Compared to doctors, patients and institutions, visitors are an under-studied constituency in medical history. The collection of essays in this book situates the historical practice of hospital and asylum visiting in broad social, cultural and geographical perspectives. This introduction loosely categorises visitors into four groups: patient visitors, including family and friends; public visitors, such as entertainers, tourists and the clergy, who have no direct formal ties with the institution or the patients; house visitors involved with the management and government of the hospital; and official visitors, who have inspectorial responsibilities. Discussion of the wider historical significance of visiting draws attention to issues such as urban governance, philanthropy, the public sphere, civil society and citizenship.

Guy Browning’s droll advice on ‘How to... Visit a Hospital’ in The Guardian’s Weekend 2 April 2005 edition satirises some of the experiences historicised in this book. Browning warns today’s potential hospital visitor that the ‘smart, middle-aged woman in a uniform… dishing out words of comfort’ is the cleaner, while the ‘young girl in casual clothing visiting the old man in the next bed’ is, in fact, the senior consultant; on gifts of food, visitors should be aware ‘that people who don’t like fruit at home are unlikely to have developed a taste for it in hospital’; and in the realm of infection prevention, Get Well Soon cards are to be avoided as they have been identified as major carriers of the hospital ‘superbug’ MRSA. Of course, Browning’s spoof would carry little comedic weight if his audience could not instantly recognise and understand the basis of his lampoon in the first place. The same applies to the work of the Cornish poet, Charles Causley, who addressed the subject of institutional visiting three decades earlier in his
poem ‘Ten Types of Hospital Visitor’. Causley, like Browning, banks on the vast majority of his readers having visited a friend or a relative in a hospital. We would further wager that probably most people’s experience with a health institution, historically, is as much as a visitor as it is a patient.

The collection of essays in this book is intended to situate the historical practice of hospital and asylum visiting in broad social, cultural and geographical perspectives. From them we learn that the scope of visiting extends far beyond the familial context. It is hoped that these essays will deepen our sketchy understanding about who visitors were, what visiting involved and how the practice has evolved from the mid-eighteenth century to the present day. In a variety of national contexts, visiting in its widest sense emerges as an intricate set of disputed arrangements and interactions. Scrutiny of visiting promises, at least partially, to deflect attention away from patients and doctors, and from the glorification or demonisation of the institutions themselves. Rather, consideration is given over to a constituency that is not so much part of the institution as periodically and momentarily drawn into its ambit. Historical studies of visitors and visiting promise to tell us much about the changing relationship between institutions and the communities they serve, particularly at a time when it is becoming more common to find visitors themselves as the topic of academic research.

Who were visitors and what did they do? The answers to these questions are, in fact, complex and encourage us to categorise types of visitor in order better to understand them. As we shall see, visiting involved the comings and goings not only of relatives and friends, but also of administrators, managers, philanthropists, lay care-givers, priests and ministers, entertainers, and tourists. For the purposes of simplicity, in this introduction we consider four categories of visitor that form the basis of the studies in this book. First, family and friends or ‘patient visitors’. Second, ‘public visitors’, under which are classed members of the public not associated with the direct administration of the hospital or with familial ties to the patients. Such visitors might include entertainers, tourists or members of the clergy. We identify a third group as ‘house visitors’, individuals who were usually involved in the formal management and government of the hospital by way of a donation or subscription. Such individuals commonly performed, for want of a more historically appropriate term, quality control tasks. Historians have already argued that these visitors took an active interest in patients who entered the institution on their subscription ticket. The final category is that of ‘official visitors’ who were usually, but by no means always, salaried inspectors of the state, and were responsible for monitoring and reporting on the performance of, and conditions inside, institutions. Often, though again not always, run by local and central governments, such inspections were, of course, carried out on behalf of the wider community.