



James and George Norman and the rise of the Casualty Hospital, 1783-1861

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Introduction

The amount of building work being undertaken in Bath in the eighteenth century caused problems for the Poor Law authorities because of the number of migrant workers who were not settled in city parishes. Extensive building work led to increasing numbers of accidents involving day labourers who then, unable to work, became a drain on the poor rates or had to be removed to their parish of settlement. In order to alleviate the situation, a group of men met together, in 1787, and agreed to form a hospital, the sole purpose of which was to treat victims of serious accidents. The development of the hospital had a number of advantages not only for the poor, but also for the medical profession in Bath and, more specifically, for the two surgeons most closely associated with the hospital – James Norman and his son, George.

The medical profession was not always well regarded in the eighteenth century. Writing about medical men, Barbara Brandon Schnorrenberg wrote that the public deemed the medical profession to be more interested in making money and in quarrelling within its own membership than in curing the sick.¹ Ben Wilson, in *Decency and Disorder, 1789-1837*, described contemporary perceptions of physicians as men who were remote, expensive, possibly badly educated and often unable to offer any form of relief from suffering.² Medical men in Bath also had a reputation, whether deserved or not, for avarice and 'cronyism.' Robert Southey, writing in 1803, referred to Bath as 'the Canaan of Physicians', as the city was 'overstocked' with medical men and abounded with wealthy patients only too happy to have whatever disease was suggested to them.³ In addition, Roy Porter has drawn attention to the eighteenth century as 'a golden age of quackery' and Bath, as a city devoted to healthcare and patronised by the wealthy, no doubt had more than its fair share.⁴ Samuel Solomon, a well-known figure at the end of the eighteenth century whose

cure-all, the Balm of Gilead, made him a fortune, visited Bath at least twice, once in 1798 when he gave three guineas to the General Hospital and three guineas to the City Infirmary, and again in 1799 when he held consultations at 2 Queen Square.⁵ Bath physicians were also satirised by both Smollett and Christopher Anstey.⁶ By way of contrast, Schnorrenberg has drawn our attention to the number of reputable medical men in Bath and it is firmly in this group that James and George Norman stood.⁷

By tracing the development of the hospital and examining the career of George Norman, in particular, we are able to see how involvement with a charity enabled men to progress both professionally and socially. This article will, therefore, look closely at the development of the Casualty Hospital and at the lives of James and George Norman and will touch on the wider implications of their work within the framework of a medical charity.

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Subscription philanthropy

By the eighteenth century it was suspected that a number of ancient charities in England had been mismanaged and that, possibly, large sums of money originally intended as charitable benefactions, had been lost. Charitable works by public subscription, based on the concepts governing joint-stock companies, therefore became the preferred method of financing such works. Bath's visitors and residents would have been familiar with the use of subscriptions for charitable causes. The first beneficiaries of this new form of philanthropy were general or accident hospitals. In London, the Public Infirmary (later the Westminster Hospital) was established in 1719, St. George's in 1733, the London in 1743 and the Middlesex in 1745.⁸ Although a General Infirmary was established in Bath in 1739, it was not available to Bath residents, and it was another fifty years until the foundation of the Casualty Hospital meant that the poor in Bath were able to avail themselves of an accident hospital.⁹

The new subscription form of philanthropy had the advantage of enabling subscribers to see exactly how their money was being used, and, if they wished, to have a degree of control over the enterprise. This may well have had an appeal in Bath where, by virtue of the incorporation of the city, only the thirty members of the Corporation had the franchise. It enabled the wider

charitable elite of the city to become more involved, and to gain a measure of control over the poor rather than leaving them entirely in the hands of parish officers. For members of the medical profession, charitable medical institutions also provided opportunities for the growth of knowledge, for the acquisition of status and for social and financial advancement.

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The formation of the Casualty Hospital

On November 20th 1787, a small group of men led by the Revd. John Sibley, Rector of Walcot, met to discuss the desirability and feasibility of a hospital to assist those involved in sudden accidents.¹⁰ The group in Bath, including James Norman, a surgeon newly arrived in the city, attributed the need for such an institution to the increase in building work. This had attracted workers to the area, and 'day labourers and poor people' were particularly vulnerable, because of the nature of their work, to the possibility of sudden accidents. The Coroners' Records show that the second biggest cause of accidents after drowning was falling.¹¹ Men fell off ladders, out of windows, off roofs and into the river, and, while it is difficult to say how many of these accidents were directly work-related, the records show that between 1780 and 1789 there were thirteen accidental deaths recorded, many of which may well have been work-related. Many more accidents will have occurred that resulted in injuries, possibly severe, and possibly leading to permanent disability.

At this early stage, the charity was intended for the parish of Walcot only, and the parish vestry had already agreed to pay five shillings a week for every Walcot parishioner who became a patient in the hospital. The hope was expressed that other Bath parishes would agree to pay a similar amount, thereby making the facility available to their own parishioners. No doubt the parish officers in Walcot saw the sense of supporting a local charity that would have the effect of returning to work as quickly as possible men and women who might otherwise remain a burden on the poor rates. In this way, they were transferring the costs of supporting accident victims and their families from ratepayers, some of whom may have been close to pauperisation, to the more affluent in the parish who, it was hoped, would become subscribers. At the first meeting it was agreed that the Trustees should meet monthly to pass the

accounts, and William Anderdon, then still a banker in Bath, was appointed treasurer.¹² Daniel Lysons MD and James Norman, surgeon, had agreed to give their services gratis and their offers were accepted.

It was common practice at the time for charity trustees to supply subscribers with tickets that could then be passed to potential recipients, the number of tickets supplied being related to the size of the donation. In this way it was hoped that only the 'deserving' poor would benefit from the philanthropic generosity of subscribers. Subscribers to the Casualty Hospital, however, were not to be supplied with tickets and, unlike other charities in Bath, accident victims did not need to secure the recommendation of a subscriber before receiving help. The sole criterion for treatment at the hospital was involvement in a severe accident.

January 1788 was a busy month for the Trustees of the new venture: by the third of the month a house at 28 Kingsmead Street had been rented for one year, and by January 10th the first patients had been admitted.¹³ In March, the Trustees agreed that the Churchwardens of the other three Bath parishes should be asked to contribute ten guineas to the charity, although they would still be expected to bury their own dead.¹⁴ The problem of burial was one that had been raised at the General Infirmary, since, if the family of the deceased was unable to pay for burial, the expense fell on the parish.¹⁵ The Trustees, therefore, were anxious to avoid any additional expense for the parish that might arise relating to the burial of the very poor.

On Tuesday, March 11th 1788, the Trustees met with the churchwardens and overseers of St. Michael's, St. James's and Abbey parishes to ask for their support.¹⁶ The Abbey churchwardens did not feel able to ask ratepayers to contribute, and Mr. White, a perukemaker who was overseer for St. James's, gave the same reply: only the parishes of St. Michael and Walcot were prepared to support the hospital. On April 1st 1788, the churchwardens of Walcot came to a further agreement with the Trustees. They were prepared to extend their agreement to include not only the parishioners of Walcot, but also anyone residing in Walcot who did not have a settlement either in Walcot, or in any of the other Bath parishes. While Walcot encompassed the 'best' addresses in the city, it also included some of the poorest areas, Avon Street, for example, and the courts and alleys on either side. Here there would have been a concentration of migrant casual labourers, without a settlement in the parish, and the most vulnerable to abject poverty in the event of an accident. Further, Walcot vestry

was prepared to pay for anyone who suffered an accident while working in Walcot although not residing there and without a settlement in any other Bath parish. The vestry would also take responsibility for either burial in the event of death, or removal to the parish of settlement in the event of recovery. This was a generous agreement and indicates the high degree of commitment Revd. Sibley and the parish officers had to helping the poor in a parish that was in the thick of the building boom of 1785-1793.¹⁷ As residents of the city, and businessmen, they undoubtedly appreciated the need for migrant workers and the need to keep them, as cheaply as possible, within the city. This provides a good example of a private charity that obtained public funding, something that may have had particular appeal to public administrators, in this case parish overseers, as an oblique method of dealing with the social problem of injury and illness.¹⁸ This also avoided a public admission that the poor had a right to medical care.¹⁹

On May 20th 1788, Mr. Norman produced his monthly accounts and then left the meeting to attend a patient. Both Dr. Lysons and James Norman were entitled to attend meetings of the Trustees but had no vote. Norman was asked in future to produce accounts in advance of the meeting 'for the better dispatch of business'.²⁰ This was the first indication that James Norman did not always 'fit in' with the committee. Over the years he was to be reprimanded on a number of occasions for minor infringements of the Rules. Perhaps this is an indication that he was not an ideal committeeman. Nonetheless, after one year at the Casualty Hospital the Trustees awarded him a gratuity of twenty guineas.

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James Norman

James Norman arrived in Bath in 1783, having trained as a surgeon in Bristol where he had been on the staff of St. Peter's Hospital and the Bristol Royal Infirmary.²¹ He had apparently resigned suddenly and without explanation and moved to Bath. He arrived in Bath with his wife, Anne, who was the daughter of Valentine Watkins, esq., of Bristol, and his young son, George.²² George Norman's entry in Plarr's *Lives of the Fellows of the Royal College of Surgeons* suggests that there was an older son who died in the early nineteenth-century.²³ Munro Smith, the historian of the Bristol Royal Infirmary, described Norman as having 'a rough exterior and a blunt unpolished

manner'.²⁴ Although he was a good practitioner, we can imagine that such a man might not fit well with Bath's medical establishment. There were a number of surgeons in Bath and competition may well have been fierce.

Aligning himself with a new medical charity was a shrewd move and had a number of advantages, both political and financial and in the acquisition of status. For a man with a 'blunt' manner it may not have been easy to break into the Bath medical establishment. At the hospital, Norman was mixing with people such as the Revd. Sibley, rector of the largest parish in the city, covering the most prestigious residential areas as well as the most poverty stricken. Sibley was influential in a number of institutions and well respected. James Norman will also have worked closely with William Anderdon who was treasurer to the charity. Anderdon was a partner in a bank in Bath, and although it went into liquidation in the 1792 crash, he and his family were well respected in the city. William Anderdon was also a member of the Corporation for a number of years and mayor in some of those years, as were other family members. No doubt, through his work at the hospital, Norman would have been able to 'network' with some of the more influential members of the ruling elite in Bath.

Unlike surgeons at the Bath General Hospital, the surgeon at the Casualty Hospital was able to take on apprentices. In November 1792, an advertisement for an apprentice at the Casualty Hospital appeared in *The Bath Chronicle*.²⁵ Apprenticeship fees were whatever parents of prospective apprentices could be persuaded to pay, so this may well have been a lucrative source of income. There are no details of the premiums paid by apprentices at the Casualty Hospital but, when in 1770, Henry Wright, surgeon, took on William Thomas as an apprentice the premium was £262.²⁶ The Coroners' Records suggest that student surgeons were working at the Casualty Hospital at least from 1819.²⁷ Norman's income from the hospital also increased over the years as the charity became more and more successful.

In January 1790, Norman addressed a letter to the Trustees in which he made a number of points concerning surgeons' fees.²⁸ He claimed that there were no set charges for the work of a surgeon and most were happy to treat the poor for free. For those 'in the middle sphere of life', surgeons were happy to charge fees proportional to their patients' circumstances, although he comments that these fees were rarely adequate. From the rich, surgeons expected 'a more liberal compensation'. Most surgeons charged reasonable amounts but, he claimed, there were a number of his colleagues who 'through avarice' made extortionate

demands and were, therefore, a disgrace to their profession. Having given his services free for two years, he felt that it was not unreasonable to ask for a gratuity proportional to the more affluent state of the charity. When it grew even richer, he would expect a greater reward. He wrote that he expected the charity to become more affluent due to the Trustees 'judicial management'. His request was granted and, thereafter, he received a gratuity of forty guineas per annum. This letter reveals James Norman as a man with a commitment to helping the poor, a degree of self-worth, with a strong sense of social justice, and not averse to using flattery to achieve his ends. Throughout the history of the Casualty Hospital, James Norman was adamant that a subscription scheme for funding the hospital should not lead to a system of admittance by ticket, thereby encouraging the continuance of a system of patronage and deference. This insistence on admission on the basis of need only was to prove a major stumbling block to a merger with the Bath City Infirmary and Dispensary.

At the time of writing his letter to the Trustees, James Norman gave his address as St. John's Court, not in the best part of town, and described by R.S. Neale as 'a place of working class settlement'.²⁹ The Directory for Bath for 1800 lists James Norman as midwife and surgeon, now at 8 New King's Street, a much better address, but still in the south of the city.³⁰ By 1809 Norman and Son, surgeons, were listed as living at 24 New King's Street.³¹ James was sufficiently secure in Bath to have improved his status by changing his address. By now he was sufficiently part of the medical establishment in Bath that in June 1797 there is the first record of him having given medical evidence at a Coroner's Inquest.³²

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The work of the Casualty Hospital

The charity flourished and, over the years, the Casualty Hospital increased in size, proving the need for such an institution. The Trustees reported that in their first year they had admitted forty-five patients of whom thirty-seven were discharged well, six died and two remained in the hospital.³³ In January 1792, the Hospital reported that in the years since the Hospital had opened, they had admitted 109 patients, discharged as cured ninety-six, but seven patients had died.³⁴ The hospital had also treated 600 outpatients. As early as August 1790, two new beds with bed linen and towels were ordered.³⁵ As well as effecting a cure, it

seems likely that, at least for the very poor, being in the Hospital would have involved an improvement in living standards, as patients had a bed, bedclothes, food, drink, care of some sort, and, possibly, emotional or religious comfort.³⁶

In January 1791, it was recorded that all ten beds were full and that two more had been ordered, and later in the month the two beds that had been kept for emergency amputations were pressed into general use.³⁷ Two further beds were added in June, and in November a builder was asked to inspect the garrett with a view to converting it for the use of patients.³⁸ On May 1st 1792, the Trustees recorded that in the previous years the Hospital had treated 102 in-patients and 690 out-patients.³⁹ By 1812, it was obvious that the premises in Kingsmead Square were inadequate and James Norman was charged with the job of finding 'a more commodious house'.⁴⁰ No progress would appear to have been made as, in September 1819, it was reported that the Hospital had been so full that an apartment had been hired to accommodate patients.⁴¹ It was agreed in January 1820 that the charity would have to either buy or build a new hospital and James Norman was once more given the job of finding suitable premises. He quickly found 4 Pierrepoint Street and was instructed, on January 20th, to buy the premises for £1,000. The sale must have fallen through because he reported on February 1st that he had found a suitable piece of land.⁴² The search for new premises, however, came to nothing until the merger with the Bath City Infirmary and Dispensary.

The first approach to the Casualty Hospital by the Bath City Infirmary and Dispensary (then The Pauper Charity) had been made in January 1789. The Casualty Hospital's rejection of the advances of the Pauper Charity had led to the formation of the Bath City Infirmary and Dispensary.⁴³ In its reply to this early approach, the Casualty Hospital set out its *raison d'être*. The Hospital was there for 'the reception of casualties without distinction the accident being sufficient recommendation without further enquiry'.⁴⁴ The matter was not raised again until late November 1817.⁴⁵ There were obvious advantages to a merger: both charities would pay less rent, particularly important as both institutions had a need for larger premises, bills for wages and other expenses would be lower, and the united institution would have, to use a modern phrase, a larger profile in the city. Nevertheless, in 1817, the Casualty Hospital still felt that 'the objections supercede (*sic*) all advantages'.⁴⁶ There were two major areas of disagreement between the two charities - the constitution of the governing body and, probably more importantly, the criteria



fig 1: The United Hospital, Beau Street, c.1849. With the Old Royal Baths in the foreground. Photograph attributed to W. Russell Sedgfield.
Bath in Time – Bath Central Library Collection

for admittance. In the first case, the Casualty Hospital trustees wanted to keep the governing body small and self-perpetuating, while the Infirmary and Dispensary favoured a larger management committee elected by the subscribers. The Casualty Hospital had always taken in-patients solely on the basis of need, whereas the Infirmary and Dispensary preferred to control the intake of patients by means of the recommendatory ticket. The differences indicate an ideological gap between the charities, the Casualty Hospital management being oligarchic, reflecting the Corporation of the city, while, at the same time, appearing more egalitarian through admittance by need alone.

The founding trustees were, in fact, determined to keep a firm and paternalistic check on the charity with as little input from the subscribers as possible except, of course, for their donations. The Infirmary and Dispensary, on the other hand, were prepared to open the management of the charity to subscribers, but wanted to keep control of the intake of patients. Subscribers were able, if they so wished, to play a much more important part in the running of the charity. This reflected more accurately the growing desire among the middling sort for involvement in the management of philanthropy in the country in general, while, at the same time, ensuring that only the 'deserving' poor received help.

After protracted negotiations, a merger was arranged and in the Casualty Hospital minutes a brief entry for February 19th 1823 notes a meeting of subscribers in the Guildhall, chaired by Charles Crook, apothecary and mayor.⁴⁷ The Corporation offered a donation of £1,000 towards the erection of a new hospital. It appears that the Corporation had been determined that the two charities should merge and was prepared to use its money to achieve this end.⁴⁸ The new institution was called the Bath United Hospital and was the foundation of what Bathonians now know as the Royal United Hospital. [fig. 1]. It is tempting to speculate that negotiations leading to a merger were delayed by the determination of James Norman to maintain the *status quo* at the Casualty Hospital. As early as April 1820, James Norman inserted a somewhat peevish advertisement in a local paper to the effect that, after thirty years of active service, he was withdrawing as a Trustee because of the proposed merger. He claimed that the Casualty Hospital was abandoning an excellent constitution that had meant the institution had been governed 'in perfect harmony' 'to the entire satisfaction of the Public'. He would, in future, see pregnant women at his own premises.⁴⁹ Heavily involved in the merger was James Norman's son, George. Part of the agreement between the two charities was that George Norman was to be appointed surgeon at the new institution.

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George Norman

George Norman was born around 1783, about the time his parents came to Bath. Nothing is known of his early life or education but it would appear that, after a short spell in London, he became his father's assistant in 1801, and,

on June 4th of that year, he became a member of the newly-formed Royal College of Surgeons of England.⁵⁰ Plarr's *Lives* suggested that after the death of an elder brother, George began to practice as a surgeon on his own account. Then, in February 1816, George was appointed Assisting Surgeon to his father at the Casualty Hospital and, a month later, James resigned as surgeon and George was appointed in his place. After his resignation, James was appointed as a Trustee and would then have had a full voice on the Committee. Thereafter he was recorded in the minutes as attending regularly as the Hospital Visitor. This was not to visit patients in a social manner but to be available to hear complaints and to check the accounts and twice a year to undertake stocktaking. So, although no longer working in his professional capacity at the hospital, he was still very involved in the running of the charity.

George Norman was married in 1816 to Margaretta, daughter of John Kitson esq., of Bath.⁵¹ Kitson was an apothecary of some note in the city and was Mayor in 1817.⁵² George and Margaretta went on to have four daughters, Emma, Louisa, Isabel and Margaretta.

By 1833, James Norman was no longer mentioned in the *Bath Guides* but George was listed as living at No.1 The Circus, one of the most prestigious addresses in the city.⁵³ Having been elected to the City Corporation in 1812, and, having served his apprenticeship as a councilman, George Norman was made Mayor in 1834. In 1836, when the Municipal Corporations Act was implemented, he was elected as a town councillor for the new Kingsmead ward. He was also made an alderman and a justice of the peace. He was elected Mayor again in 1841, the only mayor to serve both before and after the Municipal Corporations Act. He also became Deputy Lord Lieutenant of the county of Somerset. When he retired from the Bath United Hospital in 1857, he was made one of its Vice-Presidents, and his marble bust was set up in the hall of the hospital.⁵⁴ He was presented with a 'testimonial' from 'the working classes' to mark their sense of his services to the public.⁵⁵ [fig.2].

George Norman died of pleuropneumonia, after a few days illness, on January 17th 1861. He was seventy-eight years old. He had been a much loved and respected presence in the city and his funeral was an occasion for the Corporation and people of Bath to recognise his contribution to the life of the city, particularly to the lives of the poor. The opening lines of a poem written to mark his funeral give a vivid, if somewhat sentimental, view of how George Norman was regarded.

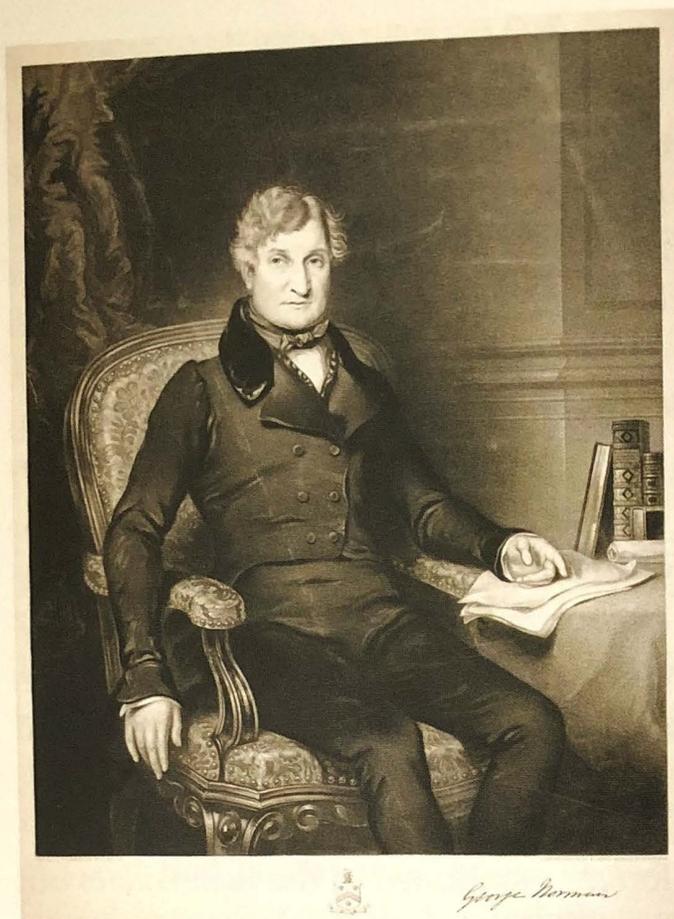


fig 2: Portrait of George Norman FRCS 1840. Printed and engraved by W.O. Geller. Published London by Henry Benham Oct. 16th 1840.

Bath in Time – Bath Central Library Collection

'He around him saw a crowd in tears; and said
"Why do you weep?" they answered, "NORMAN's
dead!"

"Aye", said, with faltering voice, a loving wife,
"Good Doctor Norman sav'd my husband's life."

"For me," another said, "he did more good,
He cured my ailments and he gave me food."

"I", said another, - "well may I lament;
He sav'd me, fed me, cloth'd me, paid my rent"

Not on poor folks alone did he attend,
The gentry, too, have lost a friend.'

The poem purports to have been written by a stranger to Bath but it gives us some insight, albeit in a rather patronising manner, to the generosity and breadth of George Norman's commitment to helping the poor.⁵⁶ The obituary that appeared in *The Lancet*, described George Norman as simple, unaffected, perfectly self-possessed, a strong Liberal and an active politician.⁵⁷ At his death he was Consulting Surgeon to the United Hospital, Surgeon to the Puerperal

Charity, Vice-President of the British Medical Association, and Fellow of the Royal Medico-Chirurgical Society.

On the day of George Norman's funeral, the Corporation and other mourners met at the Guildhall, from where they proceeded in twenty carriages up the hill to Bennett Street, where they met members of the medical profession.⁵⁸ Norman's family joined the procession at The Circus. In all, forty-one carriages proceeded to the cemetery at Lansdown. Norman's four daughters were in the first carriage but no mention was made of Mrs. Norman. The carriages were followed by a number of mourners on foot although *The Bath Chronicle* stated that, because of some confusion as to the time of the funeral, a number of people intending to attend on foot were too late for the ceremony. This is sadly ironic. The very people who probably owed most to him were unable to pay their last respects by following the procession up the hill to Lansdown. In the south aisle of Bath Abbey, there is a stained glass window by Clayton and Bell entitled 'Christ healing the sick' or 'The cripples' window' after a painting by Frederick Overbeck.⁵⁹ It was donated by public subscription in memory of George Norman. [fig.3].

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The medical profession and charity

Arguably, James and George Norman gained considerably from association with a medical charity, and as part of the management of the Casualty Hospital. There are three areas in particular in which the medical profession had much to gain from voluntary institutions – financial, social, and in an increase of clinical knowledge.⁶⁰

Although many medical men gave of their services free, the contacts they made through charity hospitals may well have led to an increase of patients in their own practices. We know that James Norman eventually gained a steady salary from the Casualty Hospital. Involvement with charities enabled some men to take apprentices for which they could expect a fee. The Royal College of Surgeons' *Lives of the Fellows* claims that George Norman took 'the highest position' as a surgeon in Bath and that his practice 'probably exceeded that of any other provincial surgeon.' For a long period his income was estimated at around £4,000 per annum, and the 1851 Census shows that the Norman

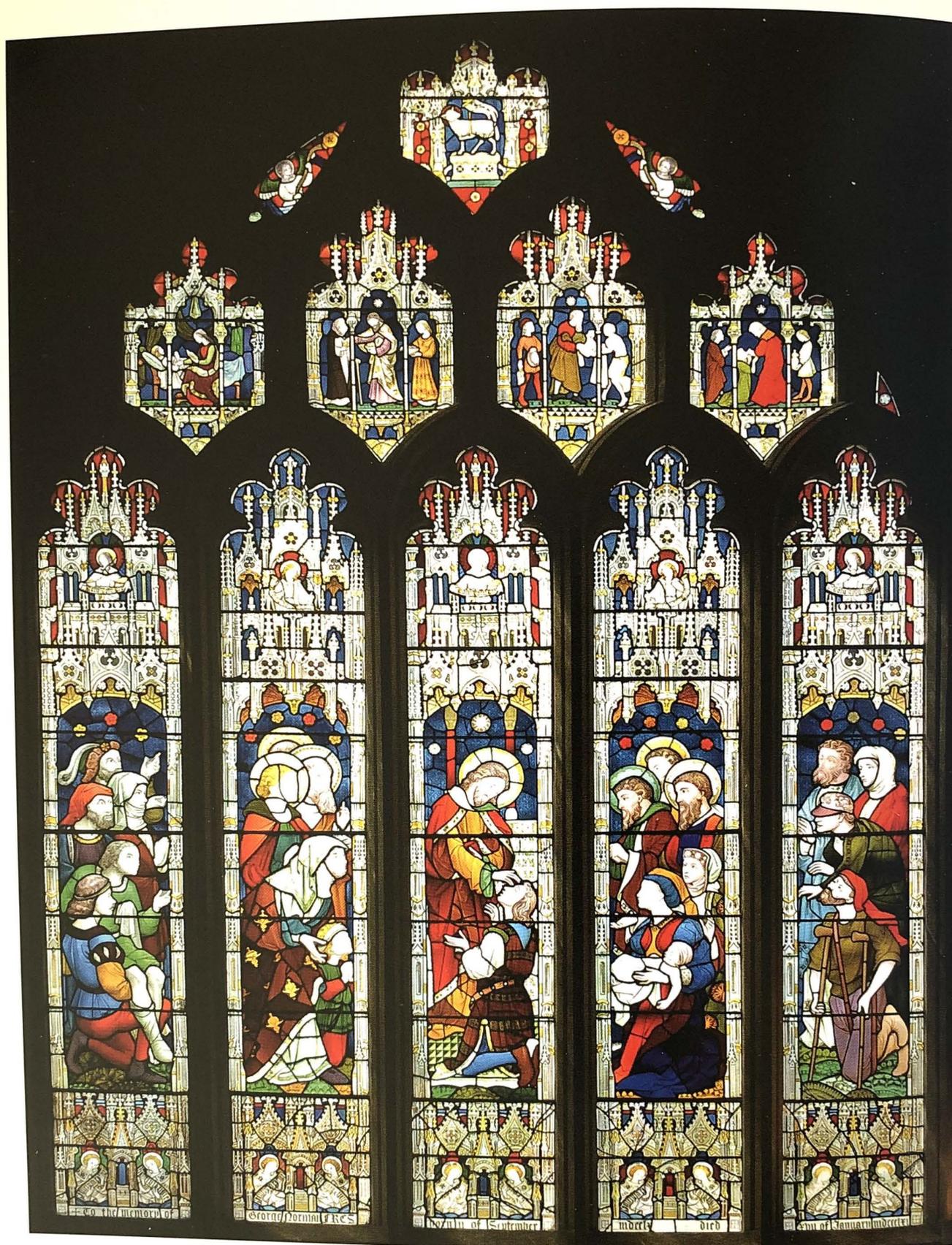


fig 3: Bath Abbey stained glass window in memory of George Norman. Donated by public subscription and designed by Clayton and Bell, this is situated in the south aisle.
Author's collection

household employed seven servants.⁶¹ The acquisition of a 'good' address, wealth, and the ability to teach apprentices would all have resulted in increased status in the local community. Moreover, socially, men stood to gain from their association with other members of the management and, probably more particularly, from association with subscribers. We can trace the rise of James and George Norman through the social strata of Bath from James arriving in Bath as an unknown surgeon in 1788, to George elected Mayor of Bath by 1834, and, at his death, Deputy Lord Lieutenant of the County.

Possibly the greatest area for advancement was in clinical knowledge and the Casualty Hospital provided a locus for education. The Normans used their participation in charity to train the next generation of professionals.⁶² They were assisted in this by the great variety of patients they must have encountered presenting with a variety of injuries, illnesses and obstetric problems. It is noticeable from the Coroners' Records that the bodies of most of the patients who died in the Casualty Hospital had autopsies carried out on them. Most of these seem to have taken place after 1819, and this is possibly due to the fact that George Norman took over as surgeon at the hospital in 1817. For example, George Norman conducted an autopsy on the body of James Bapott in July 1819: when, in November 1819, Clement Murphy fell from the back of a carriage and died of his injuries, Frederick Field, George Norman's apprentice, carried out an autopsy: another apprentice, Edwin Skeater, performed an autopsy after Isaac Cox died, and discovered that he had a diseased liver and intestines: it was discovered that Caroline Collins had died of a ruptured liver following a road traffic accident.⁶³ In addition to his work at the hospital, George Norman frequently assisted Dr. Caleb Hillier Parry with autopsies and surgical experiments. Such experiments were carried out on sheep bred by Parry on his estate on the outskirts of Bath, and frequently took place at 6.30am or 10pm.⁶⁴ George Norman contributed a number of papers to professional journals, two of which were on the subject of aneurysm, and one involved a case of full-term extra-uterine foetation, all based on cases from his hospital work. A great deal of anatomical and clinical knowledge will have been gained from these events that would not have otherwise been possible. While the Normans must have gained a good deal from these events, so did the residents of Bath and the wider world, as surgeons became more knowledgeable, more professional and more skilled. The Coroners' Records suggest that the labouring sort in Bath had confidence in the Casualty Hospital and its surgeons.⁶⁵

Conclusion

The formation of a medical charity in Bath, and the development of a Casualty Hospital to treat victims of serious injury, were a direct response by the charitable elite in Bath to the influx of migrant labour to the city to service the building industry, and to the consequent strain on poor law provision in the city parishes. The charity's Trustees were successful in raising funds, treating the injured and gaining the confidence of the labouring poor. The minutes of the Trustees meetings show that the hospital was constantly under pressure for more beds. The need for more space led, eventually, to a merger of the Casualty Hospital with another medical charity in Bath. The two charities would appear to have had somewhat different approaches to medical provision for the poor, and the need to reconcile these ideological differences, delayed the completion of the merger for some years. It may be that the problems between the two charities reflected changing attitudes in the country to philanthropy and the poor.

Involvement with a charity opened up opportunities to James Norman, and later to his son George Norman. Grasping these opportunities enabled father and son to advance both financially and socially, and to gain clinical experience and knowledge. George, in particular, was able to capitalise on his association with the Casualty Hospital. Although their participation in the management of a medical charity in the city benefited James and George Norman, they were not the only beneficiaries. Through George Norman's published work, and through the education of the next generation of practitioners, the inhabitants of Bath benefited as did the wider world.

Notes

1. Barbara Brandon Schnorrenberg, 'Medical Men of Bath', *Studies in Eighteenth Century Culture*, 1984, vol.13, pp.189-203.
2. Ben Wilson, *Decency and Disorder, 1789-1837*, (London, 2007), p.42.
3. Robert Southey, *The Canaan of Physicians, Letters from England, 1803*, cited in *Bath in Quotes*, (Lancaster, 2006), p.100. See also William Congreve, *Orders of his Excellency R____d N____h Esq, 1728*, also cited in *Bath in Quotes*, p.57.
4. Roy Porter, 'Was there a medical enlightenment in eighteenth century England?', *British Journal for Eighteenth Century Studies*, 1982, vol.5, pp.49-63; for quackery in Bath see Roy Porter, *Quacks: Fakery and Charlatans in English Medicine*, (Stroud,

- 2000), p.140, and Schorrenberg, 'Medical Men', pp.193-195.
5. *The Bath Chronicle*, December 13th 1798, and June 27th 1799, Bath Central Library.
 6. Tobias Smollett, *The Adventures of Peregrine Pickle*, (London, 1751), chap.70; Christopher Anstey, *The New Bath Guide or Memoirs of the Br-n-r-d Family*, (London, 1766), Letter II, Letter VI.
 7. Schnorrenberg, *Medical Men*, pp.189-193.
 8. Donna T. Andrew, *Philanthropy and Police: London Charity in the Eighteenth Century*, (New Jersey, USA, 1989), p.53.
 9. Anne Borsay, *Medicine and Charity in Eighteenth-Century Bath: A Social History of the General Hospital 1739-1830*, (Aldershot,1999); *The Casualty Hospital, Bath: Rules and Orders, 1788-1826*, (hereafter *Rules and Orders*), The Wellcome Library for the History and Understanding of Medicine, Manuscript 1094, London.
 10. *Rules and Orders*.
 11. *City of Bath Coroners' Examinations and Inquisitions, 1766-1835*, (hereafter *Coroners' Records*), Bath Record Office.
 12. There were usually five trustees to administer the Casualty Hospital. This is in contrast to the Bath City Infirmary and Dispensary who felt they needed sixteen committee members.
 13. *Rules and Orders*, January 1788.
 14. *Rules and Orders*, March 1788.
 15. *The Bath Chronicle*, February 3rd 1780, Bath Central Library.
 16. *Rules and Orders*, March 1788.
 17. R. S. Neale, *Bath 1680-1850: A Social History or A Valley of Pleasure yet a Sink of Iniquity* (London,1981), Figure 2, p.43.
 18. Jonathan Barry and Colin Jones, *Medicine and Charity before the Welfare State*, (London, 1991), p.3.
 19. Katherine Park has brought to our attention that in Florence doctors were being paid out of public funds to treat the poor as early as the thirteenth century. Katherine Park, 'Healing the poor: hospitals and medical assistance in renaissance Florence', in Barry and Jones, *Medicine and Charity before the Welfare State*, pp.26-46, p.29. The joint poorhouse committee for Abbey and St. James appointed a surgeon to attend the poor in both parishes on May 6th 1784; on August 17th 1790 Mr. Nick Kelly was appointed to undertake all surgery and midwifery at the poorhouse. Poorhouse Committee Book – St. Peter and St. Paul and St. James, Bath Record Office.
 20. *Rules and Order*, May 20th 1788.
 21. John Kirkup, 'A pioneer accident service: Bath Casualty Hospital, 1788-1826', in Roger Rolls, Jean Guy and John Richard Guy, (eds) *A Pox on the Provinces:*

- Proceedings of the 12th Congress of the British Society for the History of Medicine*, (Bath, 1990), p. 50-58.
22. *County Families (Walford's County Families) of the United Kingdom*, British Library, (1860), quoted in a letter from the Somerset County Archivist to Mr. A. K. Wallis, Clippings File, Bath Central Library.
 23. *Plarr's Lives of the Fellows, Royal College of Surgeons*, Clippings File, Bath Central Library.
 24. Quoted in Kirkup, 'A pioneer accident service.'
 25. *The Bath Chronicle*, November 8th, 1792, Bath Central Library.
 26. Jan Chivers, 'A Resonating Void': Strategies and Responses to Poverty, Bath, 1770-1835' (unpublished PhD Thesis, Bath Spa University, 2006), p.106 and n.25, p.134.
 27. Coroners' Records. On April 6th 1819 Michael Symons, described as assistant to George Norman, gave evidence at the inquest on the body of Benjamin Foreman. On three occasions between October 1819 and April 2nd 1821 Frederick Field, also described as assistant to George Norman, gave medical evidence at inquests. On two of those occasions the deceased had died at the Casualty Hospital. This suggests that George Norman was taking students at the Casualty Hospital before the merger.
 28. Rules and Orders, January, 1790.
 29. Neale, *Bath a Social History*, p.217.
 30. *The Directory for Bath*, 1800, Bath Central Library.
 31. *The Directory for Bath*, 1809, Bath Central Library.
 32. Coroners' Records, June 12th 1797.
 33. *The Bath Chronicle*, January 15th 1789.
 34. *The Bath Chronicle*, January 5th 1792.
 35. Rules and Orders, August 1790.
 36. Rules and Orders, August 1790, 2 new bedsteads were ordered with 2 sets of sheets, 2 sets of blankets, 2 covers, 2 shifts and 6 towels. On July 5th 1791 linen was bought to make 12 towels, 6 pillowcases and 4 pairs of sheets. On July 3rd 1792 it was reported that the management had bought 2 Bibles, 12 Books of Common Prayer and 24 copies of Bishop Gibsons' *Serious Advice to Persons who have been Sick*, the latter to be given to every patient.
 37. Rules and Orders, January 1791.
 38. Rules and Orders, November 1791.
 39. Rules and Orders, May 1792
 40. Rules and Orders, 1812.
 41. Rules and Orders, September 1819.
 42. Rules and Orders, January and February 1820.

43. Rules and Orders, January 1792.
44. Rules and Orders, May 1792.
45. Rules and Orders, November 1817.
46. Rules and Orders, November 1817.
47. Rules and Orders, February 1823.
48. There is no indication in the Minutes as to why this should have happened.
49. This advertisement appeared on 12 April 1820, probably in *The Bath and Cheltenham Gazette*. It is untitled but can be seen in The Hunt Collection, vol.1, p.284, Bath Central Library.
50. Plarr's *Lives of the Fellows of the Royal College of Surgeons*; www.rcseng.ac.uk, accessed May 7th 2008.
51. Letter from the Somerset County Archivist to Mr A. K. Wallis, Clippings File, Bath Central Library.
52. Warren Derry, Notes on various visitors to, and inhabitants of, Bath, (unpublished manuscript, 1975), Bath Central Library.
53. *The Bath Guide*, 1833, Bath Central Library.
54. Royal College of Surgeons of England, www.rcseng.ac.uk, accessed April 10th 2008. Source: *Lancet*, 1861, i, 127.
55. *The Bath Chronicle*, January 24th 1861.
56. *The Stranger in Bath on the memorable funeral of Jan. 25, 1861*, was written by Charles Empson of 7, Terrace Walk, Bath, Hunt Pamphlets, Vol.3, Bath Central Library.
57. Royal College of Surgeons of England, www.rcseng.ac.uk, accessed 10 April 2008. Source: *Lancet*, 1861, i, 127.
58. *Bath Chronicle*, January 31st 1861.
59. Hazel Symons, *Bath Abbey Stained Glass Windows*, (Bath, undated).
60. Anne Borsay, *Medicine and Charity*, p.115.
61. Royal College of Surgeons of England, www.rcseng.ac.uk, accessed April 10th 2008. Source: *Lancet*, 1861, i, 127.
62. Frederick Field, an apprentice to George Norman at the Casualty Hospital, went on to become the first Medical Officer at the new workhouse built as a consequence of the Poor Law Amendment Act of 1834.
63. Coroners' Records, James Bapott, July 10th 1819; Clement Murphy, November 12th 1819; Isaac Cox, July 13th 1828; Caroline Collins, September 12th, 1831.
64. Sholem Glaser, *The Spirit of Enquiry, Caleb Hillier Parry, MD, FRS*, (Stroud, 1995), p.35.
65. Coroners' Records, John David, July 21st 1808; Charles Lacey, September 20th 1809; Harriet Carnell, February 25th 1820.