

Victoria County History of Cumbria Project: Interim Draft

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KENDAL DISPENSARY

Kendal Dispensary was founded in 1782 and opened at 23 Lowther Street on 1st January 1783.¹ Its purpose was to provide medicines plus medical assistance and advice for ‘the poor inhabitants of Kendal (and later Kirkland) unable to purchase them’.² There was little organised provision for medical relief within the Old Poor Law (pre 1834) system and charitable institutions, established to offer assistance to the sick poor, began emerging during the eighteenth century.³ These included dispensaries, whose numbers increased rapidly from 1770.⁴ Kendal Dispensary was among the first established in North-West England (with Lancaster in 1781, Carlisle 1782 and Whitehaven in 1783). Medicines were provided and medical advice offered usually free of charge. They were funded largely by subscriptions and were notably established in towns which were too small to support hospitals and where there was a strong tradition of non conformity, particularly Quakers.⁵ Kendal reflected this pattern - a patriarchal society led by liberal ‘elite’, middle-class families who had obtained their wealth through industry and commerce.⁶ Dissenters, mainly Quakers, constituted some 12% of the local population in

¹ F. Nicholson & E. Axon, *The Older Nonconformity in Kendal: A History of the Unitarian Chapel in the Market Place* (Kendal, 1915), 351; CAS (K), WPR/43/18/2/3: Kendal Dispensary Annual Statement 1786. This, and later Annual Statements, record patient numbers from 1st January 1783, though Nicholson & Axon state that the Dispensary was established in 1782.

² CAS (K), WPR/43/18/2/3: Kendal Dispensary Annual Statement 1786.

³ B. Abel-Smith, *The Hospitals 1800-1948* (Harvard, 1964), 3-4.

⁴ I.S.L. Loudon, ‘The Origins and Growth of the Dispensary Movement in England’, *Bulletin of the History of Medicine*, 55:3, (1981), 322-34.

⁵ *Ibid*; J.V. Pickstone, *Medicine and Industrial Society: A History of Hospital Development in Manchester and its region 1752-1946* (Manchester, 1985), 17, 64.

⁶ D.S. Tate, ‘The Kendal Elite: Their cohesiveness and their challengers, 1855-85’, unpublished MA thesis, University of Lancaster, 1976, 5.

late eighteenth century and there were numerous charities.⁷ There was a shared paternalistic obligation toward provision for the relief of the sick poor in what was a small face to face community.⁸

Early documentary evidence lists 129 subscribers to Kendal Dispensary in 1786. It was directed by a committee of twelve such subscribers appointed at an annual general meeting held on the first Monday in each year.⁹ Local dissenters featured prominently among the initial subscribers and committee members.¹⁰ These included Rev. C. Rotherham (Secretary), Thomas Crewdson (Treasurer), John Wakefield, Samuel Gawthrop. Early staff included Physician James Ainslie, Surgeons James Fell, John Claxton and Joseph Masterson, and Apothecary John Williamson. The doctors shared their gratuitous dispensary work with private practice in the town. The Apothecary was initially paid £50 per annum, rising later to £80.

The Dispensary Regulations stated that assistance was granted only to ‘proper objects’ (i.e. deserving cases) and depended upon ‘the production of a recommendation from a subscriber, or from an overseer of the poor, if they received a pension from the town’.¹¹ Those unable to visit the Dispensary were visited at home ‘by the physician, surgeon, or apothecary, as the cases may require.’ Accommodation comprised a waiting room, consulting room and dispensary.¹² It initially opened from 1100am, then by 1804 from 9am in summer and 10.00am in winter. In the 1830’s Dr Gawthrop was said to attend from 10am until 12 noon and from 6pm until 7pm in the evening, the rest of the day being devoted to the visitation of patients at their own homes. Average attendance was between 50 and 60 per day, some 2,000 persons per annum. In its

⁷ C.M.L. Bouch & G.P. Jones, *The Lake Counties 1500-1830* (Manchester, 1961), 182; A. Palmer, ‘Local Government and Social Problems in Kendal 1760-1860’, unpublished MA thesis, University of Lancaster, 1972, 22.

⁸ C. Dyehouse, ‘Social Institutions in Kendal 1790-1850’, unpublished MA thesis (University of Lancaster, 1971), 18.

⁹ CAS (K), WPR/43/18/2/3: Kendal Dispensary Annual Statement 1786. (Committee Members are listed in Annual Statements).

¹⁰ *Ibid.*

¹¹ CAS (K) WDEC/5/A.1, Kendal Dispensary Minute Book, 2 January 1832.

¹² H.W. Duncan, *Reminiscences of Persons and Places in Kendal 60 Years ago* (Kendal, 1890), 146-8.

fourth annual statement the Committee expressed gratification at the numbers of persons who had been relieved since the Dispensary opened.¹³

A wide variety of illnesses were treated, with bowel disorders, stomach complaints/dyspepsia and skin ('cutaneous') disorders being among the most prevalent. The annual statements show how the Dispensary responded to occasional epidemics, the Committee particularly noting that 'the utility of the institution is no more evident than in that of 'fevers'.¹⁴ In 1832 54 cholera cases were treated (of which at least 21 died).¹⁵ From 1839 there was an upsurge in numbers treated, there being scarlet fever epidemics in 1839 (648 cases treated) and measles in 1840 (277 cases), plus further epidemics in later years. In 1843/4 the Apothecary was awarded £10 for 'steady conduct, frugal administration of the funds and great attention to the poor, under an unusual pressure of business'.¹⁶

By the mid 1830s changes were emerging which would have a bearing on the future of the Dispensary. In 1836 the Committee amended the Regulations following concerns raised by the Apothecary of 'the admission of improper objects' – persons of good outward appearance (e.g. 'private house, keeping a servant', publican's daughters, finely dressed') plus others from surrounding villages. This increased the drug expenditure of the Dispensary and had a detrimental effect on overall finances as well as depriving young rising medical men in the town of their practice and thereby means of subsistence. Paupers of the townships who had a medical man appointed to attend them were excluded.¹⁷ The Dispensary had, from its inception, linked with Kendal Workhouse for the medical care of inmates and in 1836 it entered into a new

¹³ CAS (K), WPR/43/18/2/3: Kendal Dispensary Annual Statement 1786.

¹⁴ *Ibid.*

¹⁵ CAS (K), WDEC/5/A.1: Kendal Dispensary Minute Book 1832-1967.

¹⁶ *Ibid.*

¹⁷ *Ibid.*: Kendal Dispensary Minute Book Meetings 4/2/1836 and 7/4/1836. (See also Annual Statement 1835).

contract with Kendal Board of Guardians for administering medical and surgical relief to the poor residents in Kendal, Kirkland and Nether Graveship at £66pa.¹⁸

The Dispensary was largely supported by voluntary subscriptions, supplemented by an allowance from Kendal Poor Rate. Donations, legacies, investment interest and Railway Companies (for treating their workers) were additional funding sources. However by late 1830s subscription income had reduced (from £111-6-0 in 1786 to £78-13-0 in 1835) and would be exceeded by monies from Kendal Board of Guardians (albeit the number of workhouse cases was small in comparison to those treated at the Dispensary). Occasional net annual losses were evident from the 1830s, medicines and the Apothecary's salary (£80 pa by 1848) being the main expenditure items.

In September 1848 (as a consequence of the Poor Law Board 1847 Consolidated General Order) Kendal Poor Law Union proposed to divide its District No 1, into three parts with a medical officer to be appointed to each division. This effectively subsumed the work of the Dispensary and severed the connection between the two bodies. The Committee closed the Dispensary on 30th September 1848 and at its 6th October 1848 meeting resolved that it could not continue without its allowance from that source.¹⁹ Although the Committee offered to fulfil the role through its own House Surgeon 'to exonerate itself for the Dispensary's closure' this did not materialise and the Board of Guardians made its own appointment.²⁰

By the time it closed the Dispensary had treated 133,825 patients (excluding c.1,500 in 1783). It was said to be 'perhaps the most active and most useful charitable institution in the town' but its closure was brought about by the Poor Law Services that it been established to supplement.²¹

The Dispensary Committee continued its charitable funding as 'The Old Dispensary Fund' after

¹⁸ *Ibid.* (Further Amendment to Regulations).

¹⁹ CAS (K) WDEC/5/A.1: Kendal Dispensary Minute Book Meeting 6/10/1848.

²⁰ *Ibid.*: Kendal Dispensary Minute Book Meetings 20/10/1848 and 13/11/1848.

²¹ C. Nicholson, *The Annals of Kendal* (Kendal, 1832), 195.

1848.²² It used investment interest to contribute to a public wash house (1862), Kendal Memorial Hospital (1870) and Kendal Provident Dispensary (1883). It further continued after 1893 as the 'Charitable Funds Committee' (merging with Kendal Soup Kitchen Committee). Final allocations were made in 1967 and residual funds were handed over to Kendal Almshouses Trust in 1977.

²² CAS (K), WDEC/5/A.1: Kendal Dispensary Minute Book, 2 January 1832-1967.