XI

The Newcastle Dispensary 1777–1976

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The Origin of Dispensaries

The first voluntary hospital opened in London in 1720, followed, in the provinces, by Winchester and Bristol in 1736 (McMenemey 1964). Newcastle in 1751 was about the midpoint of 15 others established by 1775 (Hume 1954). An important part of their purpose was to treat people injured in street or industrial accidents who could not be cared for in their own homes. Soon, and inevitably, the demands made on the limited accommodation they could offer extended far beyond their capacity. Experience also quickly showed that hospital accommodation was not suitable for people of every age or type of disability. Some potential patients with certain infectious illnesses were dangerous to others; for some, such as young children or pregnant women, the dangers of admission were too great. Above all the great demands made upon hospitals served to emphasize the huge volume of illness present in the community and the large number of ordinary people unable to meet the cost of medical care.

Although human motives are often mixed, there was also a growing concern for the care of the sick poor and the feeling arose that people could be helped in their own homes if they could be provided with medicines and, when necessary, be visited by physicians or surgeons. In that way, help would reach more people at less cost, encompass the care of many who could not obtain admission to hospital and, by reducing the mass of disease, help to control the epidemics which swept the cities. Dispensaries where medicines could be obtained had already existed and would continue but the idea of home visiting was first put to practical test by Lettsom,[1] the Quaker physician working at Aldersgate in London in 1770. Four years later visiting was extended to Westminster and to several other places in London before 1780 (Abraham 1933). The movement once initiated spread rapidly. In Edinburgh the Royal Public Dispensary, 1776, was the first in Scotland (Comrie 1927) but small towns such as Kelso in 1777 were not far behind (Trainer 1988).

Newcastle can claim the same year and possibly an association with Kelso through its founder who would certainly have been aware of what was happening there.

Dr. John Clark comes to Newcastle in 1774

In the middle of the 18th century the teaching and practice of medicine played an important part in the Scottish Enlightenment (Risse 1986) and many Scottish doctors journeyed South after graduation. John Clark was a good example. Born the first child of a small farmer at Graden in Roxburghshire in 1744 and originally intended for the church, he studied medicine at Edinburgh both before and after serving an apprenticeship in Kelso to Dr. Watson, a former naval surgeon. Then, following voyages to India and China in the service of the East India Company and the successful publication of an account of that experience (Clark 1773) he returned to Kelso to practise, only to move to Newcastle less than a year later. That was in 1774 when he was 30 years of age (Fenwick[2] 1806).

Newcastle at that time was still largely confined within its medieval town walls and gates. The population of some 25,000 was concentrated in dense housing along the north shore of the river Tyne, about the church of All Saints and south of that of St. Nicholas, while the better houses lined Pilgrim Street, The Bigg Market leading to Newgate Street, and

Westgate Street as those thoroughfares fanned out from Sandhill where the only bridge spanned the river.

In 1778 Whitehead's Directory recorded five physicians and sixteen surgeons resident and practising within the town. At that time physicians who usually had a University degree or were members or Fellows of the Royal College of Physicians, London or Edinburgh, were generally held, and certainly regarded themselves, as socially above surgeons who had mostly entered Surgeons Guilds after apprenticeship. The surgeons in fact acted as general practitioners and coped with all who asked their help. In reality all were in competition with each other.

John Clark had been in Newcastle about four years when the Directory was published and was then the only physician of the five who was not on the staff of the Infirmary. Six of the surgeons also held honorary positions, so that half of all the practitioners in the town had attachments to the Infirmary and enjoyed the social prestige which the position already bestowed.

Indeed he seems to have come to Newcastle without any introduction when a Dr. Wilson who apparently had "little practice" left for London. Thus he had his way to make in competition with existing well established practitioners. But he had already shown, in the use he had made of his voyages to the East that he was not a man to miss an opportunity. In the words of his friend Dr. John Fenwick (1806) "he had ample range for medical observation in the diseases of the poor and could not fail to perceive the hardships which those laboured under for want of medicines and advice whose cases excluded them from the Infirmary". The opportunity was not missed for Clark was soon visiting the sick and recording the details and clinical courses of their illnesses just as he had done while he was voyaging East. Some years later this experience was also published (Clark 1780).

Always a lively correspondent he must have known about the Dispensary movement in London and the plans to organize Dispensaries in Edinburgh and Kelso. Also being the man he was he would not have remained silent nor allowed his work to pass unperceived; he could see a need not filled and at the same time sought status and recognition in the town where he had chosen to work.

Illness and Death in the 18th and 19th Centuries

The hospitals of the 18th and 19th Centuries were not designed to cope with the mass of disease in the population and few people today have any real appreciation of the frequency of endemic and epidemic disease then present in the community or of the mortality which resulted therefrom. For much of this period one in five of all babies born alive died before reaching a first birthday and even in 1840 the expectation of life of a male infant born to a working class family in Newcastle was only 40 years. Parents expected their children to have measles, whooping cough, scarlet fever, and feared the all too frequent epidemics of diphtheria and smallpox. Sooner or later almost everyone became infected with tuberculosis and many developed and died from the slowly progressive disease.

Understanding of the bacterial causes of diseases and their different methods of spread did not really begin until the work of Pasteur and Lister in the mid 19th Century was followed by the successive isolation, culture and study of the causal organisms later in the century. Thus between 1880 and 1890 the organisms causing Typhoid, Cholera, Tuberculosis, Diphtheria and wound sepsis were studied and most of the other common bacteria were identified within the next twenty years. An important part of that study was understanding of their methods of spread; Cholera, Typhoid and Dysentery spread largely in fluids, Tuberculosis, Scarlet Fever and Pneumonia spread through the air in close contact of person to person; wound sepsis was conveyed largely by touch from fingers or instruments. Some infections were transmitted by insect carriers such as Typhus by head or body lice.

Although the infective illnesses could be studied and described and the causal organisms

isolated in the laboratory, recovery from the illnesses they produced depended upon the capacity of the individual's own immune system to overcome the invader. That system functions best in well nourished individuals who are not at extremes of age. In the period of the Dispensary therefore when undernutrition was common and infections often repeated the mortality was high particularly in the young and the elderly. Physicians could certainly help the patient by reducing pain, giving medicaments to ease symptoms and providing care until the battle was lost or won. Indeed it was not until the 1930s that chemotherapy followed by antibiotics were first used to attack the organisms within the patient and thus cut infection short. Yet sick people have always required care and have looked for help and support, and institutions such as the Dispensary were able to give at least some of that help and comfort.

The Dispensary is Established 1777–1790

Organization

The proposal for a Dispensary in Newcastle first came to general notice with the publication of the proceedings of a meeting of a few private gentlemen held in April 1777 (Anon 1). The meeting with the Mayor, Mr. John Carr in the chair had considered and agreed to the opening of a Dispensary linked to the names of Dr. John Clark and Mr. John Anderson[3] a "respectable surgeon". The supporters of the proposal were particularly anxious that their project should not be seen or appear to be in "opposition" to the Infirmary "whose practice is confined chiefly to surgery and to the relief of chronic diseases. Its gates from unavoidable necessity are shut against the poor labouring under Fevers, Pleurisy, Sore Throats and all other internal inflammations, Cholera, Colic, Dysentery, Smallpox and Measles and in short all the acute disorders of adults and children—the practice must be confined to the diseases which are not admitted at the Infirmary."

That assurance was indeed necessary to appease the Physicians at the Infirmary and it seems to have done so because all four physicians and one of the surgeons later appeared as members of the staff of the new institution.

Preparation and planning continued during the summer of 1777 and at a second meeting in September the General Court of Governors (see below) considered the Rules and Regulations which would govern the operation of the Dispensary. Agreement seems to have been reached quickly and a decision taken to begin work although the promised annual subscription list amounted only to £143. The preparation of the Regulations, rules and records had clearly been the task of Dr. Clark (Fenwick 1806) and, as already suggested, it is probable that he had been in touch with those who were associated with the Dispensaries in London and Edinburgh. But whether that was so or not the framework and procedures established in 1777 stood the test of time; detail changed but the principles then established remained throughout the years until 1948 and the beginning of the National Health Service.

Finance

The constitution of the Dispensary and the method of raising money resembled that of the Infirmary. A subscription of two guineas annually or a benefaction of ten guineas or more entitled the donors to be Governors. Only Governors had a right to vote on any matter to be decided by ballot at the General Court held on the first Wednesday in April and October each year. Each subscriber of a guinea could recommend four patients each year so long as the subscription was paid and those whose subscriptions were greater could recommend a proportionate number of patients. Subscribers and governors were allotted an appropriate number of letters which they signed before giving to prospective patients who would then take or send them to the Dispensary. Such a method obviously smacked of patronage and certainly that must have existed to some extent. But subscribers tended to pass their letters to clergymen and other

public persons so that it became known whence letters could be obtained. This system, precarious as it may seem, survived until 1947 although the number of letters given for each guinea changed from time to time as conditions varied, rising as high as seven in 1877 and falling back to four in 1921. In 1932 for the first time each patient using a letter was charged one shilling (5p).

Over the years the general policy regarding finance was to make a distinction between money received from annual subscriptions and that which came from gifts and legacies. The former were used to meet the annual costs of medicines, wages and incidentals, whilst the latter were invested to build up a reserve which in turn would provide income which could meet any deficiencies on current expenses in bad years and also unexpected calls on capital. The method in fact did work well and until the beginning of the 20th Century the Dispensary never seemed to face the financial problems which beset the Infirmary.

Staff and Working Methods

The Regulations and rules for the work of the Dispensary were confirmed at the meeting of the General Court of Governors on 29th September 1777 and published the following year (Anon 2, 1778). Thereafter a report was issued annually containing a list of President and Officers, of medical staff, of the number of patients receiving attention, of new projects, of matters causing anxiety and a statement of income and expenditure.

After the September meeeting it appeared that all four physicians on the staff of the Infirmary had agreed to serve the Dispensary and Dr. Clark was to be the fifth. But in the first Annual Report only the names of Dr. Hall,[4] Dr. Pemberton[5] and Dr. Clark are present. The surgeon, Mr. John Anderson, and the Consultant surgeons Mr. Gibson[6] and Mr. T. Leighton[7] are unchanged: Mr. William Stuart, the Apothecary, the only salaried member of staff was to reside at the Dispensary, receive the letters of recommendation and transit them to the physicians; keep a register of names, ages, abodes and diseases of the patients and the name of the attending physician. He was not allowed to practise outside the Dispensary, to prescribe for patients or to deliver medicines unless by direction of the physicians.

Mackenzie (1827) records that work first started and remained four years in "apartments in an entry at the Foot of the Side". The report for 1779, which in some respects gives the work of the first two years, notes that 1364 patients had been seen including 45 cases of smallpox and makes a plea for inoculation against that dangerous and disfiguring disease.

For each of the first four years about 600 patients were visited or treated at the Dispensary but the numbers were slowly increasing and in 1781 or 1782 the Dispensary moved to Pilgrim Street to better accommodation in an entry near the Queen's Head Hotel. That was to be its base until 1790.

In 1784 the name of William Abbot appears as Apothecary but no reason was given for the departure of William Stuart. That year 900 patients were seen and possibly internal difficulties occurred for the next Report announced the Duke of Northumberland had consented to be Patron and the names of five Presidents and four Vice-Presidents, a Treasurer and a Secretary are all published. Two new physicians, Dr. Logan and Dr. Fenwick bring the number to five and the Apothecary is now Mr. James Wilkie—a man who was to be a stalwart serving for nearly fifty years.

With those changes came a period of growing confidence as patients increased in number and in 1786 and 1790 two further unsigned pamphlets, almost certainly the work of John Clark, were published. The first in 1786 described proposals for promoting a general inoculation in Newcastle (see below) (Anon 3, 1786), the second of 39 pages described the "History and Statutes of the Newcastle Dispensary" (Anon 4, 1790) and, with the experience of the previous ten years, restated the rules regarding the governance of the institution and the conduct of the medical staff, the Apothecary and the patients. It also reprinted

a short handbill "Rules for Preventing the Production and, Propagation of Contagion" which "adapted, to the meanest capacity" was issued to each Dispensary patient. That handbill like the Proposals for inoculation indicated quite clearly that the staff of the Dispensary sought to control and prevent infections as well as to treat them.

The pamphlet was important as it anticipated a move to larger premises and guided the governance and work for many years to come. Directions were clear and forthright. For visiting, "The town shall be divided into seven districts; and one alloted to each physician who will visit the *home* patients at their own dwellings as often as the circumstances of their cases shall require; and when he is prevented from attending he will procure one of his colleagues." Two physicians were to attend every Monday and Wednesday mornings with three on Friday to give advice to outpatients. Thus each physician had one outpatient session each week. Later the roster was changed to two physicians on Friday and one on Saturday.

The position of the Apothecary was crucial and Mr. Wilkie proved worthy of it. Like his predecessors he was resident and responsible for receiving the letters of recommendation brought or sent by patients and allotting them to a physician or surgeon. He was now given more freedom and had power in "slight casualties" to give relief without delay and also to "receive patients without recommendations". Patients coming to the Dispensary without letters were treated as "casual" patients but not visited. In time they far exceeded the number with letters. He was now also allowed to visit home patients in "acute and dangerous diseases" once a day or more often and those in chronic diseases twice a week and could prescribe in the absence of a physician. Yet he was still required with the aid of his apprentices to "compound and dispense the prescriptions of the physicians affixing to each medicine the patient's name and manner of using it".

The patients ill in their own homes were to send their letters to the Dispensary by nine o'clock to obtain a visit the same day. Outpatients were to bring their letters to the Dispensary before ten o'clock on Monday, Wednesday or Friday to receive advice from one of the attending physicians and thereafter were to attend the same physician once a week. Physicians were to write their prescriptions on the patient's letter of recommendation which was then carried to be dispensed. When "cured or relieved" the letters were to be returned to the dispensary when the patient would receive a ticket to return thanks the next Sunday at their parish church or place of worship. How often, one wonders, was that condition fulfilled.

There was also a complaints book whereby patients could register difficulties or they could complain directly to the House Visitors so that the matter could be referred to the monthly committee of management. Throughout the long series of annual reports however, I have not been able to find any references to complaints and although each year the number of Home, Outpatients and Casual patients are recorded there is no data of the total number of visits or visits made by individual members of staff.

Patients 1777–1790

The pamphlet of 1790 (Anon 4) included a detailed table of the "diseases" which had brought 10,866 patients to the Dispensary or who had been visited at home between 1st October 1777 and 1st September 1790. No less than 55 "diseases" are listed in four major groups but they are a mixture of symptoms, complaints and recognizable disease conditions. Of the total 9,324 were said to be cured, 688 had died and of the rest 277 were said to be relieved, 377 were irregular (i.e. had opted out), 115 were incurable and 85 remained on the books. During the previous year 700 people who did not have letters had been treated for Burns, Scalds and other injuries. Scrutiny of the table however, leads one to think that at least 8,000 of those admitted were suffering from acute infective illnesses mostly respiratory or intestinal. Some 860, of whom 156 had already died, had tuberculosis; smallpox had claimed 232 persons with 59 deaths; Scarlet

Fever 203 cases with 26 deaths. Diarrhoea and obstinate "Fluxes" 349 cases and 28 deaths. 1,036 persons were described as surgical cases but without further analysis. The overwhelming mass of disease dealt with at the Dispensary was undoubtedly due to infection.

Proposals for Promoting a General Inoculation

A pamphlet with the above title had been issued in 1786 (Anon 3) and the 1790 publication reported on progress. The inoculation was, of course, against smallpox which not only killed but disfigured or blinded and was particularly dangerous in small children. General inoculations had been held in Chester, Leeds and Liverpool but the pamphlet rather sadly stated "The poor inhabitants of this town (Newcastle) in general have been adverse to Inoculation". The procedure in fact, was the induction of a mild attack of smallpox by drawing a thread, soaked in the exudate from a recent smallpox lesion, through a slight cut in the skin of the child or person being inoculated. Whenever possible the thread was "charged" in a lesion of a person who had been inoculated rather than from a sufferer from the natural disease. Using various methods the technique had been practised for centuries in India, China and other Eastern countries and had been introduced into England from Turkey in 1717 by Lady Wortley Montague.[8] While the mild attack of smallpox produced in that way carried far less risk to life than an attack caught naturally from an ill person it did confer immunity (Woglom 1949). Inoculation did begin and the 1790 pamphlet reported that 1,056 children under 15 years of age had been inoculated at the Dispensary, smallpox had

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been induced in 946 and 4 children "all under 3 years old" had died. The writer estimated that with natural smallpox no less than 157 would have perished. Notice was given that further inoculations would be undertaken.

The publication of the "History and Statutes" marked both the consolidation of work since 1777 and the second move of the Dispensary to larger more suitable buildings (Anon 4, 1790).

ST JOHN'S LODGE, LOW FRIAR CHARE 1790–1839

Steady increase of work required larger premises and fortune was kind, for in 1790 the committee was able to purchase a 50 year lease on a very suitable building in Low Friar Chare, not far from the White Cross, for the reasonable sum of £380. The premises, erected only 13 years previously as a Masonic Hall, comprised a hall suitable for meetings of the Governors, a shop and waiting room for the patients, two consulting rooms, an "electrical room" and lodgings for the Apothecary and an assistant. Behind the main building there was a small laboratory (Mackenzie 1827). There the Dispensary remained for the full duration of the lease.

Work, Staff and Finance

From the new base patients who presented letters were visited in practically every part of the town and, until 1832, in Gateshead also (Manders 1973). Casual patients continued to be treated at the Lodge and both subscription income and patient visiting and attendance increased steadily during the 48 years of occupancy. Although expenses also increased, only occasionally was the income from subscriptions exceeded and when that did occur the return from investments was always more than sufficient to bridge the gap.

Greater numbers of patients inevitably increased the pressure on staff but the physicians and surgeons continued to serve in honorary capacities. It would have been very interesting to have had an analysis of the number of visits made by the staff either in total or by individuals but, as already mentioned, that was never presented. But in 1792, in contrast to the regulation of 1777, the Apothecary was given authority to make home visits and by 1801 his "necessary attendance on patients was so great that he was unable to pay so much attention to the physicians' prescriptions as they required" (Annual Report 1801). The Committee therefore resolved that he should visit home patients only in the upper districts of the town and a visiting surgeon should be appointed to attend home patients in other districts. At that time the salary of the Apothecary was £84 per year but he seems to have had his living accommodation rent free and his "candles and coals". The salary proposed for the surgeon was £31.10.0 but it is likely his Dispensary work did not occupy his whole day and that he had access to other practice.

Dr. Clark was not elected to the Staff of the Infirmary until 1787, but thereafter took an active and controversial part in its affairs particularly, in his last years, conducting a campaign to establish Fever Wards in a building attached to the Infirmary block. But he was defeated in that purpose and died in 1805 an exhausted and disappointed man. It seems quite remarkable that the Annual Reports of the Dispensary do not bear any testimony to his work or memory.

Yet the year before the new Fever Hospital, euphemistically known as the "House of Recovery", had opened on Wardens Close and it had been agreed that the Apothecary from the Dispensary should visit the patients admitted there: a commitment which remained until the Hospital passed into the care of the newly formed Council Health Department in 1874.

Following Dr. Clark's death one suspects that the offices of Secretary and Treasurer, both Honorary positions, became more significant though the reports have little to say about their work. Mr. R. Doubleday[9] that public spirited member of the Society of Friends had been Secretary from the beginning

Fig. 1. The Dispensary, Low Friar Chare 1790–1839 (Mackenzie 1827).

and continued in office until 1823, 46 years in all (Welford 1895). The office of Treasurer had changed more frequently. Mr. Edmondston, a surgeon, succeeded Mr. Doubleday and continued in that office until his death in 1831. The next Secretary appointed was Mr. James Wilkie Junior, son of the veteran Apothecary who was still serving after 47 years in post. Wilkie junior had literally grown up in the Dispensary and had served his apprenticeship with his father. He must also have studied at a recognized medical school for he took the requisite qualifications of LSA[10] and MRCS[11] in 1821 and since then had acted as his father's assistant. His appointment as secretary brought an immediate change in the annual report and that for 1831 carried evidence of a ready pen and an active mind. First there was an appreciation of the work for Mr. Edmondston as Secretary and surgeon and second a thoughtful discussion of the types of illnesses and infections present in the town throughout the year. The former is striking because it is the first such appreciation to appear in a report, even the deaths of Dr. Clark in 1805 and Mr. Anderson in 1815 had not been noticed and there had not been any discussion of prevalent illnesses since 1802 when a pamphlet "Proceedings for Promoting an Institution for the Cure and Prevention of Contagious Fevers in Newcastle and Gateshead" (Anon 5, 1802) had been published bearing all the stamp of Dr. Clark's drive and urgency.

Sadly the new Secretary had only a short time in office for in 1834 James Wilkie Senior died after 50 years service and his son filled his place with the title of Resident Surgeon and apothecary at a salary of £140 per annum. The 1834 Report also carried an account of a General meeting of Governors where concern had been expressed that annual subscriptions had not covered annual expenditure and deficiencies required the use of "Casual Donations and Legacies" which it was felt should be invested.

Despite the difficulties about subscriptions, at the same meeting it was agreed that visiting should be extended to include Brandling Place, Arthur's Hill and the East side of Ouseburn and if necessary to employ and pay one or more additional assistants (Annual Report 1834). Discussions must also have taken place regarding a new building to replace St. John's Lodge on expiration of the lease for it was resolved that, "Before any portion of invested capital is spent on extension of the Establishment or the erection of a new building an effort should be made to induce an increase of the annual subscriptions also a building of smaller cost be made to answer the purpose of the Institution".

By that time the end of the lease was imminent and about 3,000 patients with letters and 8,000–9,000 without letters were being helped each year. But two other events require notice before the next move is considered. The first is the change in the method of protection against smallpox and the second the tragic death of James Wilkie Junior.

Smallpox Vaccination

The efforts to promote a general inoculation against smallpox have been noted. These continued after 1790 and by 1801, 3,268 children had been inoculated, 224 had "not taken" and 6 children had died. That mortality of 1 in 500 was much less than would have happened with "Natural Smallpox" yet there was some risk to the individual and it cannot be said the population displayed much enthusiasm for the procedure. In 1798 Jenner[12] published his famous treatise "An enquiry into the causes and effects of Variolae Vaccinae" (Woglom 1949) which demonstrated that a child inoculated with cowpox was thereafter immune to infection with smallpox. Cowpox produced only a local lesion and not a mild but widespread eruption like inoculation from human smallpox but gave immunity to both strains of virus.

Once demonstrated the use of cow vaccine spread rapidly and was first given in the Dispensary in the Spring of 1801 when 202 persons were vaccinated. Thereafter vaccination superseded inoculation, and was the first safe and effective method of protection against a major disease (Annual Report 1801).

The Wilkie Family Tragedy

We have seen that James Wilkie Junior succeeded his father becoming Resident Surgeon and Apothecary and that he was a young man of considerable promise. Yet three years later he was dead, having jumped, in an attack of "acute mania", from a first floor window of a commercial lodging house in Grey Street whilst "labouring under despondency of mind". At the inquest the verdict was temporary insanity. The tragic young man was buried in the same grave as his father in the Westgate Hill cemetery and his name added to a small obelisk erected there. Despite a request for privacy, that his funeral was attended "by a crowd of humble mourners said to be 1,000 strong who followed his body to the tomb is the fairest testimonial of the esteem in which his character was held among that class the fittest to appreciate it" (Annual Report 1838) (Fordyce 1867).

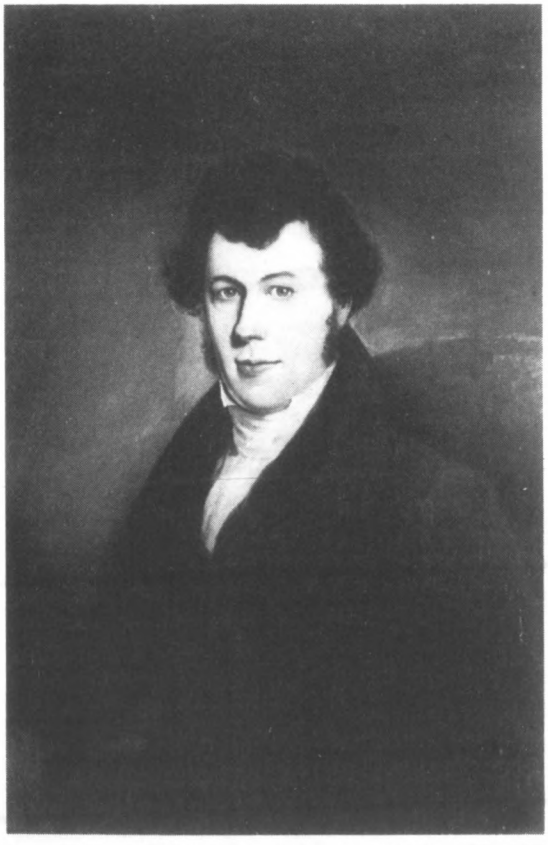

Fig. 2. James Wilkie (Jnr) LSA MRCS (artist unknown) c. 1834.

14 Nelson Street 1839–1928

The Changing Years 1839–1864

With the end of the lease of St. John's Lodge came the next move, to one of Grainger's new buildings in Nelson Street which the Governors had acquired at a cost of £2,600. There the Dispensary was destined to remain for almost a century. Poor James Wilkie had been succeeded by Mr. Thomas Humble one of the first students to attend lectures at the newly founded Newcastle College of Medicine. Although appointed as Resident Surgeon and Apothecary the title was changed in 1848 to Resident Medical Officer and remained so thereafter. Dr. Humble[13] gave long service in that capacity until 1852 when he became a physician before his election to the staff of the Infirmary two years later (Embleton 1890). The town was growing rapidly but over the next ten years the number of patients seen each year remained about 10,000, some 3,500 having letters and the remainder being "casuals" who simply appeared at the Dispensary. The home visiting required the help of two visiting assistants and the report for 1848 notes the "illness of the visiting assistant, of whose services the Committee were deprived for several months owing to a severe attack of fever contracted whilst in the discharge of his duties".

By that time there was increasing national and local concern about the problems of infectious diseases and this was directed chiefly at water supplies, drainage and sewerage. There was also increasing awareness of the need to have an accurate record of population data i.e. of births, deaths, causes of death, distribution of population by sex, age and occupation. A beginning had been made by the institution of a National Census in 1801 but the next great

steps were the Acts for the Registration of Births, Deaths and Marriages. These acts, in 1836, created the system of local Registrars based upon the Union Areas of the earlier Poor Law and also the Office of the Registrar General to whom all information passed. William Farr[14] was just beginning his remarkable series of statistical reports made possible by the combined use of that data and with the decennial Census returns.

In 1842 Chadwick's[15] great report on "The Sanitary Condition of the Labouring Population of Great Britain" had revealed, for all who wished to see, the situation of the poor and later his Public Health Act of 1848 encouraged the formation of local Boards of Health and Liverpool appointed a Medical Officer of Health. In Newcastle a Sanitary Association was formed but the Town Council did not take any immediate action. That same year the RMO's annual report contained the statement "a few severe cases of scurvy were admitted, a very unusual occurrence attributable in great measure to want of fresh vegetable food owing to failure of last year's potato crop. For many months the majority of those affected had lived almost entirely on tea and coffee with bread, the high price of animal food placing it beyond their reach" (Annual Report 1847).

The central enquiry into housing and sanitation continued. In 1845 a Report upon the State of Newcastle and other Towns by Dr. D. B. Reid[16] revealing the deplorable conditions present in the Town should have been a warning to the Civic Authorities. But it was disregarded despite the local action of the Newcastle and Gateshead Sanitary Association (Calcott 1984) and in the autumn of 1853 Newcastle suffered from an explosive outbreak of cholera which killed 1,500 townspeople in six weeks. In that same year 2,333 people were treated at the Dispensary for diarrhoea and 127 died. Like the Infirmary the Dispensary remained open to everyone throughout the epidemic. Fortunate-

ly thereafter conditions dependent upon water supplies and sanitation did slowly improve but there was little change in respiratory diseases, the epidemics of childhood fevers, acute and chronic rheumatism, tuberculosis and other air-borne infections.

Byker was at that time outside the Newcastle boundary and an Eastern Dispensary had developed there but in 1851 its work and function were taken over and it became the Eastern Branch of the Newcastle Dispensary with a medical officer who visited from a rented house where medicines were dispensed.

In 1860 the Dispensary staff comprised six Honorary physicians all except one being also on the Staff of the Infirmary; two Honorary surgeons, not on the Infirmary, who practised in the Town. The RMO was Mr. W. T. Carr who four years later was to die from Fever. In the year the total admissions were 13,755 and even that number increased slowly over the next few years to reach nearly 15,000, 5,933 with letters and 8,910 casuals, by 1867.

Dr. H. E. Armstrong, RMO 1867–1873

Through its whole 170 years the Staff of the Dispensary had many links with that of the Infirmary and the position of RMO was for a few physicians and surgeons a stepping stone to the Infirmary Staff. But one RMO took a different path. Dr. H. E. Armstrong a Northumbrian, had been, like the young James Wilkie, an articled pupil at the Dispensary and a medical student in Newcastle. After qualification he returned to the Dispensary and served as a medical visiting assistant until 1867 when, at the early age of 24, he was appointed RMO on Mr. Arnison's election to the surgical staff of the Infirmary. It was an appointment of great significance for the people of Newcastle for, during the next six years Dr. Armstrong had personal experience of visiting the sick in their homes and of their housing and sanitary conditions. He must also have known of the Reid Report of 1845 and that the Tyne Improvement Committee had set up, with members from the Board of Guardians and the local medical profession a "Public Health Committee" which in its reports of 1866–1867 recorded the deplorable state of much of the housing—the overcrowding and deficiencies of water supply and sanitation present within the town. Mortality rates particularly for the infants and children were higher than in most of the other major cities. The "Public Health Committee" had recommended that a Medical Officer of Health should be appointed but no action was taken by the Council until the option to make such an appointment was made a requirement under the Public Health Act of 1872. Even then, when Dr. Armstrong was appointed MOH in 1873, it was not without opposition and one alderman is said to have declared the appointment would not be of any more use to the Town than an umbrella to a duck (Charles 1932). But Dr. Armstrong took up his new task on 1st August 1873 and continued steadfastly therein until his retirement in 1912. There is no doubt he regarded the control of infectious fevers as the most important problem he faced and he got quickly to work. The very next year the Committee of the Dispensary received a deputation from the Council Sanitary Committee to consider the more effective and speedy isolation of Fever Cases, for reducing the numbers of patients removed to the Fever Hospital and that all cases of Fever should be referred to Dr. Armstrong. As a result the supervision of the Fever Hospital passed from the Dispensary to the new health department and remained so until it closed in 1888 on the opening of the new Hospital at Walkergate. Without question Henry Armstrong's attitude to public health was determined by his early education and experience in the Dispensary.

Fig. 3. Nelson Street Dispensary 1839–1928.

The Centenary Year 1877

Following only four years after Dr. Armstrong's appointment as a Medical Officer of Health, the Centenary year, was naturally an occasion for looking both backwards and for-

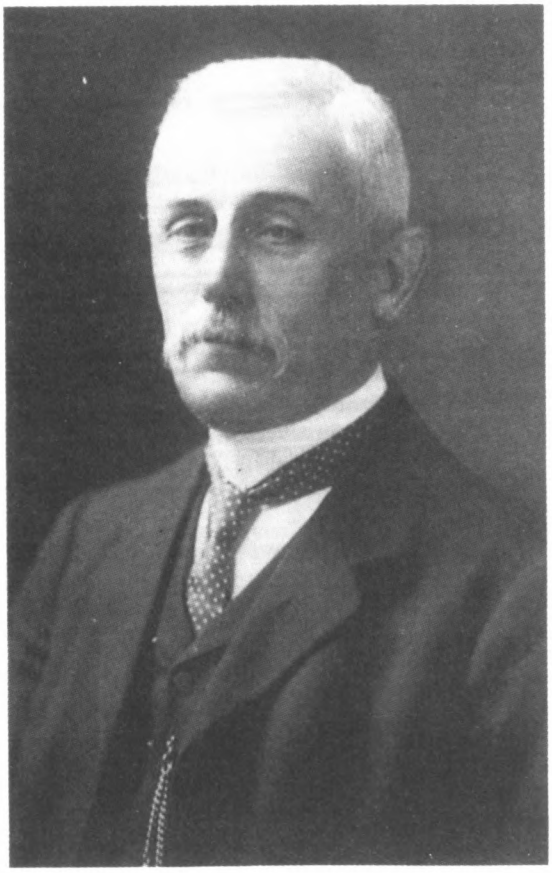

Fig. 4. Dr. H. E. Armstrong, RMO 1867–1873.

wards and the report for that year does so. The Committee recalled the small scale origin of the Dispensary and continuous dependence on public generosity but also that in "recent years it had become almost affluent and at no period in the past had the Dispensary been on a more thoroughly sound basis than at present" (Annual Report 1877). In that year an Honorary Dentist first appeared on the staff; an additional visiting assistant was appointed; 4,864 patients had letters of recommendation and just over 6,000 attended as "casuals" 600 of them seeking dental treatment. More than half of the casual patients were young babies with infantile diarrhoea the commonest cause of death in young children. The Committee noted with regret that the search for a country house or cottage to use as a Convalescent house had not been successful but would continue.

Only the sections which concerned the Departments of Inoculation (vaccination) and the Scheme for the Resuscitation of Persons Apparently Drowned were unhappy. Very few people now used the Dispensary for Vaccination. The Act of 1853 which had made Vaccination compulsory had never been enforced and such vaccinations as were done seemed to be at "two druggist shops in the town". The scheme for resuscitation of the apparently drowned instituted in the early days and intended to operate at several points along the Tyne from Newcastle to the sea had been a complete failure for in the whole century only one case of recovery had been reported. It was then formally abandoned.

Dr. James Mitchell Monteith the RMO in his report was both realistic and unhappy. He reviewed the continuance of infectious diseases in both endemic and epidemic forms and recorded sadly "old people 60–70 years of age were worn out with hard work. Scanty feeding and bad treatment of themselves wear out their constitutions prematurely" . . . "The saving of lives by medical skill shows little intimation of improvement; we have not yet learned to cure consumption but only to alleviate it." Smallpox was variable in its mortality and anti-vaccinators were rampant. Scarlet fever "now by far the most fatal disease on the list except consumption." Diarrhoea caused most deaths in infants. He finished with the following words:

"The state of distress in which these people continually live is only known to a few. The patient when visited by the doctor is usually found lying in poverty, hunger and dirt and the treatment of their cases is undertaken in circumstances very unpropitious to its success. Medical advice and medicine are not the only things they need. Good food, warmth and judicious nursing are imperatively required and seldom if ever attainable"—"It is the doctor who sees how the patient lives or dies who is

more conscious of the social conditions—much more so than the doctor who sees patients only in hospital." But, the author continues, "Notwithstanding these drawbacks, the labours of the medical staff achieve a creditable amount of success; and the feeling which the patients bear to the doctor is almost universally one of affection and confidence. Even if it is not possible to restore the patient to health he at least receives the aid that medicine can give and feels he is not entirely overlooked by the world."

There cannot be any doubt that those who worked in the Dispensary and made home visits were more aware of the social conditions in the poorer parts of the Town than any other medical group, but they were no longer working quite alone although they were still the only medical group undertaking home visits. The Hospital for Sick Children (1863) the Hospital for Skin Diseases (1870) and the Eye Hospital (1822) all had regular out-patient clinics and by that time Friendly Societies such as the Provident Medical Society, and sick benefit clubs such as the Foresters, Oddfellows and Good Templars helped families to meet the burdens of medical care.

The Cathedral Nurses 1883–1948

We have seen that the Centenary report stressed the need for nursing care and the provision of food to the poorest patients. Whether that comment had any part to play is a matter for conjecture but six years later in 1883 came the beginning of a nursing service based upon the Newcastle Cathedral. The service was never part of the Dispensary but the nurses worked so closely with the visiting assistants that they must be mentioned. Originally bearing the rather unfortunate title of the Cathedral Nurse and Hearse Society they became the Cathedral Nursing Society and were soon well known and respected throughout the City and beyond as other branches were formed. The original intention was to provide a nurse in each parish and the service began with two Senior nurses and six others. The fourth Annual Report of the Society (1887) set out clearly the three objectives:

1. To provide a Nurse for every parish in Newcastle to nurse the sick poor in their own homes; the nurses to be educated ladies of Hospital training (the total salaries of the six nurses amounted to £388).
2. To provide a collection of necessaries and comforts to lend to the poor during their illnesses.
3. To provide an "Invalid Kitchen" from which to distribute such nourishment as the Doctors and Nurses may decide to be necessary for the various cases.

NB The Society allows no religious distinction, all are visited and nursed alike.

From the beginning they worked in close association with doctors and would undertake night nursing when necessary. Practical help was given with equipment and milk, beef-tea and dinners were supplied in increasing quantities. Expressions of thanks for help and assistance soon appeared in the Dispensary reports and there is no doubt the nurses were greatly valued. The service gradually increased in numbers and lasted until 1948 when, with the coming of "The National Health Service", it passed to the Local Health Authority (Lloyd 1981).

The Years to 1928

The Centenary report had been almost complacent over the financial situation and the visiting area had steadily increased with the growth of the town. The increase in area would have lengthened the average time required for a home visit. The annual reports are silent on the subject, but horse trams first appeared in Newcastle in 1879 and within a few years services ran from the Central Station to Jesmond, the Minories and Byker, and more conveniently for those based in Nelson Street, to Scotswood, Elswick and Gosforth. But at best travel would be slow although made rather

quicker after the introduction of electric trams in 1901 (Middlebrook 1950).

The Eastern branch dispensary had operated in Byker since 1851 and that first step in devolution appears to have been successful enough to encourage the Committee to take others, for by 1881 there were also branch dispensaries in the northern and western areas and thus visiting could be carried out from four centres.

From the beginning of the Byker dispensary a doctor had lived in the house and as the other branches opened the doctors appointed were required to live within their own visiting districts. Thus the branches operated independently although they were under the general administrative charge of the Resident Medical Officer at the Central Dispensary. The Reports are not clear whether outpatients with letters were seen at the branches as well as at the Central Dispensary but some "Casual" patients do seem to have been treated. The distribution of the Home Patients, those requiring visits, can be seen in the Table which shows the Eastern branch in that year had rather more than the Central and the others were not far behind.

The annual reports are not at any time, after the opening years, really explicit regarding the role of the Honorary Physicians. They certainly attended their allotted outpatient sessions where they would see patients who had brought letters or simply appeared as "casuals", but after Dr. Clark's time there is nothing to indicate whether they shared in home visiting or were available for consultation in the home.

The table of work for 1881 also shows the large proportion of patients and the heavy mortality of illnesses in the first five years of life that in the first year being one in four babies seen and over the first five years one in six children.

WORK OF THE DISPENSARY 1881

5,546 Home, 2,033 Out Patients; 15,152 Casual

Branch	*Home Patients*	*Deaths*	
Central	1444	166	11·3%
East	1545	173	11·2%
North	1216	155	12·7%
West	1341	136	10·1%
Total	5546	630	11·3%

Age Distribution and Deaths

Less than 1 year	421	115	27·3%
1–5 years	1059	172	16·2%
6–20 years	1359	81	6·0%
21–40 years	1642	90	5·5%
41+ years	2276	197	8·7%

Cholera had gone and would not recur. The next year another visiting doctor, R. W. Smith, would die from Fever—almost certainly Typhus—but that also was declining. But the epidemics of measles, whooping cough, diphtheria and Scarlet Fever continued amongst children and severe respiratory infections, tuberculosis, Rheumatism caused heart disease, in both children and adults. Tuberculosis alone was responsible for 600 deaths a year. Physicians and practitioners attending patients in hospital or at home had not had the encouragement of any advances in treatment comparable with those which the introduction of anaesthesia and antiseptic techniques had brought to surgery. Yet perforce they were compelled to continue doing what they could to help.

By the beginning of the new century came the first hints of financial pressures as expenses, particularly for salaries, were increasing out of proportion to subscriptions. Numbers of patients also increased and in 1906 there were 10,115 home patients and 1,338 out-patients with letters of recommendation

Fig. 5. 115 New Bridge Street, 1928.

and no less than 26,205 casual patients. These numbers were maintained until the outbreak of War in 1914.

War has always brought full employment to Tyneside and after 1914 the numbers of letters presented for home visits fell to about 6,000 and in 1917 for the first time since the Dispensary started the Casual Department was closed because doctors were not available. In the same year the North branch was closed but the East, West and Central continued as before. By 1919 and the return of many doctors to civilian life the casual department re-opened. Within two years the attendance again reached more than 20,000 and by 1925 there were 6,516 letter patients most of them visited at home and nearly 30,000 casuals but even those numbers were exceeded as economic conditions deteriorated. During the same years Nelson Street increasingly became more difficult to maintain as a Dispensary.

THE FINAL MOVE—115 NEW BRIDGE STREET 1928

The last move of the Dispensary at a time of severe economic depression and high unemployment was nevertheless to a good site on the north side of New Bridge Street. The buildings provided an adequate waiting Hall and good consulting rooms, dispensing rooms, offices and a Committee room. The work of the branches continued and so did the hard times bringing further increases in patient numbers. In 1930 the number of letters given to a subscriber for each guinea was reduced from six to four and casual patients were expected to pay 6d ($2\frac{1}{2}$p) for treatment. Yet in that year the number of letter patients rose to

8,550 and casual patients to 35,990 the largest number ever recorded. The problem facing the Committee is shown by the fact that even with the 6d charge which, if all patients paid would have brought in about £900, the income appeared to be only £58 above expenditure. There were then the RMO and four visiting assistants, five pharmacists with one assistant and the Committee felt in their report compelled to warn that unless subscriptions increased medical work might be reduced. Two years later a charge of one shilling (5p) was made for each letter produced by a potential patient but demand was still greater than supply and even so expenses exceeded income by £450. The outlook did not look good.

But in 1931 something had happened which was to have a far reaching result which could not have been foreseen. Dr. A. J. Smith[17] the RMO stated in his report "The Committee are gravely concerned about the increase in poverty, sickness and malnutrition amongst the poorer classes in the city" . . . "At the present time the need for our services is probably greater than it has ever been in the History of the Institution . . . In conclusion I deeply regret to add the distress amongst the Sick poor of this City appears to all of us to be nothing short of appalling and I cite the case of one man who asked Dr. Ann Fairweather (a visiting assistant) for a Dispensary letter having already been to eleven different places". That report received wide publicity and the Ministry of Health requested a report from Dr. John Charles[18] the Medical Officer of Health. His Report was duly submitted in February 1933 and copies went to the City Council, the Public Assistance Committee and the Health Committee. Dr. Charles stood firm and concluded his statement that the Dispensary Report did "contain more than an element of truth and reflects the condition of many of the inhabitants of this city both in 1931 and at the present time" (Charles 1933).

The Spence Study[19]

Soon afterwards the Newcastle Health Committee asked Dr. J. C. Spence, then a physician on the staff of the Infirmary, if he could examine the situation revealed by Dr. Smith. That request was accepted eagerly for he had a declared interest in nutrition and the health of children. His study based upon the Dispensary, has become a classic in the literature of Child Health. He simply recorded the heights, weights and clinical histories of two groups of children aged between one and five years. One group comprised children attending a Salvation Army Sunday School, or a Child Welfare Centre and some children who were accompanying their mothers who were patients at the Dispensary. The other group were children of professional families. Each child was examined for anaemia and had their wrists x-rayed for evidence of vitamin D deficient rickets. Nearly 80% of the parents of the first group were unemployed. This is not the place to quote the findings in detail but the children of the Labouring and Artisan families were found to be at great disadvantage in height and weight when compared with those from professional families. Dr. Spence's conclusions (Spence 1934) were:-

1. That at least 36% of the children from the poor districts of the city were unhealthy or physically unfit and appeared malnourished.
2. That since the apparent malnutrition is not found in the better class families it is due to preventable causes.
3. In my opinion the main immediate cause of the malnutrition is the physical damage done by infective diseases in young children under conditions which prevent satisfactory recovery.

Dr. Smith's comment had been substantiated and Dr. Spence's report became widely known.

War and the New Era

Throughout the 1930s after the Spence report the level of work remained at that described for 1933 and despite the outbreak of war the number of letters never fell below 5,300 while the casual attenders were between 25,000 and 30,000. For years the subscriptions received from the employees and workmen of businesses and trades were greater than those

from private people and families and rising costs especially in salaries and medicines had exceeded the income. The difference was met either by the use of gifts or legacies and of income from investments. Throughout those years the Staff members were Two Honorary Physicians Drs. W. H. Dickinson and W. T. Hall, the Resident Medical Officer Dr. A. J. Smith, four visiting medical assistants, seven dispensing staff, a social worker and a laboratory assistant.

In 1939 the outbreak of war and the years which followed saw a steady rise in the number of letters but a dramatic fall in the attendance of casual patients. There was however a rise in the proportion of letter patients who attended as outpatients so that the problems of visiting with three medical assistants were somewhat eased.

Before the outbreak of war a special weekly clinic had been established to help people with skin complaints and that continued but also in 1945 a new clinic under the supervision of an Honorary Consulting Surgeon had been established to help people suffering from Rheumatism and Arthritis. The report for that year finished with the statement "With the cessation of the war an increase in our work is anticipated and the Committee must look to the Annual subscribers for continued support".

But times were changing faster than ever. The Beveridge Report had been published in 1942, and the Ministry of Health report on "A National Health Service" in 1944 (HMSO Cmd 6502). The Dispensary Annual Report for 1947 did not appear until November 1948 but that is hardly surprising for it was dominated by change. It told that before the National Health Service Act came into force on the appointed day 5th July 1948 the Committee had many meetings with officials of the Ministry of Health to try to discover if the services which the Dispensary provided would still be required. The outcome had been Draconian. The Dispensary would not be taken into the new service and furthermore it would not be possible for it to continue to provide a general medical service of either visiting or outpatients. Thus the end had come for the way the dispensary had worked since 1777. Already when that report was published the National Health Service was four months old.

Plans had however been made to continue the work of the Arthritis Clinic which, starting in 1945, had been able to help many patients. Staff changes had been necessary. Three doctors who had worked as visiting assistants set up a general practice under the NHS based on rooms in the Dispensary for which they paid the Committee a rent. Part of the building was used by the new Local Health Authority as a Dental Clinic. After 1947 until his death in 1957, Dr. Smith kept an association with the Dispensary and Dr. Morrison as Senior Medical Officer continued the work of the The Arthritis Clinic as the free service it had always been supported by subscriptions, gifts and legacies. But despite much good work income was never sufficient to meet current costs so that reserves were gradually depleted until the final closure came in 1976.

Epilogue

The Newcastle Dispensary therefore had a history of almost two centuries of work. During 170 of those years its visiting doctors brought help and hope into the homes of sick people with a great range of acute and chronic illnesses most of which could not be received into hospital and each year a host of men, women and children attended the daily clinics and surgeries for treatment and advice. It is no surprise that the Dispensary entered local folklore at the same time as the Infirmary and Dr. Gibbs and its work needs to be recorded and remembered.

"But them that had their noses broke, them cam back ower hyem; sum went to the Dispensary and uthers to Doctor Gibbs An' sum sought out the Infirmary to mend their broken ribs".

Blaydon Races, George Ridley, 1862

BIBLIOGRAPHY

The Annual Reports of the Committee and Resident Medical Officers of the Newcastle Dispensary

from 1778–1969 have been a major source of information. Series of these reports are housed in the Libraries of Newcastle University, the Newcastle Central Library and in the Tyne and Wear Archives. Together the series forms almost a complete record of the period concerned. Reference to the reports are numerous and are denoted in the text with reference to the year e.g. (Annual Report 1801).

ABRAHAM, J. J. (1933). *Lettsom, His Life and Times*, Ch. VI, p. 10, Heinemann, London.

Anon, 1 (1777). *Plan for Instituting a Public Dispensary*. T. Saint, Newcastle.

Anon, 2 (1778). *An Account of the Newcastle Dispensary for the relief of the Poor instituted 1777* published by Order of the Governors. T. Saint, Newcastle.

Anon, 3 (1786). *Proposals for Promoting General Inoculation in Newcastle*. S. Hodgson, Newcastle.

Anon, 4 (1790). *The History and Statutes of the Newcastle Dispensary*. Hall and Elliot, Newcastle.

Anon, 5 (1802). *Proposals for Promoting an Institution for the Cure and Prevention of Contagious Fevers in Newcastle and Gateshead*. S. Hodgson, Newcastle.

BEVERIDGE, W., SIR. *Social Insurance and Allied Services*. H M Stationery Office Cmd. 6404.

CALCOTT, M. (1984). "The Challenge of Cholera, the last epidemic at Newcastle", *Northern History*. Vol. XX, p. 167–186.

Cathedral Nursing (1887). *Annual Report* Nurse and Loan Society for the Sick Poor of the City of Newcastle upon Tyne. Smith and Son, Newcastle.

CHADWICK, E., SIR. *The Sanitary Condition of the Labouring Population of Great Britain*. Clowes and Sons, London.

CHARLES, J. A. (1932). *Annual Report of the Medical Officer of Health*. Newcastle upon Tyne, p. 9.

CHARLES, J. A. (1933). *Annual Report of the Medical Officer of Health*. Newcastle upon Tyne, p. 16–17.

CLARK, J. (1873). *Observations on the Diseases which prevail on long voyages to Hot Countries*. T. Cadell, London.

CLARK, J. (1780). *Observations on Fevers and on Scarlet Fever with ulcerated sore throat in Newcastle in 1778*. T. Cadell, London.

COMRIE, J. D. (1927). *History of Scottish Medicine to 1860* Ch. VIII, p. 131, Bailliere, Tindall & Cox.

EMBLETON, D. (1890). *The History of the Medical School 1832–1872* Andrew Reid, Newcastle.

FENWICK, J. R. (1806). *Sketch of the Professional life and Character of John Clark*. S. Hodgson, Newcastle.

FORDYCE, T. (1867). *Local Records* Vol. III, p. 92, Newcastle.

H M Stationery Office (1944). *The National Health Service* Cmd Doc. 6502.

HUME, W. E., SIR (1954). *The Origin and Early History of the Infirmary of Newcastle upon Tyne*. A.A. 4th Series Vol. XXXII, p. 72–99.

LLOYD, K. (1981). *Social Work in the Diocese*. From a Social History of the Diocese of Newcastle, p. 230, Ed. W. S. F. Pickering. Oxford University Press, London.

MACKENZIE, E. (1827). *Descriptive and Historical Account of the Town and County of Newcastle upon Tyne and its vicinity*. Mackenzie and Dent, Newcastle upon Tyne, p. 513–514.

MCMENEMEY, W. H. (1964). *The Evolution of Hospitals in Britain*, p. 43–56, Poynter FNL (ed.), Pitman Medical, London.

MANDERS, F. W. D. (1973). *A History of Gateshead*, p. 17, Gateshead Corporation.

MIDDLEBROOK, S. (1950). *Newcastle upon Tyne. Its Growth and Achievement*, p. 270, Kemsley House, Newcastle.

REID, D. B. (1845). *Report on the State of Newcastle and other Towns*, p. 69–96, W. Clowes & Sons, London.

RISSE, G. B. (1986). *Hospital Life in Enlightenment Scotland*, p. 2, Cambridge University Press, Cambridge.

SPENCE, J. C. (1934). *Investigation into the Health and Nutrition of certain of the children of Newcastle upon Tyne*. Appendix A. Report of Medical Officer of Health. Co-operative Printing Society Ltd, Newcastle.

TRAINER, J. L. (1988). *The Doctors of Kelso*, p. 11–16, Martins, Berwick.

WELFORD, R. (1895). *Men of Mark Twixt Tyne and Tweed*, Vol. II, p. 120, Walter Scott, London.

WHITEHEAD, W. (1778). *Newcastle Directory* for 1778. Thomas Angus. St. Nicholas Churchyard.

WOGLOM, W. H. (1949). *Discoverers for Medicine*, Ch. V, p. 62–3, Oxford University Press, London.

NOTES

[1] Lettsom, John Coakley, born in West Indies 1744 of a Quaker family. Sent to England and apprenticed to an apothecary in Settle. Moved to London. Became Physician at St. Thomas' Hospital, built large practice. Founded Aldersgate Dispensary 1770. His only son became physician to that Dispensary in 1797 but died of a "putrid fever after a 12 day

illness in 1800" and Lettsom died in 1815 from infection following a post mortem examination.

[2] Fenwick, John Ralph, born at Morpeth 1761. Father John Fenwick MD. Physician Newcastle Infirmary 1787–1791. Moved to practice in Durham where he died 1855.

[3] Anderson, John. The "respectable" Surgeon, practised in Pilgrim Street. Name linked with John Clark at beginning of Dispensary. Little seems known about his life.

[4] Hall, John 1733–1793. Son of a Barber-Surgeon. Became a successful Physician, elected to Infirmary 1771. In charge town asylum and had private Asylum on Leazes. Partner in Public Baths established in Bath Lane.

[5] Pemberton, Stephen, Physician on staff of Infirmary 1775–1800.

[6] Gibson, Henry. Surgeon, practised in Westgate Street. Staff of Infirmary 1759 to death in 1782.

[7] Leighton, Thomas. Prominent surgeon in Newcastle, never on Staff of Infirmary. Son born 1762 was on staff 1803–1831.

[8] Montague, Lady Mary Wortley, wife of the Ambassador to Turkey, 1718 returned to England having had her son inoculated.

[9] Doubleday, Robert 1753–1823. Quaker, philanthropist. Secretary to the Dispensary, the Lying-In hospital and the House of Recovery (Fever Hospital). Founder member of the Literary and Philosophical Society and with Reverend W. Turner the first joint secretary.

[10] LSA. The Licence of the Society of Apothicaries of London. This was granted by examination to students who had served an apprenticeship of at least five years and could produce certificates of having attended the required courses of instruction. Introduced after the Apothecaries Act 1815.

[11] MRCS. Membership of the Royal College of Surgeons of London. Following the Apothecaries Act 1815, the College of Surgeons developed a curriculum of required training and lectures in surgery following which the examination for Membership was taken. The combination of LSA and MRCS became the recognized qualifications for general practitioners.

[12] Jenner, Edward 1749–1823. Apprenticed to a surgeon at Sodbury where he heard of the tradition that people who had had cow-pox were protected against small-pox. First clinical trials twenty years later. Essay on Vaccination published 1798.

[13] Humble, Thomas. In 1832 in first group of medical students in Newcastle. After service in the Dispensary was elected physician to the Infirmary 1864: thereafter practised from 4 Eldon Square, died 1878.

[14] Farr, William 1807–1883. Qualified in medicine 1832 in practice in London to 1839 then appointed to the General Register Office where until 1880 he produced the classic series of Reports of the Vital Statistics of the Nation, the Supplements to the Annual Reports of the Registrar General.

[15] Chadwick, Edwin, Sir, 1800–1890. Great sanitarian, 1830 Barrister at Law, Inner Temple. Commissioner Poor Law Commission 1833, Poor Law Board Inquiry into causes of Fever in London 1838, Report on Sanitary Conditions of Labouring Population 1842; Commissioner on Public Health Board 1848; Board terminated Chadwick pensioned 1854.

[16] Reid, Dr. David B. The Commissioner appointed to enquire into the Housing State in Newcastle and neighbouring towns by the Health of Towns Association. Report published 1845.

[17] Smith, Dr. A. J. 1881–1957. RMO Dispensary 1926–1947, continued as Senior Medical Officer until retirement.

[18] Charles, John Alexander, Sir, 1893–1971. Studied Medicine in Newcastle, Medical Officer of Health Newcastle 1932–1944. Then Ministry of Health becoming Chief Medical Officer 1950–1960. After retirement worked with the World Health Organisation, Geneva.

[19] Spence, James Calvert, Sir, 1892–1954. Studied Medicine in Newcastle and London. Physician to the Royal Victoria Infirmary, major interest in Children's medicine. 1942–1954, Nuffield Professor of Child Health at Newcastle.

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