Stage-Managing a Hospital in the Eighteenth Century: Visitation at the London Lock Hospital

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London’s Lock Hospital, established in 1747 to treat venereal diseases, depended heavily on charity. Its administrators tried valiantly to project a positive image of the hospital in spite of the pervading moral assumptions about its patients and doubts about whether they deserved charity. Policies governing visitation were bound up in the hospital’s attempts to police itself and promote its cause to benefactors. Visitation policies served numerous ends, including policing patients, introducing moral reform, monitoring the staff, and obscuring the reality of the wards from public view, ensuring that prospective donors only saw what administrators wanted them to see.

London’s Lock Hospital was unique. Founded in 1747, it was the first English hospital devoted exclusively to the care of venereal disease. The royal hospitals of St Bartholomew’s and St Thomas’s also provided treatment for the scourge often called the ‘Secret Malady’ or the ‘Foul Disease.’ But the Lock was the only hospital in England to make its sole purpose caring for victims of the ‘wages of sin’—another cliché from the period. This unique mission meant that the Lock had to tread cautiously. Many were the critics who argued that the hospital encouraged sin by allowing the justly punished to escape their plague. As a result, hospital authorities were acutely aware of the need to handle certain policies carefully. Rules governing visitation were among the most important of those policies.

At the Lock, the issue of visitation concerned much more than merely whether to allow patients’ friends and relatives to enter the hospital. That question was important, but in addition to this meaning of the term, visitation at the Lock Hospital also demonstrates how older notions of the concept continued well into the Enlightenment. As it had throughout the mediaeval and early modern period, visitation also constituted, on the one hand, an important form of institutional surveillance and, on the other, a strategy for moral reformation. One can only fully understand visitation at
the Lock if one appreciates the influence of these older legacies of the term. Moreover, policies governing all three forms of visitation were bound up in the hospital’s vital and carefully managed public relations campaign. The Enlightenment is now characterised as witnessing the birth of the all-important public sphere, or the rise of what some simply choose to term ‘public opinion’. As public opinion became increasingly influential in most every endeavour – whether in politics, culture or the economy – so too did it take on new importance for hospitals. Public opinion was essential to the survival of the Lock Hospital, and, we will see, visitation policies were essential to public opinion. Finally, visitation policies can also provide a gauge of the direction of the institution itself, for after 1780, the charity intensified its efforts to reform patients, and visitation policies changed dramatically.

The Lock Hospital emerged from the voluntary charity movement in eighteenth-century England. That movement witnessed a flurry of charitable activity driven by private initiative. Unlike parish institutions such as workhouses, funded by the state through the Poor Law, or the Royal hospitals like St Bartholomew’s, St Thomas’s or Christ’s, which had been endowed by the crown and had ties to the city government, voluntary charities were funded exclusively by private donation. Groups of urban mercantile élites applied the principle of the joint stock company, whereby many investors could join together in a charitable endeavour. Most benefactors were unlike Thomas Guy, the London bookseller so fabulously wealthy he could launch the hospital that still bears his name largely from his own fortune. Unable to give such enormous lump sums, most contributors to eighteenth-century voluntary charities ‘subscribed’ a set amount each year. Through collective organisation and steady contribution, members of the urban middle class could finally take some pleasure in the rewarding act of conspicuous contribution, something which – as the term noblesse oblige suggests – was traditionally a luxury of the landed nobility.

Hospitals were among the most important examples of this new charitable form. By the time the Lock opened its doors in the late 1740s, London could already boast of such institutions as the Westminster Infirmary, the Middlesex Infirmary, the London Hospital and St George’s Hospital. The voluntary charity model was particularly popular, not just because it offered an opportunity for giving to a new class, but because of particular advantages the voluntary charity structure seemed to provide. For one thing, these polite and commercial people wanted good value for money. One of the most attractive features of the voluntary hospital was that participation in the administration of the institution accompanied subscription. Donors who gave the annual subscription fee – five guineas at the Lock – became governors of the hospital with all the rights and privileges