
LPSS Autumn conference report, 2009

Local populations and their institutions

For LPSS our autumn conference is the 'roving' one, taking place somewhere different each year. Last November over 50 people made their way to the University of Cambridge's Geography Department; they were rewarded with six very interesting, and varied, presentations, along with the stimulating conversation over refreshments and access to the Local Population History Club bookstall, both of which are always a feature of these conferences.

The day started with Samantha Williams, of the University of Cambridge, talking about 'Unmarried mothers and the workhouse'. Samantha's presentation to the conference focused on metropolitan workhouses before 1834, particularly St Luke's, Chelsea. Unmarried mothers in London gave birth in lodgings, in the homes of relatives or of employers, in a lying-in hospital or in the workhouse. Samantha has analysed the admission and discharge registers at St Luke's workhouse in Chelsea from 1743–99 and made links where possible to settlement and bastardy examinations and the workhouse minutes to identify unmarried mothers. At least 50 per cent of the women who gave birth at St Luke's were unmarried. Samantha commented on the very limited options open to unmarried mothers in London, where few would have access to the female 'gossips' or relatives who are known to have supported most mothers giving birth outside the house. Unmarried mothers made use of the workhouse in a wide variety of ways: some were admitted several months before they gave birth, while 19 per cent were either in labour or gave birth the day after they were admitted. This was a period when it was expected that women would lie-in for at least a month; at St Luke's one fifth of mothers stayed for over three months after their delivery, but one to two months was most common. An early death was the frequent outcome for children born in the workhouse; 55 per cent of children were either stillborn or died before their mothers left the house. Some children were abandoned in the house, or remained there with consent, while others left with their mothers, many of whom received outdoor relief. Wet nursing, domestic service, marriage or living 'on their own account' were the most common outcomes for the women who can be identified after they left the house. Samantha emphasised that this project is in its early stages and there is more to do, especially in relation to workhouses in London under the New Poor Law after 1834, when unmarried mothers became far more likely to give birth in a workhouse.

The second presentation was from Janet Gill, who spoke about 'The pauper lunatic population of the Cambridgeshire Lunatic Asylum, Fulbourn, 1858–1901', the topic of her recent Master of Studies dissertation at Cambridge. The 1845 Lunacy Acts made compulsory the building of county asylums; prior to this private madhouses and local workhouses were the main institutional provision for pauper lunatics. Cambridge City in particular had funded provision in private madhouses in east London. In Cambridgeshire three local authorities combined to fund and manage the Fulbourn asylum, which was opened in 1858. There are no surviving case books for Fulbourn but Janet was able to use admission registers, annual reports, the census and evidence from Poor Law unions to piece together the history of this asylum. The majority of admissions were pauper adults; just 1.2 per cent were private patients, but others had partial financial support from relatives or from insurance schemes or clubs. Of those admitted 40 per cent were housewives or had been in domestic work, while another 32 per cent were unskilled labourers. Amongst those where the cause of admission was stated 46 per cent were described as having 'mania', 24 per cent as being 'melancholic' and 16 per cent as 'idiots' or 'imbeciles', this last group accounting for most of the children who were admitted. Later, as the asylum became more overcrowded, many of the chronic, incurable and/or quiet patients were sent to 'special' wards in some local workhouses; these included many of those with learning disabilities. Janet described the early optimism about the institution and the new treatments, with positive reports from inspectors in the early years. This was a time when doctors started using treatments other than mechanical constraints, when the new ideas were of moral therapy, of structured work and leisure regimes, with patients regarded more sympathetically than previously. Many in the newly emerging profession of asylum superintendent believed that a good proportion of their patients could be returned to work. In those early years the institution was seen as a community, with staff and patients sharing leisure and worship, and there was plenty of work to be done outdoors or in workshops for the men, and in the kitchen, laundry or other domestic areas for the women. However, cure rates were lower than expected, numbers admitted grew and overcrowding became serious. Increasing rural hardship increased the incidence of mental ill health, and many were detained at home or in the local workhouse until they became violent or a threat to others; only then were they admitted to the asylum. In 1882 came the first admission that mechanical restraints were being used as disruption and violence from patients increased. By the 1890s it was evident that there had been a substantial decline both in the quality of care and of the fabric of the buildings. There had also been a fall in the percentage of patients doing useful work. By the early 1900s there were major complaints about standards of care, and recognition that conditions for both staff and patients were very poor.

The second panel started with Alannah Tomkins, from the University of Keele, who spoke on 'The workhouse: a reappraisal from working-class autobiographies'; her aim was to 'complicate the stereotype' of workhouse life. Alannah is using autobiographies of working-class individuals to consider attitudes to the workhouse post-1834. Many

autobiographies mention the poor law but far fewer individuals spent a protracted period in a workhouse, so numbers are small. The autobiographies fall into three groups in terms of their attitudes to the workhouse: the totally negative, those whose response was mixed, and a couple with more positive responses. The autobiographers had all entered the workhouse as a child or adolescent and Alannah suggested that entering the workhouse with a sibling of the same sex, from whom one was not separated, made a considerable difference to a child's experience of workhouse life. While the autobiographies include examples of brutality and staff violence, there are also cases where the distance between staff and inmates was less acute, and where children were treated with some affection. Alannah considered the biographies in the light of the work on stigma by Erving Goffman and others, and Goffman's description of 'total institutions' where all parts of an individual's life are subordinated to and dependent upon the authorities of the institution. Contrasts were drawn between those who had entered the workhouse when they were old enough to understand the stigma and those who only encountered it when they first had contact with the outside community.

Alysa Levene, from Oxford Brookes University, spoke next on 'Children and hospitals in eighteenth-century London'. Alysa's research focuses upon the experience of poverty and childhood and various forms of welfare support. Using a case study of St Thomas' Hospital, Southwark, she has been analysing the entrance of children into the hospital and the range of options available. St Thomas' had a wider remit than the workhouse and patients could be referred from the parish. The information recorded in the registers varies and unfortunately does not always contain a stated age. Between 1773 and 1796 (although there are gaps in the records) approximately 16 children were admitted per year, less than 5 per cent of total admissions. The records contain few actual descriptions of the children's complaints, above the use of the terms such as fractures and burns, and suggest a period of stay of up to three months. Some of these children were accompanied, some were not. Three-quarters were admitted to six wards, which were female in orientation. For children the role of outpatients was limited and only nine were listed as such. Alysa outlined the interaction with the poor law authorities and their role in the provision of health care. Children rarely entered the workhouse on the grounds of sickness, although they could become so. In addition there appears to be little detail in the minutes regarding the use of the hospital by the workhouse, although there is some evidence of the refusal of admittance dependent upon the category of the illness or absence of a mother. In conclusion, Alysa argued that children were more likely to be treated than originally thought.

After an excellent lunch the afternoon session commenced with Nigel Goose's paper on 'Variations in the demographic profile of almshouse residents over time and space'. He started with a definition of the term 'almshouse' and traced its development over time. The late fifteenth century saw the emergence of the more recognised form of the almshouse and a peak in numbers possibly by the 1520s. A period of mass closure

followed which could have affected up to one half of almshouses, although there was a revival by 1600. The average almshouse probably had between eight and ten residents and catered for between 1.94 and 2.42 per cent of the population at risk (defined as those aged 60 or over). By 1600 this had fallen to 1.22-1.52 per cent, though recovered by the late seventeenth century to between 1.40 and 2.24 per cent (depending upon estimated average size of almshouses and inclusion or exclusion of London). W.K. Jordan's data indicates considerable variation by county, with just 2 per cent of charitable provision devoted to almshouses in Lancashire but 25 per cent in Somerset. To the end of the sixteenth century, Marjorie Macintosh's calculations suggest more places were available to males than to females. By the second half of the nineteenth century a preliminary analysis of census data indicates that 74 per cent of almshouse residents were now women, although this was not a provision spread equally across England, with Norfolk and Suffolk almshouses including a higher proportion of men than those in London and Middlesex. Nigel went on to describe, with a range of tables, charitable spending on endowed charity in general, and on almshouses in particular, by county, calculated from the Digests of Endowed Charities published by the Charity Commission for the period 1861-1876. These indicate that, nationally, 26 per cent of endowed charity was now spent on almshouses, which were supported in 12 per cent of all localities identified by the Commissioners, indicating enhanced total provision compared with the late seventeenth century, but a distinct decline in places compared to the size of the population in the relevant age group. Again, however, there was enormous regional and local variation, both in endowed charitable funds per capita and in almshouse provision. Nigel concluded that although almshouse numbers are small in relation to the total population at risk, within a specific locality they may have assumed great importance.

The final paper from Richard Smith of the University of Cambridge was entitled 'Some epidemiological implications of the outdoor relief provisions of the Old Poor Law in comparative perspective'. Richard started by outlining a possible relationship between the price of wheat and the mortality level in that and the subsequent four years. The figures indicate that grain prices had limited impact on mortality levels in the year of the high prices and the following four years in early modern England whereas in France the impact was greater and also cumulative over the years following the high price year. In explaining this difference Richard outlined the change from sixteenth and early seventeenth century England, where there was a preoccupation with urban poverty and its relief, to an emphasis in the eighteenth century on rural poverty and the agricultural labourer. In much of Western Europe, however, the emphasis on poverty remained urban. In England and Wales, the Elizabethan statute of 1601 put in place a system of outdoor relief and the raising of poor rates in every parish. In contrast, in France there was an absence of provision in the countryside, and so people needed to move into the urban areas to find welfare support from charitable sources. This was illustrated by the example of demographic reconstitution data for Rouen where illegitimacy was around 15 per cent, whereas the Normandy countryside the figure was less than 2 per cent in the

late eighteenth century, reflecting the fact that unmarried mothers gravitated to towns with their offspring or as pregnant females in searching for assistance. In England the widespread provision of outdoor relief to widows, unmarried women and mothers and legitimate children meant that there was not the same surge of the poor into the urban centres in periods of harvest failure with beneficial epidemiological consequences. The Poor Law was effective at a parochial level, particularly in agrarian areas such as southern Britain.

The conference concluded with a proposal of thanks to all the speakers for their informative, enlightening and lively papers. In addition, a special vote of thanks was given to Samantha Williams for the excellent organisation and smooth running of the day.

The next LPSS conference, *Famine, Diet and Nutrition*, will take place on Saturday 17 April 2010 at the University of Hertfordshire and all at the meeting were invited to pick up a programme. A copy of the programme and booking form is available on the LPSS website, at <http://www.localpopulationstudies.org.uk>.

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