

THE CONVEYANCE OF PATIENTS TO AND FROM HOSPITAL, 1720—1850

by

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The long-established system of both financing hospitals and affording treatment for sponsored patients through donations and subscriptions made in earlier years by numerous charitable persons needs no treatment here, but the fact remains that their actions did much to speed the acceptance of the people they recommended, for delays often meant death.

These benefactors, known variously as Governors, Recommenders, Subscribers, and Trustees, were not on all occasions involved in the conveyance of their nominees, but their assistance certainly ensured earlier treatment, and chance of recovery was thereby improved.

No attempt has been made to enter into the realm of hospital history, the work being purely a review of the means of transport available during the period concerned.

MUCH HAS been said and written to the detriment of the eighteenth century, particularly in the matter of social conditions, but as regards the building of hospitals and infirmaries no criticism can properly be levelled, in fact the record in England at that time was one of outstanding achievement.

Leaving from consideration the very early London foundations, St. Bartholomew's and St. Thomas's hospitals,¹ this period of hospital completion started with the opening in 1719 of the Westminster Hospital, and during the next twenty-five years four other medical landmarks appeared on the London scene,² all of them being among today's teaching centres.

These hospitals alone would have marked the time as one wherein real concern began to be shown for the sick, the injured, and women in labour, although the marked growth of population in eighteenth-century England did demand more and improved surgical and medical care than had been available hitherto. This is confirmed by the fact that during the fifty years from 1720 to 1770 some twenty-five important institutions were opened in England, two in Scotland, and in Ireland three, all in Dublin. By 1800 further hospitals had been provided in the United Kingdom, whilst several dispensaries started during the eighteenth century were raised to hospital status in the nineteenth century.

The one hundred and thirty years chosen for this study is a suitable time space for it commences with the aforementioned opening of the Westminster Hospital and extends to those years when the Boards of Guardians, constituted following the passing of the Poor Law Amendment Act (1834), were beginning to aid the conveyance of patients in that section of society for which they were responsible. This was mainly effected by the Boards hiring vehicles which were basically suitable for the purpose, by having their own very elementary form of ambulance, or by borrowing

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¹ Founded 1123 and 1213, refounded 1546 and 1551 respectively.

² Guy's, St. George's, The London, and The Middlesex.

such conveyances from other Boards. The word "ambulance" must be interpreted broadly, for the term was more or less unknown and all those concerned could do was to secure a vehicle which would supply some degree of comfort and security for the invalid.

By 1847, three years before the close of the period concerned, Kensington work-house had a vehicle of its own for this purpose, Whitechapel owned two, and Islington had four or five. Holborn borrowed from the London Fever Hospital, not the most happy of choices. Further, the selected period terminates well clear of the founding, in 1867, of the Metropolitan Asylums Board which, although a London effort, encouraged later the provision of suitable transport elsewhere. Thus the period selected represents the last years when the sick and injured had to display their self-sufficiency in making their way to and from hospital.

Bearing in mind the state of medical knowledge and surgical skill, especially during the early years of the period, Thomas Guy spoke truly when he stated that, on discharge from hospital, patients were for a time too weak and ill to earn their living if this were necessary. It may well be that this opinion was further to encourage aid already being given by some hospitals to outgoing patients who required some special assistance because of their medical condition or general needs. In these cases the decision, as to the form of aid, was made by some responsible member of the hospital staff, and some examples of monetary assistance are shown in Tables 3, 4, and 6. The aid sometimes included essential articles of clothing and, on rarer occasions, food. Articles such as crutches and wooden legs were provided following the patients' surgical requirements, and were not associated with the above system of grants. Evidence of capability of self-support normally caused financial assistance to be refused: "Thomas Pitt, this day discharged, applied for some money to carry him into Kent, the place of his abode, but it appearing that he is capable of working the Committee were of the opinion that he is not an object for the relief applied for."³

The conveyance of patients both to and from hospital compared badly with the energy displayed in providing such institutions. The absence of any organized system, therefore, and the almost complete lack of local public transport in urban areas throughout the eighteenth century and its paucity during the first decades of the nineteenth century showed the need for improvisation. Although the introduction of some modes of transport overlapped the continuing use of other means, it is possible to present a picture of what was available during the period under survey, but simply walking and carrying should first be mentioned.

In urban areas, where nearly all of the hospitals and dispensaries were then located, local residents strong enough to do so walked to hospital, providing there was no serious injury to legs or feet. London's early omnibus services did receive a measure of amelioration in 1832 when omnibus drivers were given some freedom to pick up and set down passengers in the central area. These improved facilities were not of particular help to hospital-bound persons for the reasons mentioned, following Table I, concerning these vehicles. Children were invariably carried over short distances by a parent or other adult or pushed in some form of perambulator.

In rural areas, although the distance between home and point of treatment and

³ London Hospital House Committee, 2 January 1758.

The conveyance of patients to and from hospital, 1720–1850

also the medical condition of the person concerned often necessitated the finding of some form of road conveyance, many people walked, some over considerable distances.⁴

The danger attending this slow means of reaching hospital was, certainly in one instance, responsible for another hospital being provided. The Coombe (Maternity) Hospital in the Liberties on the south side of Dublin was founded early in the nineteenth century following the deaths of two women from that area who had had to make their way across the city to the Rotunda (Maternity) Hospital on the north side.

TABLE 1
Transport possibilities for hospital patients 1720–1850

	Urban areas	Country areas	Long distance
Litters	X	-	-
Sedans (private)	X	-	-
Sedans (hire-chairs)	X	-	-
Carts (carriers ^{*)})	X	X	X
Carts (employers ^{*)})	X	X	-
Carts (farm ^{*)})	-	X	X
Carts (general)	X	X	X
Waggon (stage)	-	X	X
Coaches (private)	X	X	X
Coaches (hire)	X	X	X
Post-chaises	-	X	X
Chaises (private)	X	X	-
Gigs	X	X	X
Flys	X	-	-
Cabs	X	-	-

*Farm workers seemed prone to accidents in the course of their occupation, and special instructions for adapting farm-carts for the conveyance of the injured were issued by one particular hospital; they are shown later.

The omnibus, generally accepted as having first appeared in London in 1829, has been omitted from the list because, unless there was a service from a point close to the home of the patient or reasonably near to the hospital, or both, it was of small value. The list is arranged chronologically, although there were naturally many cases where a vehicle not “appropriate” was employed. It is, however, generally representative; actual records of the types of conveyance used are few compared with the number of persons conveyed.

The *litter* was the earliest form of conveyance for the sick, particularly where only short distances were involved. The wheeled litter, usually in the form of a sprung and tolerably comfortable luggage barrow, introduced *c.* 1880, was to become popular with police forces, not only for use on the occasions of accidents in the street, but also for their own special needs when conveying difficult inebriates. Records of the employment of litters from the hospital standpoint are non-existent, but in urban areas they were in general use. Later types were provided with head cover: the much improved litters designed and introduced by the philanthropist H. L. Bischoffsheim

⁴ An example is the case of a patient who, on discharge from the West of England Eye Infirmary *c.* 1810, walked alone to his home twenty miles away; this was no exceptional case, especially where country areas were concerned.

did not appear until 1889, outside the scope of this paper. The *stretcher*, developed from the early man-carried litter, was and is a short-distance aid.

Sedans (privately owned), and *street hire* or *hackney chairs*, were in some ways useful and in others useless for the conveyance of patients, although they were frequently used in town areas if circumstances permitted. In their favour there was the strong argument that they could carry an invalid not only from his front door but from his bedchamber, along household passages, and up and down flights of stairs.⁵ The last-mentioned manoeuvre was made possible by the chairmen using short-section poles, which were usually private property and kept in the hallways of some of the larger town houses where one or more of the residents was wont to require assistance upstairs after arriving home. In an emergency short poles could, of course, be borrowed.

Another favourable feature was that their blinds and curtains provided a degree of privacy, but against these advantages must be set their inability to hold more than one person, although occasionally a mother and young child could be accommodated. Any adult attendant had to be conveyed in another chair or walk beside that of the patient; they were naturally of no use where a recumbent invalid was concerned. In records examined it has not always been possible to tell whether private or hire chairs were involved.

TABLE 2

Sedan used for patient entering hospital—Chelmsford, 1758

“Paid Wakelyn for bringing Dame Axx [*sic*] in the Sedan, being sick, 1s. 6d.”⁶

Wakelyn was probably William Wakeling, a civic official employed on various duties, particularly the serving of warrants in the Chelmsford areas. It would have been his responsibility to find an assistant for the chair which, from the wording of the record, was probably owned by the council or some other local body.

Sedans used for patients leaving hospital—St. George’s, 1741.

“Ordered that Ann Renkin have 2 shillings out of the Poor’s Box for a chair to carry her home.”

“Ordered that Ann Swiney have 2s. 6d. out of the Poor’s Box for a chair.”⁷

Hire chairs would have been involved in these two cases.

Nearly one hundred years later there was report of the use of a sedan, probably of the hire type, to convey an injured man from his work to his home: “Accident at the Shore on Friday last: a seaman while assisting in removing some stores from a cart, a cask came upon him and jammed him between it and the ship; he was removed home in a Sedan chair.”⁷

The acquisition of sedans and discarded hackney (street hire) chairs received occasional mention in hospital board and committee minutes. In 1777 it was recorded that a “chair and horse” had been ordered by the Middlesex Hospital to bring

⁶ “The Great Stair, being spacious and of easy ascent, admits of Street Chairs in which patients are brought to the Hospital with fractures, dislocations, or dangerous wounds . . . without difficulty.” ([Dr. John Steedman], *The history and statutes of the Royal Infirmary of Edinburgh*, Edinburgh, Balfour & Smellie for the Royal Infirmary of Edinburgh, 1778.)

⁷ Essex Record Office, DP 94/12/8.

⁷ *Dundee Advertiser*, 27 March 1835.

The conveyance of patients to and from hospital, 1720–1850

patients “in case of accidents”, and to prevent any abuse of the facility it was to be at the patient’s expense unless poverty could be proved.⁸ This case could, of course, be suspect by reason of the obvious association of “chair” with “chaise” and the mention of a horse. It is unlikely that a brouette or wheeled sedan with shafts was involved, for these vehicles of French origin were never popular in England, particularly with the chairmen.⁹ They were somewhat larger than the ordinary pole sedans, having been developed from the vinaigrette, but they might well have been useful in the hospital sphere. Manchester’s last sedan was held by the Infirmary, the sum of one shilling being charged for its use.

One purchase of a sedan was made as recently as 1851:

“Mr Ramsay [a member of the Board of Guardians] reported that he had inspected a second-hand Sedan chair suitable for the [Bermondsey] workhouse at Mr. John Ward’s of Saville House, Leicester Square, and who had agreed to black and japan the outside, put glasses to each side, wood panel in front. . . . Manchester striped curtains . . . poles etc. complete for the sum of £10 10s. and after consideration the Board decided to purchase the same for £10.”¹⁰

No reason was given for the purchase but patients with infectious diseases or mental illness were probably in mind. The amount of necessary repair suggests that the chair had once been a private sedan worthy of renovation, for hire-chairs when discarded, were invariably in too poor a state to warrant recovery. Part of the wording is illegible.

Sedans were used for the conveyance of victims of the plague of 1665, an order being issued that, following such a conveyance, the chair was to be aired for a set period of hours before again being used, although it is not clear whether unaffected persons could thereafter make use of them. It seems most unlikely that they would wish to do so.

The word *cart* has to be interpreted broadly for it is often difficult, from the information available, to distinguish between the varieties, there being no necessity for the matter being made clear. Examples of their use are fortunately numerous, but the following case, from Lewisham in 1764,¹¹ merits particular mention, for it sheds a deal of light on the only too often wearying and troublesome experiences of many people in search of hospital treatment two centuries ago. For convenience the three entries have been indicated by letter:

- (a) “Thomas Byally and Eliz. Browning to St. Thomas’s Hospital – to a horse, a man, and a cart. 5s.”
- (b) “To a horse, a cart, and a man for Thomas Byally to the hospital when there was no room. 5s.”
- (c) “To cart and horse to carry Byally to the Hospital when the Surgeon said it was too hot to operate.”

There is, apart from the revealing details, some mystery here. Journey (a), one of

⁸ Middlesex Hospital Board, 28 October 1777.

⁹ There is a good specimen of a sedan cart among the exhibits at the Maidstone Museum of Carriages. The reason for their unpopularity with the chairmen was that it was possible for them to be operated by one man only, he being in the shafts, and this gave rise to natural fears of unemployment. The provision of a pusher bar at the rear doubtless had its origin in representations from the chairmen themselves, whilst the public also favoured two men, as employed with the pole-sedans, mainly from the safety standpoint.

¹⁰ Bermondsey Workhouse, Meeting of Guardians, 9 April 1851.

¹¹ Lewisham Poor Rate account book, May and August 1764.

six to seven miles according to the route taken, resulted in the woman patient being accepted for treatment. Entry (b) "when there was no room" could have referred to the unfortunate experience of Byally on occasion (a), although it could have been the outcome of journey (b). In the same way "when the Surgeon said it was too hot to operate" could explain (b) as well as (c). Was there perhaps a fourth and unrecorded journey for poor Thomas Byally, or was it Bailey?

The three foregoing entries raise the general subject of the acceptance of patients, a matter with which transport to hospital was closely involved. In 1777 Addenbrooke's Hospital, Cambridge, exhibited the following notice: "No horse or cart bringing a patient to hospital shall return home until it is known whether the patient can be admitted or not."

A hired cart, such as that used in the Lewisham case, was always more convenient than a carrier's vehicle, for there would be no delays on the road due to loading and unloading. Also, as it would not run to a rough time-table, nor serve a particular route, it could set out well in time for the patient to be accepted. In the case of home-going convalescents, the hired cart was again more convenient, for, through no fault of their own, patients were often discharged too late to join a carrier's cart for their destination. This form of delay usually arose from pressure of work or a shortage of medical staff, and a hired cart could be held until the patient had been cleared medically; this saved convalescents being put at risk.

Admission days posed another difficulty for patients, this being due to the generally inadequate travel facilities along the road other than on market days, and persons who had made no preliminary arrangements for conveyance were often subjected to long waits before obtaining a lift; additional inconvenience was caused by arriving late at hospital. Here again the hired cart was the answer. This generally unsatisfactory state of affairs was in part remedied when some towns made admission days and market days to coincide, for the latter always brought much more traffic to the roads, with increased facilities for "picking up".¹²

On some occasions the common carrier or waggoner failed, for some valid reason, to take the road. In one case, in February 1831, the mother of a boy from Thorpe (Essex) who apparently arrived at the hospital by some other means, stated that she had been disappointed by the carrier, probably owing to the bad state of the roads along the way. On arrival at the Essex County Hospital, Colchester, the child's condition was found to be one requiring immediate attention and he was straightway accepted, his entry being facilitated by the presence of two hospital committee members.¹³

Some years later it was found necessary to remove a typhus patient from the same hospital to more suitable accommodation at the Union House; the case is of interest and is quoted in the form of the full report:

9 September 1847

It was ordered that the following report of Dr. Williams on the removal of Nurse Kerridge while labouring under the symptoms of typhus fever be entered in the minutes.

¹² Prominent among changes to Market days were those introduced by the Radcliffe Infirmary, Oxford, and Addenbrooke's Hospital, Cambridge, in 1834 and 1836 respectively.

¹³ Essex County Hospital records, 1831.

The conveyance of patients to and from hospital, 1720–1850

Report

To the Committee
Gentlemen,

Agreeably to your resolution that the patient Kerridge should be removed from Hospital provided that I saw no danger in such removal I deemed it proper on the receipt of such resolution to make immediate arrangements for carrying out its instructions.

As her state was more comfortable than on the preceding day and as in my opinion there appeared no probability of injury by the removal to the Union House I gave your House Surgeon directions to order a conveyance and administer strong soup or beef tea to the patient.

A light spring cart was obtained and having given her some warm wine negus she was carefully wrapped up and with her bedding and other clothing was placed in the conveyance and an attendant was ordered to accompany the cart should her services be required.

This mode of conveyance seemed preferable inasmuch as it was desirable to keep her in a recumbent position and as she was a large woman I apprehended much difficulty in getting her into a fly or cab.

Having seen her placed in the vehicle I walked towards the Union House to observe whether any delay occurred before she might be received.¹⁴

Occasionally medical authorities issued instructions (see note below Table 1) for adapting carts for the conveyance of patients should the need arise. A particular instance, laid down certainly as early as 1802 by the Salisbury Infirmary, was considered of sufficient importance to appear in every copy of the annual report down to 1826:

“As accidents happening at a distance from the Infirmary are almost always rendered more severe by the mode in which the patients are brought to the Infirmary, it is recommended to Farmers, and others, that instead of putting them on straw in a cart, they should be laid on a blanket or winnowing sheet, so nailed to the sides of the cart that it may hang loose in the body of the cart, like a Hammock, the bottom and sides of the cart under the Hammock may be filled with loose Oaten straw.”¹⁵

A further example of adapting carts for special hospital purposes dates from the early weeks of 1852 when, during a cholera outbreak, the Chelmsford Board of Health ordered the provision of a covered vehicle on springs, furnished with a mattress and blankets together with a heating system consisting of small portable stoves. Several variations in design and equipment were made in connexion with the conveyances introduced for this particular purpose.

In spite of the general preference for the convenience of the private or hired cart, hospital authorities favoured the waggon when arranging for the conveyance of home-going patients. This is somewhat surprising, for the carrier and the waggoner always had merchandise as a primary consideration and the passenger seating space usually consisted of a single plank set across the vehicle. If this was fully occupied the odd passenger was forced to seek some convenient corner among the goods under conveyance. Neither of these “facilities” provided the rest that the ex-patient needed, whereas the private or hired cart could be made reasonably comfortable. There remains the possibility that, being in the care of an experienced roadman running an organized service, they would, in the opinion of the hospital staff, be in safe hands, especially over long distances. This close connexion between hospital and waggon is shown in some early records:

¹⁴ *Ibid.*, 1847.

¹⁵ In 1854 a man was instructed by the Radcliffe Infirmary staff to bring a cart with a bed in it for the removal of his wife.

Harold W. Hart

TABLE 3
Waggon journeys arranged and paid or part paid by hospitals for patients returning home. Seat reservation arrangements

St. George's Board minute of 31 October 1739	"Ordered that Ann Smith have 10s. out of the Poor's Box, half a crown to be paid by the Messenger* to the Waggoner to carry her two day's journey towards her way to Bristol and the other 7s. 6d. to be given to her when she is in the waggon."
9 July 1740	"Ordered that the Messenger take a place in the waggon for Elizabeth Walker a patient, that he pay the waggoner for her passage and give her 2s."
16 July 1740	"Ordered that the Messenger take a place in the waggon for Sarah Angier, that he pay the waggoner 5s. and give her 2s. 6d."
11 November 1741	"Ordered that Peter Ashton have 3s. towards defraying his expenses going into the country and that the Messenger take a place for him in the waggon and pay for the same, and that it be paid out of the Poor's Box."
London Hospital House Committee minute of 28 May 1754	"Thomas Bristow . . . this day discharged incurable the Committee ordered that the Steward pay the expense of sending him in the waggon to Horsham in Sussex."
14 October 1755	"Agreed that James Brill, this day discharged . . . have money to pay his necessary expenses to Chesterford in Cambridgeshire and that the Steward agree with the waggoner for this same."

*The Messenger (St. George's) acted in the capacity of Head Porter, his various duties and activities receiving frequent mention in the Board minutes.

TABLE 4
Some destinations of patients leaving St. George's Hospital with aid from the hospital's poor's box (1739-1742) with later examples from The London Hospital (abridged information)

St. George's		The London	
Destination	Sum donated	Destination	Sum donated
"To the Bath" (a)	10s. 0d.	Barkin [<i>sic</i>]	3s. 0d. (c)
Derby	2s. 6d.	Chatham	4s. 0d.
Maidstone	2s. 6d.	Chichester	5s. 0d.
Paddington	2s. 6d.	Colchester	5s. 0d. (c)
Scotland	5s. 0d.	Dudley (Worcs.)	14s. 0d.
Shrewsbury	5s. 0d.	Edmonton	1s. 0d.
Windsor	3s. 6d.)	Eastham [<i>sic</i>]	1s. 0d. (c)
Windsor	2s. 6d.) (b)	Hatfield	1s. 0d.
Yorkshire	5s. 0d.	Salisbury	— (d)
"To be carried 160 miles into the country"	(e)	Ware	5s. 0d. (c)

Notes

- (a) This is probably a case of a patient sent to Bath Spa for water-treatment, for many years a common practice.
- (b) The difference between the sums awarded for the same destination reflects either actual distance in the Windsor area or the patient's condition and means.

The conveyance of patients to and from hospital, 1720–1850

- (c) These were known as “John Edwin” donations. Edwin had been one of the Governors of The London Hospital and had bequeathed the sum of £20 per annum for a period of ten years so that aid could be given to discharged patients who might on release be lacking food, clothing, or employment. These aids, which during the ten years appear to have replaced ordinary hospital donations, also covered persons who, though normally employed, would for a time be unfit to resume work; no loan exceeded ten shillings. Examples taken from 1753 records.
- (d) The minute showed only “expenses defrayed”.
- (e) A case of a bed-ridden patient awarded the unusually high sum of one guinea; it is unfortunate that the destination was not recorded.

In the earlier years donations were frequently made on the grounds of a patient being “very poor and friendless” or in a state akin thereto. Strangers and travellers were also aided if it were thought proper to do so: “Ordered that . . . give John Ivens 2s. 6d. to bear his expense to Birmingham, he coming here as an accident and without friends.”¹⁶ Patients’ home parishes were sometimes concerned in their conveyance: “Ordered that 10s. 0d. be lent to Catherine Chaplin to carry her into the country, the parish having promised to pay it.”¹⁷ “The parish of Hollinbo[u]rne in Kent having repaid the 10s. 0d. lent to Cath. Capplin [*sic*] to go into the country the same sum was put into the poor’s box.”¹⁸

TABLE 5
Some destinations of home-going patients, St. Thomas’s Hospital (1774)

Barking	Clapham	Limehouse	Peckham
Battersea	Deptford	Merton	Rotherhithe
Bermondsey	Gravesend	Moorfields	Shadwell
Bloomsbury	Greenwich	Moorgate	Twickenham
Bromley (Kent)	High Wycombe	Northfleet	Wandsworth
Camberwell	Lambeth	Newington Causeway	

Materials studied for this paper have revealed no definite mention of *stage coach* or of *royal mail* and any mention of a coach, as in Table 6 below, indicates a hired vehicle. Private coaches of various types were naturally involved, but their use would not have called for mention in hospital records. Both stage and mail were quite unsuited for the conveyance of the sick and discharged patients. Travel “outside” involved both exposure to bad weather and the need for some gymnastic ability on the part of the passengers to reach the seats; the common waggon provided at least some covered protection. Travel “inside” presented all the difficulties associated with stale air and the general resentment of inside occupants to having windows open. The appearance of a visibly sick person in their cramped midst over what might well be a long period would have been extremely unpopular with passengers, coach owners, and coach operators alike. The following case from 1744 highlights the subject: “The Coggeshall [Essex] overseers spent 19 shillings altogether on transporting Sarah George, foully distempered, to St. Thomas’s—it included coach hire.”¹⁹

¹⁶ F. F. Waddy, *A history of the Northampton General Hospital 1743 to 1948*, Northampton, The Guildhall Press for Northampton and District Hospital Management Committee, 1974, p. 22.

¹⁷ St. George’s Hospital Board, 6 July 1748.

¹⁸ *Ibid.*, 20 July 1748.

¹⁹ Essex Record Office 36/12/2, Register of the Poor of Coggeshall 1742–1748.

Harold W. Hart

TABLE 6
Coach hire, abridged information regarding short journeys

St. George's (1741)		The London (1753–1755)	
Destination	Sum donated	Destination	Sum donated
“Home”	4s. 0d.	“Home”	1s. 0d.
“Home”	1s. 6d.	Bishopsgate Street	1s. 0d.
None given	2s. 6d.	Islington Workhouse	1s. 6d.
		Limehouse	2s. 6d.
		Ludgate Hill	1s. 6d.
		Shadwell	1s. 6d.
		Soho Square	2s. 6d.
		Southwark (The Maize)	1s. 6d.
		Spitalfields	1s. 0d.*

*By way of comparison on a distance/cost basis, the same sum in 1650 was sufficient to carry a patient from St. Thomas's Hospital, then about half a mile from the Southwark end of London Bridge, to Whitechapel. There are no details of the means employed.

Chaises and *gigs* were popular, for they were light and could be taken at reasonable speeds if road surfaces permitted. Gigs were essentially privately owned; one of these, the property of the overseer of the parish of Corfe Castle, was used in 1813 to convey a patient to Salisbury Infirmary, the interest in the case being that when the patient returned home some months later he travelled “in the coach” which could have been a short-stage vehicle.

There remain *cabs* and *flies*, both concerned in the final decades of the review period. These were the means whereby the wealthier urban residents reached and, happily, left hospital. Cabs, apart from normal use, were held by some institutions especially for the conveyance of sufferers from infectious conditions, for in later years hire cabs were prohibited from carrying such cases;²⁰ some cabs were operated by mental asylums.

Reference in hospital records to flies are few, but there are two examples, from Brighton, worthy of mention:

“Resolved that in future no fly be allowed for the purpose of the hospital except by a written order from the House Surgeon which order is to be kept by the flyman and presented weekly with his bill.”²¹

“Resolved that the offer of Mr. John Mason of Bristol Mews for the supply of flies for the use of patients going to and returning from the Baths at 2s. 6d. each journey be accepted.”²²

²⁰ As early as 1839, Thomas Wakley, who was then coroner for West Middlesex, condemned the use of cabs for the conveyance of persons suffering from infectious diseases, and in 1856 the *Lancet*, due to his efforts, was pressing for special vehicles to be provided for the purpose. (*Lancet*, 1856, i: 409.) The London Fever Hospital had used street chairs, presumably its own property, for transporting patients. In 1831 the same institution made mention in its annual report that a hackney coach had been ordered by a patient on discharge, the fare of 4s. 6d. to an unrecorded destination being paid by the hospital; the arrangement appears to have been an isolated one.

²¹ Royal Sussex County Hospital, Brighton. Minute of 16 November 1842.

²² *Ibid.*, 23 November 1842.

The conveyance of patients to and from hospital, 1720–1850

The Report of the Commissioners for Inquiring Concerning Charities, published in 1837, mentions that St. Bartholomew's Hospital had since 1832 been sending patients standing in need of "sea air or sea bathing" to the Margate Sea Bathing Infirmary. Conveyance of the patients was mentioned but no details given; it could well have been that the Thames steamer services were employed for the purpose, particularly as they were extremely popular at the time. The cost was shown, but it included also food and laundry charges, which makes it difficult, and unwise, to speculate. Lodging, bathing charges, and attendance were totalled separately.

There are very few entries covering the conveyance of patients by sea although there are odd references to them coming from Ireland for treatment in London. The return of one person to Yarmouth, probably Great Yarmouth, is one instance where sea travel was indicated, but only one informative record has appeared: "Ordered that Jane Orr have 10 shillings out of the Poor's Box to pay her passage to Scotland and that the Messenger leave the sum with Mr. Robert Dunbar in the city in case he will undertake to send her on board a vessel."²³

With the passing of time details of patients' travel arrangements became less informative, changes in the handwriting of some of the minutes indicating a new recorder with new ideas; this unfortunate "economy" was apparent in much of the material reviewed.

SUMMARY

The essence of this study is twofold: first, to show how the sick and injured reached hospital during the last years when no organized transport was available for the purpose; and second, to illustrate the aid which began to be provided by a number of the larger hospitals to ease the homegoing journeys of patients who, by reason of their medical condition or financial means at the time of their release, would otherwise have suffered distress.

The period 1720–1850 ends at the time when a gradual improvement, particularly as regards incoming patients, was in its primary stages.

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²³ St. George's Hospital Board, 7 November 1739.