Visitors at the Hospital for Sick Children, Great Ormond Street, fulfilled an economic, social and marketing role at an institution which, in its earliest years, struggled against significant opposition from medical and charitable critics. Men and women from the respectable classes found a function that reflected well their philanthropic credentials, and that also opened up social and professional opportunities. The parents and families of the patients, however, found themselves marginalised by the hospital, and granted little scope to influence the hospital experience of their children or to interact with the supporters of the institution.

Children’s hospitals in Britain were a late specialist institution. The first were not founded until the 1850s, against considerable opposition from the medical establishment and lay opinion that decreed children were not suitable objects for hospital treatment.¹ Once established, the management of these specialised institutions was largely in masculine hands, as was the clinical care of the patients, and the all-important fundraising.² Visiting rights and opportunities, however, were open to both sexes, and visitors were an important factor in a hospital’s relationship with its supporters and in the creation of its wider profile. A bad visit for a member of the public – for example, where staff were deemed to be rude or unprofessional – could result in adverse publicity and a drop in donations; a successful one, by contrast, might attract support of a family or church congregation for more than a generation.³ As witnessed by the foremost Victorian publication on hospitals, ‘[v]oluntary hospitals live by popular favour, and to take away that is to deprive them of the breath of life’.⁴ The following is a consideration of the role of visitors in the life and growth of the Hospital for Sick Children, Great Ormond Street (HSC), the first and most influential of the British children’s hospitals, from 1852 until 1879.
There were, in essence, three different types of visitor to the HSC: male management committee members who took turns to inspect the establishment on behalf of the hospital governing body; women – and less commonly, men – who acted as formal, but more often informal, commentators on the cleanliness and nursing standards of the institution; and the friends and families of the patients. This last group was subjected to high levels of regulation and frequent exclusion from the wards, and was regarded as something of an irritant to the smooth running of the institution. Although presumably the most important group to the patients, it occupied the lowest rung in the visitor ladder as far as the hospital was concerned, although there were contradictions. Without parental consent there would be no patients, and it was important to ‘sell’ the hospital’s services to the families. This was no mean feat for the HSC; London’s poor housewives had well-established networks of local support in times of family sickness, and removing a sick child to this new institution could upset the delicate balance of neighbourhood dependence. In order to induce them to proffer their children to the hospital for treatment, it had to offer a level of care and range of services that made the transaction worthwhile. Once the child was admitted, however, his or her family was subject to intense regulation and periods of exclusion.

Subscribers to children’s hospitals were wooed with tales of parents as decent hard-working people who could not afford to pay for the medical care of their children, and thus, worthy of assistance. However, in contrast, parental neglect or vicious behaviour was also seen as the cause of their children’s sickness. The General Hospital and Dispensary for Children, Manchester claimed its justification for existing was:

In counteracting the thousand nameless evils which attend bad feeding and bad nursing, or the neglect and vices of the parents; and which either nip in the bud the precious lives of these ‘little ones’, or cause them to grow up sickly and diseased men and women – their lives too often a burden to themselves and others?

In the earliest days of the hospital’s life, certain maternal responsibilities were still expected to be fulfilled. For example, mothers of in-patients were charged with undertaking their child’s laundry. Every in-patient was supplied with slippers and a wrapper by the HSC, but parents were expected to supply decent clothing for all but the eruptive fevers, and to take away the dirty clothing and linen for washing. Measles and scarlet fever cases were put in fever wards, separated from the rest of the hospital, and in these cases the HSC supplied all clothing, and returned the patients’ own clothes, disinfected, on discharge. As the hospital grew, however, and the dangers of