

‘THE LOUSE, THE ITCH, OR THE POX’: DISEASES OF THE PRISONERS IN 18th-CENTURY MIDDLESEX

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SUMMARY

This paper will explore the surviving evidence about the diseases of prisoners in the two prisons, New Prison and Clerkenwell Bridewell, managed by the county of Middlesex in the 18th century, particularly in Clerkenwell Bridewell. The chief sources are the Middlesex orders of court, sessions papers relating to the prisons including bills for burials, the lying-in of female prisoners and necessities for the sick prisoners, and from 1777 the reports of the county surgeon-apothecary. The original documents are supplemented by printed sources including the description of Clerkenwell Bridewell in 1757 by Jacob Ilive, a printer who had been imprisoned there for seditious libel, other contemporary accounts of prisons and medical texts. Although it appears that the surgeon diagnosed a wide range of diseases among the prisoners, the most prevalent diseases were fevers and those associated with filth, overcrowding and promiscuity, especially in the bridewell, where vagrants and prostitutes formed a high proportion of the inmates.

INTRODUCTION

The Bow Street magistrate Henry Fielding declared in 1751 that all bridewells were ‘Common-shores of Nastiness and Disease’ (Fielding 1751, 48). A major part of the problem, especially in bridewells, was the type of prisoner committed there; they were mainly petty criminals drawn from the poorer classes, vagrants and ‘disorderly women’ – prostitutes in other words. Vagrancy law made bridewells the place of detention and pick-up point for vagrants being passed back, by

the most direct route, county to county until they reached their settlement and became the responsibility of the parish overseers of the poor (Eccles 2006, 83). Prostitution, not illegal in itself, was often dealt with under vagrancy law (Eccles 2012, 65, 81). Inevitably these groups were often also the most malnourished and diseased. Many vagrants indeed were only arrested because they were ill or on the point of giving birth.

In Clerkenwell Bridewell in the middle of the 18th century a flourishing trade in prostitution carried on; the locker (or gaoler), unnamed but probably the head locker, was mainly responsible though other lockers were involved, and many, perhaps most, of the women who came into the bridewell were already well practised in the trade. This locker routinely offered male prisoners a girl and a bed, for which he expected a tip of a shilling or so; the fee for the bed, as in other prisons, was part of the keeper’s emoluments. This locker and two others admitted they had been poxed in the bridewell, and one particular prostitute was nicknamed a ‘fireship’ because she had ‘burned’, that is poxed, so many men. Whether the men who accepted the locker’s offer and the women who took part were already diseased is an open question, but evidently this trade put at risk any prisoner, male or female, who did not already have the disease. Jacob Ilive, when offered his choice of the girls there, declined on the grounds that they all had ‘the Louse, the Itch, or the Pox’ (Ilive 1757, 13–14).

Although Fielding was clearly aware of this aspect of prison life, and it is hard to believe the other Middlesex justices could have been completely ignorant, no trace of it appears in the official records, although the surgeon's reports in the last quarter of the 18th century provide abundant evidence that the pox was very common. Bridewells had always been intended to set the prisoners to hard labour (Innes 1987, 42), whereas other types of prison had no such provision, except that sometimes debtors could work at their own trades where practicable. Most bridewells, including Clerkenwell Bridewell, interpreted hard labour as either beating hemp or picking oakum. In his well-known series of prints, *The Harlot's Progress*, William Hogarth depicts the harlot in the bridewell beating hemp and finally dying of the pox.¹

This paper will explore the surviving evidence about the diseases of prisoners in the two prisons, New Prison and Clerkenwell Bridewell (also referred to as 'the bridewell'), managed by the county of Middlesex in the 18th century. The chief sources are the Middlesex orders of court, sessions papers relating to the prisons including bills for burials, the lying-in of female prisoners and necessities for the sick prisoners, and from 1777 the reports of the county surgeon-apothecary. These original documents are supplemented by printed sources including the description of Clerkenwell Bridewell in 1757 by Jacob Ilive, a printer who had been imprisoned there for seditious libel, other contemporary accounts of prisons and medical texts. Although it appears that the surgeon diagnosed a wide range of diseases among the prisoners (not necessarily accurately bearing in mind the vast difference in medical knowledge between the 18th and 21st centuries), it seems clear that the most prevalent diseases were fevers and those associated with filth, overcrowding and promiscuity, especially in the bridewell, where vagrants and prostitutes formed a high proportion of the inmates.

THE PRISONS

Both Clerkenwell Bridewell and New Prison were housed in premises originally built in 1615 and leased to the county in 1685 (Sugden 1997, 68). The county sublet part of

the building to a Quaker community for use as a workhouse and the remainder became New Prison and Clerkenwell Bridewell. All three institutions had party-walls separating them, and contiguous 'backsides' used, in the case of the prisons, as exercise yards for the prisoners and shelters in bad weather, rubbish tips, soaking and drying sheds for oakum, lodges for the porters and for the admission and discharge of prisoners.

The prison buildings were constantly in need of repair, partly because of their age and partly because the prisoners damaged them, often in attempts to escape. The county could be tardy in giving permission for money to be spent on repairs, and parsimonious in agreeing estimates, so that delays and use of poor quality materials for economy caused further deterioration. As the prison population increased and gradual reforms took place, mainly in the last quarter of the 18th century, subdivision, extension and change of use also needed to be accommodated: for example, the separation of male and female prisoners in 1760,² previously herded together and a contributory factor in the flourishing trade in prostitution described by Ilive (1757, 13–19), and after the 1774 Health of Prisoners Act (14 George III c.59) the allocation of male and female sick wards and the provision of bathing arrangements.

New Prison was a 'common prison' for all types of prisoners and thus overlapped with the bridewell, but it also held debtors and felons, some on capital charges, who were moved to Newgate shortly before the sessions for trial at the Old Bailey, and often back again to serve prison sentences. Clerkenwell Bridewell held prisoners on minor charges, some awaiting trial at the sessions house or committed for a few days by a justice, others sentenced by the sessions to whipping or imprisonment and hard labour or both. Both prisons came under increasing pressure as the American war caused a temporary halt to transportation (Hitchcock 2013, 13–19); many provincial prisons also became seriously overcrowded, with increased health risks.

THE HEALTH OF PRISONERS ACT 1774

Prisoners were not a universally popular charitable cause, but self-interest when an

epidemic affected the courts or the town often prompted action. A 1750 epidemic, brought from Newgate by prisoners appearing for trial at the Old Bailey, cast a very long shadow in the metropolis; it not only killed prisoners but a considerable number of important people attending the court including judges, sheriffs, jurymen and Sir Samuel Pennant, the Lord Mayor (Howard 1777, 19; Evans 1982, 95). As a result, a windmill ventilator was installed at Newgate (Evans 1982, 99), but it was not until the Health of Prisoners Act of 1774 that attempts were made to introduce sweeping changes to prison conditions nationally. The celebrated prison reformer John Howard gave evidence before the House of Commons in the run-up to the act and there seems to have been little doubt that the time had come for action.

This act, in addition to the appointment of a medical man to each county, required a report on the prisoners' health to each quarter sessions and stipulated that the interior of each prison must be scraped and whitewashed, at least annually, regularly washed and kept clean, and aired by means of hand ventilators or otherwise. Further provisions included the setting aside of two rooms, one for each sex, for use as infirmaries, the installation of warm and cold baths or bathing tubs and the washing of prisoners before admission, if required. In addition, courtrooms were to be properly ventilated, clothes supplied to the prisoners if necessary and all underground dungeons abolished as soon as possible. The cost of these measures was to come from the county or borough rate. The justices were given powers to prosecute and fine gaol keepers failing to follow orders in pursuance of the act. The problem was, as with a great deal of 18th-century legislation, that the justices themselves could not be compelled to heed the act; in practice, at a time when no funding came from central government, such measures depended on the consent of the county ratepayers who elected the justices. The provisions of the act were therefore only patchily applied in different counties.

THE STAFF

Middlesex hastened to put the main in-

structions of the act into practice, and indeed had paid some attention to the prisoners' health even before 1774. A matron was in post before 1735; her duties covered both prisons, although they were never specified. Matrons, often keepers' wives, were appointed consecutively until 1774 when the current matron was dismissed as, 'of no kind of use', having refused to attend women in labour.³ She seems never to have been replaced.

Nursing was done by prisoners of both sexes, usually convalescent prisoners, and small payments to them or an allowance of beer appear irregularly in the prison bills; probably they did little more than fetch and carry, empty chamber pots and mop the floors occasionally, although after the surgeon's appointment some may have assisted him if necessary. After the 1774 Act routine cleaning was required and it too was done by prisoners. A group of prisoners led by a plasterer named Joseph Spence whitewashed the bridewell in 1779; they received an extra food allowance and Spence received a gratuity of 10s 6d.⁴ A midwife appears erratically in the prison bills, evidently called in, unless there happened to be a suitable female prisoner available.

In January 1775 Mr Thomas Gibbes, also spelled Gibbs, of New North Street, Red Lion Square, was appointed to the new post of apothecary, required by the 1774 Act.⁵ His contract apparently required him to report on the prisoners' health to each sessions, of which Middlesex had eight annually rather than the usual quarterly sessions, and to supply all medicines, at a salary of £60 per annum. His son of the same name, a surgeon, seems to have done the lion's share after some time and took over in 1784, assisted by a Mr Chamberlayne. The surgeon-apothecary was empowered to order whatever 'necessaries' he thought fit for the sick, and submitted regular bills for approval by the prison committee.

By October 1777 Gibbes found the work far exceeded his original estimate. He pointed out that soon after his appointment the Hulks Act (16 George III c.43 1776), which substituted imprisonment for transportation, had greatly increased his workload. The nature of the hard labour prisoners in the hulks did, chiefly digging out ballast

from the Thames, and the conditions they lived in made it highly undesirable to send any sick prisoners on board the hulks. Sick prisoners, together with female transports were now kept in county gaols. Many of these prisoners, Gibbes reported, arrived diseased and frequently continued to be so because of their poverty and long confinement. Furthermore, many infected prisoners were sent from Newgate to serve their sentences in the two Middlesex prisons, whose 'complicated distress' added to his work. The prison committee considered his claims and recommended his salary be increased to £100 yearly, which the justices approved.⁶

Gibbes resigned in February 1793; some bills were then submitted by temporary surgeons until October 1793, when Messrs Walford and Good replaced Gibbes and his assistants until Coldbath Fields prison opened in 1794 and the bridewell prisoners were transferred there.

There was some dispute over the appointment of a medical man to the Westminster bridewell at Tothill Fields. Some magistrates thought the 1774 Act did not apply to bridewells (Howard 1777, 369). Furthermore, some Middlesex justices were reluctant to pay medical bills for Tothill Fields, which occupied an uneasy position administratively between Middlesex and Westminster.⁷ Sir John Fielding, who sat on both benches, seems to have been a decisive influence, and Mr William Frederick Glover was appointed as surgeon-apothecary for Tothill Fields.

PRISONER NUMBERS

No prison registers survive for this period, so prisoner numbers can only be known at certain points when a count was required for some special reason. For instance, when Howard visited the institutions he recorded the numbers of inmates he found (Howard 1784, 232, 236) (see Table 1).

A great deal depended on the point when counts were taken – prisons were notoriously overcrowded just before a sessions, while numbers dropped sharply afterwards, when many prisoners were discharged. According to the surgeon's reports, taken just before sessions, Clerkenwell Bridewell held on average 219 prisoners and New Prison

Table 1. Numbers of prisoners recorded by John Howard on visits to the Clerkenwell Bridewell and New Prison in various years, 1774–83 (Howard 1784, 232, 236)

Date	Clerkenwell Bridewell	New Prison
April 1774	87	
March 1776	93	
May 1776	113	
November 1776	136	58
January 1777	108	
August 1779	171	60
April 1782	168	
December 1782	155	88
January 1783	152	
August 1783	191	79

116. The maximum held in Clerkenwell Bridewell was 336 in January 1779 and the minimum number was 112 in January 1777; in New Prison the maximum was 211 in July 1792 and the minimum was 31 in January 1782. The number of women, in particular, was higher in Clerkenwell Bridewell due to the number of prostitutes committed as idle and disorderly and the petty nature of women's offences compared with those of men, so that relatively fewer were charged with serious offences. Clerkenwell Bridewell held an average of 103 men and 116 women, while New Prison held an average of 72 men and 44 women.⁸

The Gordon Riots of 1780 increased overcrowding; Newgate was virtually destroyed and many compters (debtors' prisons, especially in London), damaged, so that New Prison and Clerkenwell Bridewell had to compensate. The keeper of New Prison complained in December 1780 that in the previous year prisoners averaged 40 including 15 for trial at the Old Bailey, but now he had 150 or more, including 80 or 90 felons for trial at a single Old Bailey session, and some awaiting execution.⁹ Bridewells did not normally hold debtors, but in April 1780 there were 30 debtors in Clerkenwell Bridewell. They complained so vehemently about the risk to their health posed by the 'filthy and sickly' vagrants that the keeper refused to take any more debtors from the sheriff. The prison committee ordered the

vagrants to be sent directly to the vagrant contractor's premises and at least 89 were sent there.¹⁰

THE VAGRANT PROBLEM

Further inaccuracy in prisoner numbers is due to the very short stay of many prisoners in the bridewell, particularly vagrants, who were often held only a day or two awaiting collection by the vagrant contractor's cart, and who would not be included in these spot-counts. Yet many of the vagrants were only picked up because they were obviously ill, and some were too sick to be moved on. Vagrants died both in the bridewell and in the custody of the vagrant contractor, often so soon after arrival that they must already have been seriously ill. In March 1782, Simon Mezarilla was brought in 'almost Naked and in a Dying State through want' and died three days later, and Isabella Lloyd, an old woman of 70 or 80, brought in to await the contractor's cart, died after a few days from 'the palsy neglect' suffered before she came in.¹¹

Between 1777 and 1794 the county vagrant contractor claimed expenses for 90 vagrants too ill to travel, and funeral expenses for a further 36 who died while being passed (Eccles 2006, 86). This situation never seems to have improved. In 1785 there were complaints that, notwithstanding an order of sessions desiring justices not to pass on vagrants unless in a fit state of health, parish officers continued to pass vagrants in numbers, many:

so dangerously Ill and Weak, that when in Bridewell they frequently dare not move them agreeable to the Pass but they remain in that Gaol in the most deplorable Condition of Filth, Vermin and Disease for Weeks to the great danger to the lives of the other Prisoners by the infection spreading over the Gaol. (Eccles 2006, 86)

A vagrant called John Edwards was sent from Shadwell close to death and expired three days later; Mr Gibbes said Edwards came in 'one mass of vermin and disease', confirmed by examination of the body after death. The vagrants were in general in a weak and filthy state and often had to be kept two weeks or

more until they could be passed.¹² In France it was found that the death rate in 1815–18 among vagrants and beggars was ten times that of prisoners from good or tolerable backgrounds (Higgins 2007, 168).

DISEASES OF THE PRISONERS

Inquests

The only records of inquests to survive are for the brief period from 5 December 1780 to April 1783. Inquests were held into the deaths of 32 prisoners in Clerkenwell Bridewell, 20 men and 12 women. All were found to have died from natural causes, and in five cases no further detail was noted. Of the remaining 27 no fewer than 20 died of fever, sometimes combined with some other cause: Sarah Callaghan also had venereal disease; Mary Elrington's fever was 'attended with the Black Thrush'; William Burnham had 'fever and ague', which may mean his fever was malarial; while William Brotherhead's fever was described as 'putrid'. Other natural deaths were put down to 'old age, weakness and decay of nature', convulsion fits and excessive drinking.¹³

Of 17 natural deaths in New Prison in the same period, seven were from fever, others from consumption, excessive drinking and decline, and six were from unspecified reasons. There were no women in the list. Four men were shot by guards in 1781. These were found to be 'justifiable killing'.¹⁴ Probably the excessive overcrowding in both prisons following the Gordon Riots the previous year and the presence of soldiers as supplementary guards lay behind these shootings. Natural death verdicts might obscure a good deal of neglect and even ill usage in prisons. Malnutrition was deemed to be a natural cause of death since the main purpose of such inquests was to demonstrate that death was not due to violence by the staff.

Surgeon's Reports

From 1782 the surgeon's reports named sick prisoners and their illnesses, and it is from these reports that evidence about the prisoners' diseases chiefly comes. The reports are not, however, a good source for mortality

or for the treatments used for the diseases listed. Since his reports were based on the situation just before each sessions, Gibbes rarely recorded prisoner deaths, unless they had died very recently, as in October 1789 when he included in his list 'Richard Davies putrid fever and mortification just dead'.¹⁵ His successors, Walford and Good, admitted they had not treated the venereal patients properly because the disease was difficult to manage in prisons and would have increased the medical bills considerably. Although many so-called medicines were marketed, most orthodox doctors regarded salivation as the only effective method. Salivation required the administration of mercury in pill or ointment form and the patient to be kept warm, usually wrapped in flannels or a sweating blanket such as that worn by Hogarth's dying harlot (plate V¹⁶) and to spit at least two to three pints (1.1–1.7 litres) of saliva per day. Gibbes salivated only four prisoners, although between 1782 and 1795 at least 50 were 'foul'. Perhaps these four were serving longer sentences; salivation was a long process. In April 1784 Gibbes noted 'itch and foul as usual'; evidently there were often far more patients with these diseases than a count of the named patients would suggest.

In view of the greater overcrowding in Clerkenwell Bridewell, and the number of vagrants and prostitutes, it might be expected that there would have been more sickness; in New Prison from 1777 to 1792 on average 6% of male prisoners were sick, and 4.5% of female; in Clerkenwell Bridewell these figures were 8.5% of the men and 9% of the women (rounded to the nearest 0.5%). But it is evident that large numbers of prisoners afflicted with minor ailments were not listed individually in the surgeon's reports.

By far the most common disease was fever. Over the entire period covered by the reports, 364 prisoners had fever, 99 of them in the epidemic period 1792–3. However, fever properly describes a symptom, not a disease. Some fevers are associated with coughs, colds and catarrh, some with sore throats, some with venereal disease, some with signs such as delirium or petechial blotches suggesting typhus. On the other hand, petechial blotches might also indicate scurvy, and five patients were scorbutic. In

1782 12 patients had fever associated with rheumatism and pains in the limbs, more probably influenza than rheumatic fever, although Gibbes diagnosed 'rheumatic fever' in two of these cases. Seven patients had 'fever and ague' or ague. Ague was put down to miasma and stench in marshy areas rather than to the bite of the *anopheles* mosquito (Riley 1987, 91–5, 122).

Many diseases and conditions were listed once or twice: diabetes, gravel, jaundice, pleurisy, strangury, fits, haemorrhoids, scrofula, rupture and dropsy. One man had a very large abdomen: 'extraordinary Case'. Nobody had cancer except possibly this man. Cancer was seriously under-diagnosed at a time when it could not be detected by X-rays or blood tests, although the disease was known to Hippocrates, and mastectomy for breast cancer was not unknown (Brockbank & Kenworthy 1968, 134, 141–2, 147–8, 151).

Some patients were not diseased but had injuries and accidents, not necessarily acquired in the prisons. For example, one Brown 'cut his thumb off'; another had his arm cut off, but possibly long before he was imprisoned; one had a broken collarbone; another had broken ribs. No operative procedure was listed, not even drawing a tooth, but it seems unlikely that Gibbes never drew teeth; more probably dental problems were not considered an illness for the purpose of his lists. Obstetric cases only appeared if the woman was ill – far more cases occur in the bills for necessaries, where payments to midwives and for caudle, routinely given to lying-in women, are fairly frequent. Four women in the sick lists were lying-in, a fifth was ill and miscarried, and another who miscarried was described as 'bad having twins'. Two cases of sore breasts may or may not have been associated with lactation.

Medicines and Treatments

Gibbes's contract evidently required him to supply medicines out of his salary as no bills for medicine were submitted for Clerkenwell Bridewell or New Prison, but Glover's contract for Tothill Fields Bridewell did not include medicines. He was paid £20 per annum for attendance, plus his bills for medicines. None of Glover's bills survive in

the Middlesex records, but two accounts do survive for his successor, Thomas Purdue, covering the period 22 January to 3 July 1781. Together these amount to nearly £100, and the large size of these claims might have ensured their survival. Clearly these were exceptionally high sums, probably because of unusual pressure of numbers following the Gordon Riots, when the Westminster bench was possibly looking for some financial contribution from Middlesex.¹⁷ Obviously, had Gibbes comparable expense for medicines his salary would not have covered it; when he resigned in 1793 he claimed the post no longer paid.¹⁸

These bills record items, such as 'a box of pills', 'an electuary' or 'a mixture', thus only affording occasional clues as to the disease for which they were prescribed. The bills name individual prisoners, some of whom had medicines prescribed over a period of days – usually different medicines as their illnesses progressed. The medicines were given out daily in small quantities: charged between 2d for a dose of salts and 1s 4d for a mixture, which added up to an impressive total for a number of prisoners over a period of weeks. Purdue bled 21 of the 91 patients, generally only once, at 1s a time, often combined with or followed the next day by a mixture. The only other surgery charged was 2s 6d for dressing Mary Mill's cut lip. Other mixtures included saline, astringent, laxative, cordial, pectoral and lenitive.

Some complaints can be deduced from the prescriptions – a cephalic mixture would be for headache, pectoral for a chest complaint; they locate the problem but give little indication of a diagnosis. Since we lack any clinical material or even description of symptoms we can do no better. Sudorific and febrifuge medicines indicate fever, but might have been any disease involving a perceptibly raised temperature – the clinical thermometer was not yet in use – or rapid pulse. Whatever ailed the prisoners in Tothill Fields at this time, however, does not seem to have been fever, since a febrifuge was listed only four times. Purdue prescribed laxative or purgative mixtures and powders 30 times; constipation may have been partly due to the prison diet of bread and water or small beer, but all doctors and patients in the period were united on the importance of

ensuring proper 'evacuations', by purgatives or emetics or both, which often preceded treatment even when no constipation was present.

On three occasions Purdue prescribed a 'scorbutic' liniment, possibly intended to treat the skin blotches seen in advanced scurvy, but useless against the vitamin C deficiency which actually causes the disease. It is possible that subclinical scurvy was not uncommon in a population subsisting very largely on bread, which contains no vitamin C. Despite widespread awareness among naval surgeons that fresh vegetables and citrus fruits promptly cleared up scurvy at sea, the cure for scurvy remained empirical until the discovery of vitamin C in the 20th century (Porter 2002, 94; Bown 2005, 10). At Clerkenwell Bridewell the bills submitted for necessaries on Gibbes's orders often contained lemons and oranges, which may suggest he knew of these naval practices. Gibbes listed five patients as scorbutic, one with 'petechial blotches'.

In the period January to April 1781, 31 of Purdue's 47 patients were given only one or two medicines or treatments – sometimes no more was needed, for example, Mary Mill's cut lip, and others probably because of the short time they were in the prison. Mary Campbell, however, was listed ten times, beginning on 12 March when she was given a mixture, repeated three days later, when she was also bled, and the mixture repeated on 17 March. This mixture may or may not have been a stomatic mixture, which she was given on 27 and 28 March and 2 April, suggesting disease of the mouth. On 5 April the mixture was again unspecified, but the following day it was a cordial mixture. Cordials were given as restoratives and pick-me-ups, which may suggest she was improving; on 9 April she was given a large gargle and disappears from the bills – either she was better or she was discharged. Ann Forbes, Ann Clark and William Young each had eight treatments, including laxative and pectoral mixtures and none appear in the next bill.

The absence of itch ointment from Purdue's bills is distinctly odd; the itch was endemic in prisons, especially in bridewells, because of overcrowding and the poverty and filthiness of many prisoners on committal. Gibbes's reports often note that

many prisoners had itch – so many that he did not list them individually, merely adding a footnote. The itch was highly contagious and was treated with sulphur or mercury in the form of ointment, and if Gibbes did indeed treat all the patients suffering from it he must have been obliged to furnish large amounts of the blue ointment (Reinarz & Siena 2013, 71–8).

John Berjew the apothecary to the Dorset prisons charged 2s 6d for a pot of itch ointment, and William Cowburn, late surgeon to Lancashire, had prescribed itch ointment for ten bridewell patients according to his last bill for 1783–4.¹⁹ Both these bridewells were tiny compared with those in the London area, and it certainly seems improbable that Tothill Fields alone had no itch cases; more likely they were so numerous that Purdue simply did not treat them. Walford and Good's bill for the two Middlesex prisons and Tothill Fields Bridewell for November 1794 included no fewer than 21 pots of itch ointment.²⁰

The other striking difference between the Middlesex bridewells and those outside the metropolis was the non-recording, and therefore apparent absence, of smallpox. Smallpox was endemic in London, affecting mainly the very young and immigrants from the country. Bridewell prisoners originating from Middlesex would have been resistant to the disease following exposure in childhood; in contrast, people who moved to the London area from the country, where smallpox was absent for long periods, had no such resistance (Eccles 2010).

Necessaries for the Sick

Until 1719 the keeper of Clerkenwell Bridewell was paid a salary for the support of the poor prisoners. However, in that year this payment was stopped, and he was then expected to keep the prisoners from the proceeds of their hard labour plus his fees and perquisites, chief among which were the 'tap' for prisoners who could afford food and drink, and the discharge fees paid by all prisoners, innocent or convicted. In some important prisons, where wealthy prisoners were held, this arrangement worked to the advantage of the keeper, so much so that prospective keepers paid considerable sums

for the post. It seems doubtful, however, that bridewells were ever an attractive financial proposition, because so many prisoners were unable to pay for such luxuries as bed-rent and sometimes even food; many could not pay the fees for their discharge. There were endless problems finding work for the prisoners to do which provided income for their maintenance.

In 1735 the grand jury made a presentment, having lately viewed the bridewell and noted the deplorable state of many prisoners starving and perishing for want of the necessities of life, disabled by age or sickness from working for their own support and having no allowance, and asked the bench to make a rate for their relief. At the same time the justices made an order forbidding the sale of wine or spirits in the 'tap'. The keeper's income was shrinking, and although previously keepers would often relieve prisoners at their own expense it was becoming increasingly difficult for them to do so. The earliest bread bills survive from 1747, long before there was any bread allowance in many prisons; indeed, there was no food at all supplied in many bridewells even in the 1770s (Howard 1777, 7–11). The county bread allowance was a pennyworth of bread per prisoner per day – this assumed a bread price of a penny per pound, an allowance which naturally varied according to the current price of bread, which itself varied with the weather and the harvest. There is no record of any other subsistence allowance. The bread allowance was extended to Tothill Fields Bridewell in 1764.²¹ The county bread was intended for 'poor and friendless' prisoners only, partly for reasons of economy, partly because some of the keeper's income came from sales of food and drink in the 'tap' to those who could afford it.

After the appointment of the surgeon in 1775, however, matters certainly improved for the sick. Bills authorised by Gibbes show considerable sums spent for 'necessaries'. These were chiefly food and drink, occasional allowances to prisoners for helping in the sick wards and some items of clothing or equipment. Undoubtedly these necessaries improved the health of the sick, many of whom were suffering mainly from malnutrition or from diseases made worse by

it. Regular bills were submitted by a Mr Bilson consisting solely of food and drink. William Smith MD, who reported on the prisons in 1776, took the view that wholesome food was often more beneficial than medicine (Smith 1776, 13–14).

EPIDEMICS

In the metropolis and larger centres of population, once plague was no longer a threat and inoculation had begun to relieve the scourge of smallpox, gaol fever was the chief disease likely to reach epidemic level. We have already noted that outbreaks of gaol fever occurred from time to time in many of the larger prisons. All those responsible for prisons were terrified of gaol fever, the resulting adverse publicity and the risk to the public. Medical men were under considerable pressure, on the one hand, to observe strict economy and, on the other, to keep gaol fever out of the institution, or deny its existence. Doctors in Sunderland in 1831 changed a diagnosis of Asiatic cholera to the milder disease known as *cholera morbus*, or English cholera, under pressure from business interests (Longmate 1966, 31–2).

Gaol fever is now believed to have been epidemic typhus, a louse-borne disease associated with filth, overcrowding, cold and starvation, and not unknown in such conditions in modern times in the trenches of the First World War and in the concentration camps of the Second World War (Dobson 1997, 46, 464). It was not then known that the vector of typhus is the human body louse, but it was known that it was ‘contagious’, by which in the 18th century it was understood that it spread from person to person rather than from ‘bad air’. James Lind of Haslar naval hospital stated that outbreaks of gaol fever in armies and fleets were often brought by men pressed from prisons (Lind 1774, 307). Sir John Pringle, among other distinguished medical men, was very clear which factors in prisons were responsible: ‘This fever is proper to every place that is the receptacle of crowded men, ill aired and kept dirty’ (Pringle 1750, 8).

The theory of medicine was still largely humoral, and although Antoni van Leeuwenhoek had seen bacteria through his lenses in the 17th century nobody yet suspected these

organisms might be the cause of the fevers so common in our period. Indeed, miasmatisms and contagionists were still arguing until late in the 19th century, when Pasteur and Koch made their decisive discoveries. Nevertheless, both schools of thought agreed that a cleaner environment was essential to combat disease, a policy embedded in the 1774 Act. In prisons much stress was laid on disinfection using boiling vinegar, fumigation using quicklime or gunpowder exploded in the room. The bridewell bills for necessities list a good deal of vinegar and, less frequently, gunpowder.

In June 1774 there was a scare about gaol fever in Clerkenwell Bridewell, coinciding with the passing of the Health of Prisoners Act and possibly influencing the prompt response to the act in Middlesex. A letter from Sir Charles Whitworth of the Foundling Hospital to Sir John Hawkins, the prison committee chairman, informed him that their apothecary, Mr Maclallan, reported that one of their boys, committed to Clerkenwell Bridewell by his master for theft, was ‘very bad with the Gaol Distemper’ and he felt some care ought to be taken to prevent the infection spreading. The committee interviewed Mr Maclallan, who said he had been misunderstood. The lad did not have gaol fever, but a putrid fever that might turn into it if proper measures were not taken. It was orthodox medical opinion that diseases might change into other diseases or shift so as to affect other parts of the body, according to the balance of the humours (Nicolson 1988). He further declared that ‘Persons who are confined in a gaol and attacked with any disease unless the patient receives the benefit of fresh air and assistance it will bring on the gaol distemper’.

The bridewell keeper assured the prison committee that in the six years he had been in office there had been no gaol fever, or indeed any contagious disorder of any sort, clearly ignoring the ubiquitous itch. He had had at least 500 prisoners in the previous two months, and for some time past 100 to 150 prisoners, and only one had died. The keeper of New Prison backed him up; the bridewell had never been healthier. The baker who had supplied the prison bread for 17 years agreed: it was the boy’s own fault, ‘a slothful, idle dirty lad and consequently any disorder that may happen to attack him must

have double the effect'. Thus reassured, the committee dismissed the report as without foundation.²²

The 1792–3 Epidemic

Matters were little better in 1792–3 when an epidemic fever again raged in the bridewell, which the medical men again stated was not gaol fever:

there has been indeed & still exists a fever in Clerkenwell Bridewell from which no prison where so many are confined can be quite free – but it is not of a nature particularly malignant & not of that sort which is termed the Jail Distemper.

It was instead a putrid fever likely to develop into gaol fever if not timely prevented. They mentioned that the turnkey, Woodward, had objected to receiving Alice Irwin, a sick vagrant brought by the beadle from Islington workhouse, presumably because like so many vagrants she was thought to be verminous and likely to die before she could be passed. But the beadle insisted there was nothing wrong with her except 'a shaking in the head'. She came on 12 January 1793 and was listed on Gibbs's January list: 'Alice Irwin palsy and starved, came from Islington workhouse almost *in articula mortis*'.²³ She was dead before his next list was compiled.

There were several changes of staff at the prisons at this time – Thomas Gibbs resigned, two surgeons and a bridewell keeper all died in 1793, probably of the disease that was 'not gaol fever but might turn into it'. By September the acting surgeon, Philip Christal, announced that the bridewell was now clear of fever, 'notwithstanding a great number had been afflicted with putrid and other fevers in the beginning before my system of purifying the prisons could exterminate this morbid infection'.²⁴ This system was probably that recommended by Thomas Day, surgeon to Maidstone Gaol at the time of an epidemic there in 1782. He wrote a paper on the subject, a copy of which was sent to Middlesex, including an illustration of a 'shower spray' devised to spray boiling vinegar around a room to fumigate it.²⁵

In addition to measures taken on the surgeon's order, such as extra food and drink,

the 1792–3 epidemic provoked a major review of conditions in the two Middlesex prisons. Ventilation, however desirable, was always a problem – if the cells had glass windows the prisoners broke them, if the windows were open the prisoners blocked them up to keep out the cold – and the need for fresh air conflicted with the need for security. The committee considered installing a chimney to draw air through the sick ward, but the surgeons thought it would do more harm than good. There is no indication that they ever considered ventilation of the Hales type as installed at Newgate, and even there the windmill ventilator seems to have been abandoned. The 1774 Act suggested hand ventilators, but none were installed in the Middlesex prisons.

Among measures the committee did take were orders to wash incoming prisoners to cleanse them of filth and vermin. If the present bath would not serve, a temporary bathing tub was ordered to be installed. But was this implemented? Oil of tar was to be used as directed by the apothecary. Early in January 1793, following a number of petitions about the unhealthiness of the bridewell, the medical men pointed out that many convalescent prisoners had no clothes, and that there were no proper bedclothes in the wards.²⁶ The committee promptly gave orders that all the beds were to be repaired, new stuffing supplied and the ticking well aired. Probably the beds were stuffed with straw, although Gloucestershire now used best horsehair. Mason Good blamed straw bedding for prisoners' ulcerated backs (Good 1795, 85). Each bed was to have a new rug when wanted and additional covers on a certificate from the apothecary.

It was suggested that because many disorders were caused by prisoners coming in 'covered with Rags and vermin' the provision of a prison uniform might prevent many of the illnesses incident to prisons. Gloucestershire had adopted a prison uniform in 1780, partly for hygiene, partly as a punitive measure, and partly to make the recapture of escaped prisoners easier (Whiting 1975, 48). The prisoner's own clothes were taken away, baked in an oven and stored until he left. The original Middlesex bath-house design of 1778 had included a 'smoking room' for fumigating

clothing, which may not have been built. However, in 1793 the committee ordered an oven to be built for heat-sterilising clothes.²⁷

The Middlesex justices consulted the medical men about suitable clothing for the new uniform and sent back a consignment of linen trousers they had considered insufficiently warm. Prison dress was supplied by James Bonus, slop-seller, consisting of jacket and 'trousers', shoes and two shirts for men, jacket and petticoat, shoes and two shifts for women, to be provided on a certificate from the apothecary. Trousers were not yet generally worn by men, but regularly by sailors so that they could be conveniently rolled up for swabbing the decks. New Prison was to have the same provision as necessary.

A report on the fever sent by Gibbes's assistant, William Chamberlayne, to the Secretary of State, Henry Dundas, caused Dundas to write enquiring if any prisoners could be discharged as 'Objects deserving his Majesty's mercy'; a report was sent to him and several prisoners discharged.²⁸ The justices, however, were highly critical of Chamberlayne's initiative, which they saw as interference, although the medical men pointed out that they had often sent such reports in response to enquiries about particular prisoners seeking a pardon. The justices also objected to Gibbes's failure to attend personally, leading to his resignation, protesting that the post no longer paid.²⁹

At a meeting on 19 January 1793, Mr Gibbes and Mr Chamberlayne reported no person had died in the gaol since the last meeting and it was in as good a state as it had been for several years at this season – winter always saw a rise in prison deaths. At a subsequent meeting Mr Chamberlayne reported the prisoners were all convalescent, those who had died since the last meeting would have died in their own houses, and the committee decided it need not meet again.

CONCLUSION: THE LOUSE, THE ITCH OR THE POX

The surgeon's reports never mention lice, although there is abundant evidence that many, probably most, prisoners were overrun with 'vermin' especially in the bridewell, where poorer prisoners, vagrants and prost-

itutes predominated. The contribution of these prisoners to the diseases of the prisons, the bridewell in particular, can hardly be over-estimated. Those who came in clean rapidly acquired lice from their verminous neighbours. The extensive measures instituted over the last quarter of the 18th century to improve hygiene – initial bathing, baking the prisoners' clothes, issuing them with prison clothing and so forth – were chiefly designed to prevent gaol fever. The direct connection between typhus and the causative agent *Rickettsia prowazeki* spread by infected body lice was not identified until the 20th century (Dobson 1997, 461 n 17; Horsfall & Tamm 1965, 1050–94).

The itch was so common that the reports barely mention any individual prisoner suffering from it, merely noting 'itch etc as usual'. In January 1782 Joseph Littleman had recovered from fever and his scurvy had improved, but he was 'very bad with the itch'. Two other male bridewell prisoners were not only foul but itchy, and no fewer than 12 of the 16 women then in the bridewell had the itch. Although there was no mention of the itch in New Prison at that time, in July 1783 almost all the prisoners in New Prison had the itch or sore legs. In the bridewell 19 prisoners had diseases which were identified, but there were also a 'Great number with itch and very bad sore legs'.³⁰

The pox, which may have been gonorrhoea or syphilis or both, was one of the great health worries of the century. There was much debate whether it was one or two diseases (Williams 1997, 7). It was known to be contagious and caught by sexual contact, but the cause was unidentified. Indeed, *treponema pallidum*, the causative spirochaete of syphilis was not identified until 1905 (Porter 2002, 2–7). Syphilis, if left uncured, passes through stages during which symptoms recede, so that it appears to disappear spontaneously or following the treatment at this time which was salivation (described above). Four women were salivated in the bridewell, only a tiny minority of the foul women. Salivation was a lengthy and heroic treatment causing hideous side-effects, and sufferers did their best to avoid it until desperate (Siena 2004, 2–7). Whether or not prisoners had any choice to undergo salivation is debatable.

In the light of these findings Ilive's refusal

to avail himself of the locker's offer of a girl seems to have been exceedingly wise.

Contact details available from the editor

NOTES

- ¹ London Metropolitan Archives, henceforth LMA, Collage 19932, 19933, 19934, 19935, 19936, 19937.
- ² LMA MJ/O/C/007, 22 May 1760.
- ³ LMA MJ/O/C/010A, fol. 55.
- ⁴ LMA MJ/SP/1779/09/073.
- ⁵ LMA MJ/O/C/001A, fol. 52.
- ⁶ LMA MJ/O/C/010B Oct and Dec 1777.
- ⁷ LMA MJ/O/C/10B Oct–Dec 1776.
- ⁸ These figures are my calculations taken from the surgeon's reports.
- ⁹ LMA MJ/SP/1780/12/006.
- ¹⁰ LMA MJ/SP/1781/01/012.
- ¹¹ LMA MJ/SP/C/W/122; MJ/SP/C/W/369c.
- ¹² LMA MJ/O/C/001 Dec 1785.
- ¹³ LMA MJ/SP/C/W/98–143.
- ¹⁴ LMA MJ/SP/C/W/102 and 104.
- ¹⁵ LMA MJ/SP/1789/10/143.
- ¹⁶ LMA Collage 19936.
- ¹⁷ LMA MJ/SP/1781/07/061–2.
- ¹⁸ LMA MJ/SP/1793/02/097.
- ¹⁹ Dorchester Record Office, Blandford Sessions Jan 1783; Lancashire Record Office, QSP 2196/5.
- ²⁰ LMA MJ/SP/1794/04/060.
- ²¹ LMA MJ/SP/1764/12/012.
- ²² LMA MJ/SP/1774/06/001–3.
- ²³ LMA MJ/SP/1793/01/095; MJ/SP/1793/01/101.
- ²⁴ LMA MJ/SP/1793/09/104.
- ²⁵ LMA MJ/SP/1784/09/014a–b.
- ²⁶ LMA MJ/SP/1793/01/103.
- ²⁷ LMA MJ/SP/1793/01/096.
- ²⁸ LMA MJ/SP/1793/01/097; MJ/SP/1793/02/092.
- ²⁹ LMA MJ/SP/1793/02/089–91.
- ³⁰ LMA MJ/SP/1782/01/004–5; MJ/SP/1783/07/010.

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