) and such monies hereafter called the Trust Fund shall be deemed to be part of the general endowment fund of the Infirmary & Dispensary but that the income of the said Trust Fund together with the income to be received from Mr Brown’s Trust shall be exclusively applied to meet the bone fide expenses of the Dispensary and should the income of that said Trust Fund and Mr Brown’s Trust be insufficient to meet the expenses of preserving the operation of the Dispensary in the state of full efficiency then the amount of such deficiency shall be paid out of the general funds of the united Institutions and if there be a surplus of such income then that amount of such surplus shall be paid over to the said general fund at the end of each financial year.
5. That it is hereby declared that as soon as proper provision has been made for the efficient carrying on of the operations of the Dispensary & there is no further need to retain or occupy the present Dispensary building, land and premises and – the Trustees – are hereby empowered to sell the said building land and premises pursuant of the direction of the Trust Deed of 2/4/1804 when and as they shall deem it desirable to do so and that the

secretary be hereby empowered to obtain the necessary consent in writing to such sale by  $\frac{3}{4}$  in number of subscribers and donors to the Dispensary as required by the said Trust Deed and to obtain under the direction of the said Trustees such advice as be necessary therein.

6. President, vice presidents, treasurer, honorary medical officers and auditors of the Dispensary are hereby requested and elected to continue in office in conjunction with the united Infirmary and Dispensary until the first Annual General Meeting (of the united Institution)
7. That the rules and regulations of the united Institution now submitted to the meeting be and are hereby approved.”

The last meeting of the Dispensary Committee was held on November 4th 1873. The first meeting of the united Board of Management was held at the Board Room at the Infirmary on November 26th 1873.

What became of the old Dispensary is revealed in the annual reports of the Infirmary 1874-77. The first such annual report in April 1874 reveals that the Dispensary was still being used as a *Central Surgery* but that *the necessary authority has been given for the sale of the Dispensary and land but no further steps have been taken in the matter.*

In the annual report of the 5<sup>th</sup> April 1875. . . *your Board are of opinion that the time has now arrived for the carrying out of the resolution, which has been duly passed, authorising and directing the sale of the Dispensary building and land in King St. The income of the value thereof represents a most important item in the financial management and strength of the Institution, and the operations of the Dispensary can be efficiently conducted in a much smaller building in some central position in the town. Your Board therefore recommend the obtaining some such place upon a reasonable rent, and that the Dispensary operation be transferred there to, at as early a date as can be arranged.*

The third annual report dated April 12th 1876 states that . . . *Pursuant to the resolution of the last Annual Meeting, the Dispensary in King St has been sold, and realised the sum £2000. This sum, with the £1000 donation by Mrs Gidlow, has been invested in the purchase of a well secured ground rent of £135 per annum, arising out of property in King St, Wigan, and known as “Leader’s Buildings”. Since the giving up of possession of the Dispensary in King St to the purchasers, in November last, the out-patient department of*



Irregular recommendations	2
Died	15
Discharged incurable	15
Vaccinated	95

Remaining on the books at end of 1824 – 254

Total number admitted since opening in 1798 up to end of 1824 – 18,474

#### Report on the state of the Wigan Dispensary for 1872

Patients admitted by recommendation and attended to at  
Dispensary 3000

Patients admitted by recommendation and attended to their own  
homes 1104

Total 4104

#### Of which:

Discharged cured 3150

Discharged relieved 218

Irregular recommendation 300

Discharged at their own desire 5

Transferred to Parish surgeon 61

Died 200

Remaining on books at the end of 1872 – 170

**Total number of patients admitted since the opening in 1798 – 148,281**

#### Appendix 2: Further details on some of the Dispensary Staff

## George Daglish

George was an Honorary Surgeon at the Dispensary 1832-71 and died in post. The 1851 census entry records him as a surgeon and general practitioner and to have been born in Wigan. He was in practice, in partnership with Christopher Morris, at 35 Standishgate.

**Obituary.** Wigan Observer, 21/10/1870.

Death of Mr Alderman Daglish – at his residence in Standishgate, Wigan on Thursday died Mr George Daglish an Alderman of this borough, a justice of the peace for the county and a fellow of the Royal College of Surgeons, England. The deceased gentleman was in his 66<sup>th</sup> year, was born at Haigh, where his father held an important post on the estate of the late Earl of Crawford and Balcarres. Mr Daglish studied for his profession at the St Bartholomew and Aldergate St Hospitals; in 1826 (on August 31<sup>st</sup>) he was admitted to the Licentiate of the Society of Apothecaries; and in 1827 he became a member of the Royal College of Surgeons. Shortly afterwards he was entered into partnership with Mr Morris of Wigan at whose death the whole of the practice passed into the hands of Mr Daglish. In 1852 he was elected an Alderman of the borough, and held that office until 1856. In 1853 an honorary fellowship of his college was conferred upon him; and in 1858 he was placed upon the commission for the peace for the county again, in 1865, he was chosen Alderman, and he continued to hold this appointment up to the time of his death. He was also one of the honorary surgeons to the Wigan Dispensary, and was a contributor to The Lancet. In politics he was a conservative, but we believe only on one occasion did he take a prominent part in a political contest, and then he seconded the nomination of Mr Powell as a candidate for this borough. His disposition was kindly and general; he was much beloved by his patients, and by the inhabitants generally he was held in high esteem. He laboured hard in this practice which was very extensive, up to a few years ago, when he took into partnership Mr Shepherd, and since that time he has to a great extent lived in retirement. Only a few days ago he sat on the magisterial bench, and up to Tuesday last he appeared to be in excellent health. During the morning of that day he was seized with paralysis, accompanied by apoplexy. He was attended immediately by Mr Hunt, his assistant; Mr Shepherd, who was from home for the purpose of recruiting his health was sent for; and the services of two physicians – Dr Walters of Liverpool, and Dr Noble of

Manchester – who were also obtained. There efforts were, however, unavailing, and Mr Daglish, who had been in a comatose state since the afternoon of the day on which he was attacked, died shortly before 6 o'clock on Tuesday morning. He had been twice married and leaves a widow and seven children.

Funeral report, Wigan Observer 28/10/1870.

“The remains of the late Mr Alderman Daglish were interned in the family vault in the graveyard attached to the parish church of All Saints, Wigan, on Monday last. It was understood that the funeral was to be of a private character but without any previous intimation the residents of the town generally, and especially in the locality where Mr Daglish had lived, took the opportunity of showing the high esteem in which he was held. Nearly all the shops on the route of procession, and many in other parts of the town were closed while the internment was taking place. Large crowds assembled in Standishgate and in the marketplace, and in the Church, there was a large congregation.”

George's father, Robert Daglish, was a prominent local engineer and the first to use a steam engine in Wigan. He obtained the design and patent from John Blenkinsop in Leeds and built the engine at Haigh in 1812. It was then put to work on the Orrell coalfield in 1813. In 1825 Robert Daglish commenced the survey for the Bolton and Leigh Railway. He was elected a member of the Institute of Civil Engineers in 1830. He was a mining and civil engineer and was consulted by many railway companies both English and foreign. He had 7 children and died in 1865 in Orrell. One of his other sons, and brother to George, was Robert Daglish Jnr, born 1808, who was also an important engineer.

### Thomas Fisher

Thomas was the longest serving Honorary Surgeon at the Dispensary. He was appointed in 1828 and remained in that role until the amalgamation with the Infirmary in 1873. He then became one of the medical officers at the Infirmary with the title of *consulting* surgeon in recognition of his seniority.

**Obituary.** Wigan Observer, 10/6/1885.

Death of Dr Fisher.

“It is with deep regret that we announce the death, at the ripe age of 82, of Dr Fisher, of Stone House, Pemberton. Mr Thomas Fisher was born at Lamberhead Green and early in life was appointed to Dr Littler, of UpHolland, for a period of seven years. At the end of that he proceeded to London by stage coach – the railway system being yet unknown – and attached himself as a student at St George’s Medical School. Here he “walked the hospitals\*” for 18 months. Then taking the degree of L.S.A. in 1824, and becoming a member of The Royal College of Surgeons the following year, he returned to his Lancashire home, and shortly afterwards started practice for himself in Wigan, taking as his first residence the house next door to the new Post-office buildings. Afterwards, he adjourned to Standishgate, and finally to King-street, where he worked an extensive practice for many years, obtaining from all ranks the reputation of a bold and skilful surgeon. Indeed, this was his favourite branch of the profession, and there are few elderly working men surviving in the district who could not narrate many instances of Dr Fisher’s surgical prowess.

In politics Mr Fisher was never ardent, but he served as a Conservative in the Wigan Corporation for some years, and retired as Alderman in 1868, after declining the Mayoral chair. A thorough believer in daily ablution and baths generally, he was a strong advocate for the establishment of public baths, and never missed an opportunity in public or private of urging their adoption. For some years he had ceased active practice and lived in quiet retirement, at Stone House, engaged in the allurements of farming. Up to his death his intellect was vigorous and clear and he would discuss a sanitary or scientific problem with all the eagerness of youth. On Saturday he went to Haseley Manor, Warwick, to make a short visit to his brother-in-law Mr Albert Hewlett. On Sunday he was in his usual health, but shortly after retiring to rest he felt sick, and an attack of syncope coming on his life passed quietly and painlessly away.

Among his intimates he will be much missed, as his society had a charm of its own. Behind a manner somewhat rough at times, no gentler heart ever beat, and young and old alike will miss the cheery voice, the pleasant smile, the simple, hearty, honest friendship of Thomas Fisher.



His remains will be interned today (Wednesday) at the family vault at the Wigan Cemetery, the funeral procession being formed at the London and North Western Railway station at 12 noon.”

\*The term “walking the hospitals” describes a student under instruction at a general hospital or infirmary.

### John Latham

John was the Dispensary’s first resident House Surgeon. He later became one of its visiting Honorary Surgeons. When Wigan Infirmary opened in 1873, he was the most senior of its medical staff and was given the prestigious title of *consulting* physician. The 1851 census entry describes him as a general practitioner, and that for 1871 as physician and surgeon; a man of many talents.

**Obituary.** Wigan Observer, 15/3/1879.

“Death of Dr John Latham – it is sorry with regret we have to announce this week the death of Dr John Latham, of Millgate House, one of Wigan’s oldest inhabitants. The deceased has for some weeks been in a gradual declining state of health and on Sunday he breathed his last at the ripe age of 77. There are few better known men in the district, and his death is the removal of another of the few remaining links between the Wigan of today and the Wigan of a past generation. The deceased never took a prominent part in local politics, and generally when his voice was heard it was as an independent onlooker criticising some wrong which appeared to him to require redressing. His earliest appointment in the town was as house surgeon to Wigan Dispensary in July 1824, which post he resigned in August 1829. Mr Latham resided in Paris until February 1832 when he was appointed honorary surgeon of the Dispensary and he discharged that duty until July 1839. At a later date he was elected consulting physician to that institution, and on the amalgamation of the Dispensary with the Wigan Infirmary he was appointed to the same position, a post which he held at the time of his decease. For many years he had one of the most extensive private practices in the town and district, and up to within a short time of his death he was consulted by his medical brethren and old patient in all serious cases, when his extensive experience and acknowledged skill

rendered his advice of great value. He was twice married, his first wife being Miss Margaret Marsden, daughter of Robert Marsden, Wigan, and his second wife Miss Mary Ann Whaley, daughter of Mr James Whaley, of Ince Hall. He leaves nine children, four of whom were by his first wife, and the remainder the issue of his second marriage. The funeral took place on Wednesday, his remains being interred at the Wigan Cemetery, the Rector, the honorary and reverend Canon Bridgeman officiating. The funeral was attended by Professor P W Latham, of Cambridge, the eldest son of the deceased; Mr James Latham, and Mr Cuthbert Latham, the other two surviving sons; Dr G. G. Tatham son-in-law; Mr J. Burrows, Mr G. B. Finch and Drs Unwin, Berry, Barnish, Coombis and J. W. Tatham. Mr W. Heaton honorary secretary of the Infirmary and Mr Benson and Mr R. Leach, members of the Board of Management were also present as a deputation from that institution. The bells of the parish church muffled peels on the day of his decease and continued to do so up to and on the day of internment.”

Some of John’s descendants followed him into medical practice and had prominent careers. John took on his son Peter Wallwark Latham (1831 – 1923) as an apprentice. Peter then continued his education and training in Glasgow, at St Bartholomew’s Hospital and in Germany. He was appointed Assistant Physician at Westminster Hospital in 1860 and then Honorary Physician at Addenbrooke’s Hospital from 1863-99. He was the first provincial Fellow to serve on the Council of the Royal College of Physicians. In 1874 he was elected the Downing Professor of Medicine at Cambridge.

Dr Arthur Carlyle Latham, was the son of Professor Peter Wallwark Latham, and grandson of John Latham. He was educated at Fettes College Edinburgh and Balliol College Oxford. Arthur was a distinguished London Physician, of 11 Portland Place, and a leading authority on pulmonary consumption (TB). He was for 5 years honorary secretary of the Royal Society of Medicine. Arthur’s sister (John Latham’s granddaughter) was Lady Clyde – wife of Lord Clyde, Lord Justice General of Scotland and Lord President of the Court of Sessions.

## James Stuart

James was Honorary Physician at the Dispensary 1831-53

**Obituary.** Wigan Examiner, 4/5/1855.

“Death of Dr Stuart. It is our mournful duty to record in our obituary of this day, the decease of James Stuart Esq, MD, of King St in the town. His death was awfully sudden and has produced a profound sensation throughout the town and neighbourhood – as he was extensively known and highly respected. He attended public worship in the morning of Sunday last, at St Paul’s Independent Chapel, and in the afternoon had gone out to Blackrod to visit a patient, and in the evening had, walked towards Poolstock in the company with Mr Mitchell, of the District Bank. On returning he left Mr Mitchell to visit a patient, and after making the visit he proceeded towards his own home; on finding himself suddenly seized with illness, he entered the house of Mr Robert Acton, Caroline St with the view of taking rest. Medical aid was procured as speedily as possible but in less than a quarter of an hour life was extinct – verifying the oft repeated but too little realised truth that “in the midst of life we are in death”. His removal will create a blank in the medical profession, and will be felt as a (blow) to the town, especially by the sick poor, to whose welfare he was utterly devoted.

James Stuart was the son of Archibald and J Stuart and was born on the second June 1804 in a house in the Wallgate which now forms part of the Victoria Hotel. He received the rudiments of his education at the grammar school of this town. At the age 15 he became a student in the University of Glasgow where he remained 4 years and passed through the Latin, Greek, Logic, Mathematical, . . . and Moral and Natural Philosophy.

At the age of 19 he entered the University of Edinburgh as a medical student, where he continued 3 years; and after going through the different classes and passing honourably the prescribed examinations he received his diploma on the 1st of August 1827. The next 6 months of preparatory study for entering upon his profession he spent in the medical schools of Dublin, and the following 12 months in the medical schools of Paris. In the year 1829 he commenced practice as a Physician in this town from which time up to the date of his decease he pursued that upright and honourable course of action which gained for him the universal esteem he was held and which has called forth one general expression of lamentation – that he is now no more. The habits of Dr Stuart were of a retiring character. He was

exceedingly averse to all display. He used no meretricious art to acquire popularity, but was, without pride or vain confidence, was desirous to stand only upon his merits. His professional knowledge was extensive and solid, and his opinion, owing to his studious habits and caution, was generally received with confidence. His reading was of an enlarged and varied character. He was “well up to times” in his professional and general information, but through his dislike to display, his intimate friends alone were fully acquainted with the stores of his well-furnished mind. He kept up his knowledge of the ancient classics and was well versed in the French and German languages. A diary, which he kept for more than 20 years, which unfoldeth workings of his inner life, and “reveals the man” which details how he spent his time, shows that he gave himself to reading, and that the Bible was among the books which commanded his attention. As a man his characteristics were intelligence, uncompromising integrity, industry and benevolence. He was true to his friends, and tender to his enemies, faithful and punctual in fulfilment of his engagements and kind to the poor. His benevolence partook more of a character of principle than of an impulse; it was not of the strong kind which excites plaudits but of unobtrusive character which makes for itself a lodgement in the heart. He (gave) gratuitous advice to those who were unable to pay for it, and for 26 years sustained the office of honorary physician to the Wigan Dispensary. His gratuitous engagements were as punctually fulfilled as those which were remunerative. Dr Stuart was never married. A sister, the wife of the Rev Thomas Atkiss of Glasson is the only immediate relative he has left behind him to deplore his loss. His memory however will be cherished in the hearts of many.”

#### Coroner’s inquest comments (paraphrased)

When he was taken ill, they sent for Surgeons Mr Wright, Mr Ashcroft and Mr Daghish. In a few minutes Mr Wright came and was followed by Mr Ashcroft and Mr Macloghlin. Dr Stuart was clutching his chest, couldn’t breathe and had perspiration on his brow. He died within 15 minutes of entering the house. The Coroner Jury verdict was that he “died suddenly by the visitation of God” He was interned yesterday – 3/5/1855 – at St Paul’s Independent Chapel, Standish. [It sound very much like a heart attack]

One suggestion for a memorial to Dr Stuart, made by Mr Macloghlin who’d been unable to attend the inquest, was reported in the Wigan Express of

the 18<sup>th</sup> May 1855. This was for a public illuminated clock. He claimed that this would be both useful and ornamental in the town of which Dr Stuart was a native. It would be very beneficial to the medical profession who frequently make visits at night. A small tablet might also be place in the New Cemetery relating the virtues of the departed gentleman and stating that the clock had been erect as a memorial to him.

### Appendix 3

#### Dispensary Resident House Surgeons

Mr Latham 1824 – 29

Mr Drayton 1829 – 32

Mr Part 1832 – 33

Mr Kingsworthy 1833 – 36

Mr Pearson 1836 – 42

Mr Charles Phillips 1842 – 45

Mr McKenzie 1845 – 46

Mr White 1846 – 53

Mr William Morcroft 1853 – 55

John Alder Vincent 1855 – 59

John Macloghlin 1859 – 73

#### Populations statistics for Wigan

The wards of Scholes, St George's, Queen St, Swinley & All Saints.

1801 10,981

1811 14,060

1821 17,716

1831 20,774

1841 25,517

1851 31,939

In 1851 the Workhouse had 253 residents, 199 males and 145 females.

In 1851 the total population of Wigan parish was 63,293

In 1851 the total population of Wigan Union was 77,545

[This includes the townships of Ashton, Parbold, Blackrod, Shevington, Standish, Worthington, Wrightington]

## References

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2. Private communication with Archive Volunteer, Society of Apothecaries, Apothecaries Hall, Black Friar Lane, London.
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4. Cause of deaths in Wigan 1870 – 1911 [http://www.visionofbritain.org.uk/unit/10167413/cube/CoD\\_QR\\_SU\\_BD](http://www.visionofbritain.org.uk/unit/10167413/cube/CoD_QR_SU_BD)
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6. London Medical Gazette. No 925 Vol xxxvi August 22 1845.