

**Aristocratic Charity and Household Medicine:
the management of welfare and well-being by the Dukes and
Duchesses of Montagu, and Buccleuch and
Queensberry, 1716-1847.**

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Abstract

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During the period 1716 to 1847 successive generations of the Dukes and Duchesses of Montagu, and Buccleuch and Queensberry, were lauded in life, and commemorated after death, for their charitableness. Known as the Montagu Douglas Scott line, they nurtured an enduring familial reputation for benevolence. This thesis tests the reality of a wide range of their charitable activities in this era, against that historical image. The recently opened family archive has yielded a plethora of rich sources making the private charitable giving and medical decisions of these Dukes and Duchesses accessible for the first time. This thesis therefore redresses the lack of detailed research into the charitable activities of aristocratic families, including their own health and welfare needs, for this time period. Focusing on five generations of Dukes and Duchesses, three with houses and estates in both England and Scotland, the variations observed are thus attributed to gender, time and place. In their own written words, the historical benevolent practices of these high-ranking donors are uncovered through their responses to private, strategic petitions from those in need of welfare, and to the rhetoric deployed in charities' public appeals for assistance. The complexity of influences and imperatives underpinning their charitable and medical decisions are thus unravelled. These benevolent practices are located in the giving structure at large, whilst medical choices are situated in the context of what could be contemporarily supplied. Hence, a familial lens is constructed through which historical developments in charity and medicine can be viewed. The impact of the family's charitableness on its recipients is revealed too in their petitions for assistance and in the reports of their observers. Thus, the role of this aristocratic charity is relocated in survival strategies and appraised as a source of welfare provision. Whether this was indeed a performance of *noblesse oblige* that went above and beyond traditional expectations of aristocratic benevolence is therefore addressed.

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Abbreviations

BHA	Boughton House Archive
BoHA	Bowhill House Archive
BPHA	Beaulieu Palace House Archive
DCA	Drumlanrig Castle Archive
HBA	C. Hoare & Co. Bank Archive
LMA	London Metropolitan Archive
NoRO	Norfolk Record Office
NRO	Northamptonshire Record Office
NRS	National Records of Scotland
TCD	Trinity College Dublin, Archives
TNA	The National Archives

Figures, Tables, Graphs, Maps, Charts and Illustrations

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Chapter 1: Introduction

1.1 Overview

Following the death of Elizabeth, Duchess of Buccleuch, wife of Henry, 3rd Duke of Buccleuch, *The Gentleman's Magazine and Historical Chronicle* recorded:

This lady [...] entered into every one's feelings, understood every one's wants for it was the great business of her life to examine and relieve [...] to every description of the poor, she was so constant a refuge, that it was well known numbers came to dwell in the vicinity of her seats, for the sake of partaking her bounty.¹

The Duchess belonged to a major aristocratic family, the Dukedom of Montagu, Buccleuch and Queensberry, known as the Montagu Douglas Scott line, whose family home was Boughton House in Northamptonshire.² This Ducal family had large capital resources, as well as vast propertied wealth, with both female and male members of the family famous heiresses and heirs in their own right. They built grand houses, patronised the arts and amassed an outstanding and extensive collection of furniture, carpets, tapestries, paintings, porcelain and silver.³ It was not only Duchess Elizabeth, however, but many members of the family throughout the generations that were renowned for their charity which resulted in a familial reputation for benevolence that continues to this day. This was said to have been an 'unbounded benevolence' which 'extended to all'.⁴ The tribute to Duchess Elizabeth that opened this introduction reveals some of the contemporary markers against which her charitableness was gauged. Its testimony affirmed that her charitable activity was valued because it was underpinned by compassion and human empathy. The Duchess's proactive involvement in charitable giving through personal enquiry and philanthropic experience were likewise praised. From the perspective of those in need, the continuing protection it offered, was

¹ J. Bowyer Nichols (ed.), 'Duchess of Buccleuch', *The Gentleman's Magazine and Historical Chronicle* (London, February 1828), pp. 176-7.

² The family's surname was and remains unhyphenated. Boughton House continues to be the main family house. It was known as the *English Versailles* due to its French-inspired architectural design.

³ B. Masters, *The Dukes: The Origins, Ennoblement and History of Twenty-Six Families* (London, 2001), p. 14.

⁴ These comments were made of George, 1st Duke of Montagu (2nd creation) and his daughter, Elizabeth, Duchess of Buccleuch in: *Whitehall Evening Post* 4-6 July 1749, issue 531; Bowyer Nichols, *The Gentleman's Magazine and Historical Chronicle*, pp. 176-7.

seemingly testament to its worthiness. Yet, the rhetoric versus reality of her renowned reputation remains understudied. For many commentators her obituaries symbolised hagiography in an age when aristocrats expected to be praised in death. For others, there seemed to be some substance to her reputation for benevolence even if it could not be substantiated. A central aim of this thesis is therefore to do just that.

This thesis hence analyses the reality of the benevolence of the Dukes and Duchesses of Montagu, and Buccleuch and Queensberry, representative of the range, depth and sentiment of aristocratic charity between 1716 and 1847. To accomplish this, five yardsticks, echoing those in contemporary accounts, against which the family's charitableness can be assessed, are employed. These comprise its nature, that is, what was given and how, and its range, or its geographic reach beyond the household to those otherwise connected to the family circle. The degree of personal involvement of the Dukes and Duchesses and the motives for their charity, that is, the spirit in which it was given, are also utilised as significant indicators of their charitableness. Whilst the family's responses to many different types of poor people are considered, those who were sick are given prominence. The sick poor have not only featured strongly in the image of the family's benevolence but have also been utilised as a yardstick by historians researching their entitlement to parish relief.⁵ By virtue of their condition they were always 'deserving', meaning the sentiment towards them acts as a critical marker of benevolence.⁶ The Dukes' and Duchesses' engagement with the sick poor is further informed by its placement, in the thesis, alongside the management of their own medical needs, as well as those of their households and beyond. This enables degrees of overlap in the medical services and treatments received by family, household, servants and the poor at times of illness to be observed in the context of practical, rational and

⁵ E. Thomas, 'The Old Poor Law and medicine', *Medical History*, 24 (1980), pp. 1-19; H. Marland, *Medicine and Society in Wakefield and Huddersfield 1780-1870* (Cambridge, 1987); A. Digby, *Making a Medical Living: Doctors and Patients in the English Market for Medicine* (Cambridge, 1994); J. Lane, *A Social History of Medicine: Health, Healing and Disease in England 1750-1950* (London, 2001); A. Crowther, 'Health care and poor relief in provincial England', in O. Grell, A. Cunningham and R. Jütte, (eds), *Health Care and Poor Relief in 18th and 19th Century Northern Europe* (Aldershot, 2002), pp. 209-13; A. Tomkins, *The Experience of Urban Poverty 1723-1782: parish, charity and credit* (Manchester, 2006); A. Tomkins, "'The excellent example of the working class': Medical welfare, contributory funding and the North Staffordshire Infirmary from 1815", *Social History of Medicine*, 21 (2008), pp. 13-30; S. A. King, *Sickness, medical welfare and the English poor, 1750-1834* (Manchester, 2018), p. 17.

⁶ King, *Sickness, medical welfare and the English poor*, p. 17.

emotional influences on medical choices. And again, connected to their aristocratic standing at the apex of society from 1716 to 1847.

The resultant analysis of this family's benevolence is intended to constitute a model of the aristocratic charity that was possible in this period against which further noble wealthy families of the era could be assessed. The thesis main aim therefore is to test whether the benevolence of the Dukes and Duchesses of Montagu, and Buccleuch and Queensberry, was exceptional or not. Did it go above and beyond what was traditionally expected? Or, like many equivalent aristocrats, did our chosen family-line maintain the welfare and well-being of significant numbers of people because that was what was expected of their social-standing? A key aim, therefore, is to reconstruct what was given, why, and its symbolic importance, both for this family and those they associated with, in both the upper echelons of society and those who were socially inferior to them. This sort of detailed study promises to enhance our historical appreciation of the 'mixed economy of welfare' to which such a wealthy family was connected, that is, the combination of the activities of state, church and voluntary organisation, during this period.⁷ It will be argued that the role of aristocratic charity often requires more careful consideration as an alternative, significant and continuous provision available to many in need of welfare. Questions about the role of welfare, who should provide it, and who could refuse to do so, as well as the extent to which the early modern state should intervene, were debated extensively in this period.⁸ Utilizing the family's charitable, medical and philanthropic activities in this longitudinal manner therefore acts as an important, symbolic historical lens in which changing historical circumstances and contemporary concerns are reflected. This issue of the provision of welfare continues to have currency in the present day. As a result of the challenges faced by today's welfare states there has been a renewed interest in the role of voluntary action with both charity and philanthropy opened up for historical enquiry.⁹ There is, as a result, now a vast historiography on poverty, welfare, charity and medicine and what follows is a literature review of key trends to synthesize the core scholarship. An in-depth consideration of the sub-literatures will be presented in the later chapters to which

⁷ See for example: J. Innes, 'State, Church and Voluntarism in European Welfare, 1690-1850' in H. Cunningham and J. Innes (eds), *Charity, Philanthropy and Reform: from the 1690s to 1850* (Basingstoke, 1998), pp. 15-65.

⁸ P. Slack, *The English Poor Law, 1531-1782* (Basingstoke, 1990), p. 35.

⁹ Cunningham and Innes (eds), *Charity, Philanthropy and Reform*, p. 1.

they relate. Before, engaging with the key trends in the historiography and the key gaps that this thesis will be redressing, however, we need to begin by establishing some working definitions that will frame this thesis throughout.

1.2 Working definitions in the thesis

In this thesis there are a number of models and terms of reference that the reader has to engage with in order to appreciate the complexities of the historiography on poverty, welfare, charity and medicine. It is important therefore to define these briefly at the start before discussing the historical debates there have been about them in the literature review section that follows. There are five main ones to consider in context. In the first instance it is imperative to recognise the distinction between ‘charity’ and ‘philanthropy’. Historians of charity, such as Hugh Cunningham and Donna Andrew, note that definitions of both of these have been many and various and have changed over time, often integral to interpretations of their nature and purpose.¹⁰ Generally, however, charity, from the Greek for ‘love’, was synonymous with Christ-like conduct and so accorded both a religious inspiration and purpose. Philanthropy, on the other hand, was more distinctly secular and based on humanitarian considerations such as to better human conditions and to promote the public good.¹¹ The balance of ‘charity’ and ‘philanthropy’ within this family’s benevolence will thus become clear as the thesis unfolds.

The second is a concept that poverty historians often term ‘the mixed-economy of welfare’. This encompassed all the available welfare options that someone in poverty could access in a locality. It often included poor relief, charitable provision, self-help such as growing food on allotments, as well as annual gifts by individual benefactors of food and clothing at Christmas. Joanna Innes identified the importance of a ‘mixed economy of welfare’ in eighteenth-century society and called for more scholarship on all its public and private faces in the 1990s.¹² Yet, because it is such an all-

¹⁰ D. T. Andrew, *Philanthropy and Police: London charity in the eighteenth-century* (Princeton, 1989); Cunningham and Innes (eds), *Charity, Philanthropy and Reform*.

¹¹ Andrew, *Philanthropy and Police*, p. 5; Cunningham and Innes (eds), *Charity, Philanthropy and Reform*, p. 2.

¹² J. M. Innes, ‘The Mixed Economy of Welfare in Early Modern England: Assessments of the options from Hale to Malthus (1683-1803)’ in M. Daunton (ed.), *Charity, Self-Interest and Welfare in Britain 1500 to the Present* (London, 1996), pp. 139-80.

encompassing concept involving extensive study of charity and welfare provision combined, few historians have found it feasible in the archives to reconstruct how it worked in practice. A central aim of this thesis is to do so where possible. Related to ‘the mixed economy of welfare’, is another organising concept usually termed ‘the makeshift economy of the poor’. Alannah Tomkins and Steven King in 2005 built on the work of Olwen Hufton from the 1970s in identifying that most of the labouring poor trying to survive on the threshold of relative to absolute poverty had to ‘makeshift’ whatever means at their disposal to survive hard winters and difficult economic conditions in the critical 1790s and 1820s decades.¹³ In this thesis, we will be addressing those socio-economic circumstances and their human face because an important aim is to engage with the voices of the poorest.

A third factor to which ordinary people turned was the charity world and it was complex during this thesis period of study. Charities were referred to by contemporaries in a wide variety of ways according to their original trust settlements, terms of reference and stated beneficiaries. For the purpose of this thesis, the focus is on the diverse range that mostly came into being in the long eighteenth century as people came together to found and maintain ‘associational charities’ by means of benefactions, endowments, donations and annual or half-yearly subscriptions. Established by philanthropic, medical, religious and aristocratic individuals they were supported by others of social-standing, many of whom lent their name to increase support. Several became major *public charities* (those of national importance generally endorsed by members of the Royal family). Many were *institutional charities* whereby subscribers paid into a specific voluntary hospital, lying-in facility for birthing, or educational establishment for children. In return, high-profile subscribers drawn from aristocratic and gentry families became involved in their governorship and in nominating a certain number of individuals to benefit from the charity’s assistance. The remainder, *private charities*, targeted specific causes to address a spectrum of welfare need. The Montagu Douglas Scott family, as we shall see, got involved in all these different types of charitable provision with some becoming *inherited charities* that is, charities once supported by their relatives who had died in office and which continued to be supported by the next

¹³ O. Hufton, *The Poor of Eighteenth Century France, 1750-1789* (Oxford, 1974); S. A. King and A. Tomkins (eds), *The Poor in England 1700-1850, an economy of makeshifts* (Manchester, 2003).

generation of the family-line. This range of associational charitable provision will be further elaborated in Chapter 5 as we look through the historical lens created by the family's participation.

Our fourth and final set of working definitions relate to the medical world that often overlapped with charitable provision. Here the main organising concept that we will encounter is known as 'the medical marketplace'.¹⁴ This involved all the medical options that a consumer could purchase at any point in our period for their healthcare. It encompassed the type of medical practitioner they could afford and generally included both regular (licensed) and irregular (unlicensed) services. Georgian patients often mixed and matched practitioners to suit their medical conditions, paying for a combination of self-dosing, quackery, and the services of a physician, surgeon-apothecary, or patent medicine dispensary according to their availability and affordability. As Roy Porter sets in context, aristocrats had the spending power to take advantage of an era of expanding medical entrepreneurship, but we still know a lot less than we should about the relationship between the supply and demand sides of the 'medical marketplace' model.¹⁵ To better appreciate this social reality, we need therefore to engage in more detail with the nuances of the historical literature framing this thesis.

1.3 The historical literature and the novel contribution in this thesis

The large body of literature concerned with poverty, welfare, charity and medicine means that there are areas which frequently overlap and in doing so often disguise or obscure the key research gap still to be filled which is the central focus of this thesis. To engage with the various shortcomings in the literature and the issues still to be considered by new archive work, this review considers traditional histories and what has been lacking more generally in studies of poverty, charity and medicine for the long eighteenth century. Thus, an appraisal of the relevant historiography is arranged in terms of provision and providers, comprising both donors and medical practitioners, followed by recipients, including those receiving poor relief, charity, and

¹⁴ H. Cook, *The Decline of the Old Regime in Stuart London* (Ithaca, 1986).

¹⁵ R. Porter, 'Consumption: disease of the consumer society?' in J. Brewer and R. Porter (eds), *Consumption and the World of Goods* (London, 1994), pp. 58-84.

medical care as patients. It then incorporates relationships between both parties. In this way, the thesis is concerned with vertical charity and, welfare and medical care social relations, which could be complex and often changed considerably over time.

A small but growing literature for the Montagu Douglas Scott family has predominantly been written from the perspectives of art and architectural histories.¹⁶ The family's grand residences and extensive collection of art, porcelain, sculpture, furniture and material culture have been visually available for study for some time. It has been the recent opening of the family archive at Boughton House, however, that has made it possible to explore the social aspects of the family's past. Whilst art historical research continues to examine the collection and the architectural developments made to the family's houses, more recent studies have begun to examine estate management, wealth-holdings and the rich possessions of its heiresses.¹⁷ Even though the family's funerary monuments, which carry inscriptions and imagery which attest to individual charity, have been studied as sculpture, the reality of the family's benevolence has yet to be examined.¹⁸ There is also a paucity of equivalent research for other renowned aristocratic families, studies of whom only briefly acknowledge charitable activity.¹⁹ In a survey of ducal families, Brian Masters found examples of generosity and meanness in various measures; yet, without detailed research on their charitable activities any meaningful comparison could not be made.²⁰ Biographical studies of aristocratic individuals too rarely mention charitable activities especially those beyond their estates.²¹ One study which does focus on the charity of Lady Spencer, utilising her

¹⁶ See for example: T. V. Murdoch, *Boughton House: The English Versailles* (London, 1992); P. Lindley, 'Van Gelder's Monument to Mary, third Duchess of Montagu (d. 1775) and his work on Roubiliac's monuments to the second Duke (d. 1749) and Duchess (d. 1751) at Warkton, Northamptonshire', *Burlington Magazine*, 155 (April 2013), pp. 220-9; P. Lindley, 'Roubiliac's Monuments for the Duke (d. 1749) and Duchess (d. 1751) of Montagu at Warkton in Northamptonshire and his role in the design and construction of the new chancel', *Walpole Society*, 76 (2014), pp. 237-88.

¹⁷ E. F. Purcell, 'Managing Aristocratic Households: Women's agency within the Montagu Property Network, c.1709-1827', (unpublished PhD, University of Leicester, 2018); H. L. Bates, 'Boughton and Beyond: An investigation of the local, national and global estate interests and activities of John, 2nd Duke of Montagu, 1709-1749', (unpublished PhD, University of Leicester, 2018).

¹⁸ Lindley, 'Van Gelder's Monument to Mary', pp. 220-9.

¹⁹ For example: R. Hattersley, *The Devonshires: the story of a family and a nation* (London, 2014).

²⁰ B. Masters, *The Dukes: The Origins, Ennoblement and History of Twenty-Six Families* (London, 2001), p.9.

²¹ K. D. Reynolds, *Aristocratic Women and Political Society in Victorian Britain* (Oxford, 1998); A. Foreman, *Georgiana, Duchess of Devonshire* (London, 1999).

charity letters, considers her practice but largely in isolation from her familial context.²² Similarly, it is only recently that the domestic and private medical practices of aristocratic patients have begun to be uncovered through the utilisation of new sources such as medical recipes and manuscripts.²³ Consequently, what little is known about the medical activities of the Montagu Douglas Scott family is that recorded in the journals of contemporary observers and has not been systematically researched in the family archive until now.²⁴ This is because the archive was closed to researchers from its creation in 1538 until 2015, and so this thesis contains an important new contribution to studies of aristocratic charitable-giving.

Given that eighteenth-century men and women described their epoch as the ‘age of benevolence’ it is surprising that little has been written on charity and welfare provision in that era *per se*.²⁵ It appears to have been eclipsed or overshadowed in the historiography by the attention given to charity developments in the nineteenth century, particularly with the expansion of charitable organisations and to the commercial provision of medical services and products. Some charitable giving activities then have paled into insignificance in the face of these later developments such as, for example, informal charitable activity and household medical practice. These will be discussed in more detail below. Meanwhile, the underrepresentation of eighteenth-century provision for the poor in the historiography may in part be explained by the early approaches taken to the study of poverty, charity and medicine. It is this literature that is next reviewed.

²² D. T. Andrew, ‘Noblesse Oblige: Female Charity in an Age of Sentiment’ in J. Brewer and S. Staves (eds), *Early Modern Conceptions of Property* (London, 1995), pp. 275-95.

²³ See for example: E. Leong and S. Pennell, ‘Recipe Collections and the Currency of Medical Knowledge’ in M. S. R. Jenner and P. Wallis (eds), *Medicine in England and its Colonies c.1450-1850* (Basingstoke, 2007), pp. 133-52; S. S. Le Jacq, ‘The Bounds of Domestic Healing: Medical Recipes, Storytelling and Surgery in Early Modern England’, *Social History of Medicine*, 26:3 (2013), pp. 451-68; E. Leong, ‘Collecting Knowledge for the Family: Recipes, Gender and Practical Knowledge in the Early Modern English Household’, *Centaureus*, 55:2 (2013), pp. 81-103; M. Dimeo and S. Pennell (eds), *Reading and Writing Recipe Books 1550-1800* (Manchester, 2013); M. M. Dowd and J. A. Eckerle, *Genre and Women’s Life Writing in Early Modern England: women and gender in the early modern world* (Aldershot, 2013).

²⁴ See contemporary observations in: Lord Wharncliffe (ed.), *The Letters and Works of Lady Mary Wortley Montagu 1689-1762* vol. II (London, 1829); J. A. Home (ed.) *The Letters and Journals of Lady Mary Coke 1756-1774* 4 vols. (London, 1970).

²⁵ D. T. Andrew, ‘“To the Charitable and Humane”: Appeals for Assistance in the Eighteenth-Century London Press’ in Cunningham and Innes (eds), *Charity Philanthropy and Reform*, pp. 87-107 quote at p. 87.

Traditionally, legal, administrative and organisational structures framed most studies of the ‘mixed economy of welfare’.²⁶ For poverty, this extended from analyses of policies and legislation to the reasons for their subsequent reforms.²⁷ The concentration therefore was predominantly on poor law periods, that is, the Old Poor Law, its crisis period in the 1820s and the advent of the New Poor Law by the 1830s. The impact of this scholarship has endured. Even as historians shifted towards more economic and social approaches as they examined the impact of the poor laws, political debates continued to feature prominently in their studies.²⁸ Despite later developments in the historical study of poverty, to be discussed below, single studies still arise that warn against minimizing the power and effect of the legal framework.²⁹ Its influence extended too into the researching of welfare. Historians thus concerned themselves with the efficacy of the Old Poor Laws, and questions of the sufficiency of poor relief produced both pessimistic and optimistic interpretations of the adequacy of its provision.³⁰ Similarly the early approaches to charitable provision considered the history of the law associated with charity as well as charitable organisations and institutions.³¹ Yet, it was interpretations of the effectiveness of the Poor Laws that were needed to determine its relative significance.³² The limitations of these earlier studies reflected the availability of sources. For, as Alannah Tomkins and Steven King have noted, histories of poverty initially ‘tended to address the welfare measures and organizations which left the largest paper trail’.³³

²⁶ Innes, ‘The Mixed Economy of Welfare in Early Modern England’, pp. 139-80.

²⁷ For examples of traditional approaches see: S. Webb & B. Webb, *English Poor Law History* (London, 1927-29); J. D. Marshall, *The Old Poor Law 1795-1834* (Basingstoke, 1985).

²⁸ P. Slack, *Poverty and Policy in Tudor and Stuart England* (London, 1988); P. M. Solar, ‘Poor relief and English economic development before the industrial revolution’, *The Economic History Review*, 48:1 (1995), pp. 1-22.

²⁹ L. Charlesworth, *Welfare's forgotten past: a socio-legal history of the poor law* (London, 2010).

³⁰ K. D. M. Snell, *Annals of the labouring poor: social change and agrarian England, 1660-1900* (Cambridge, 1985); P. Slack, *Poverty and policy*; P. M. Solar, ‘Poor relief and English economic development’, pp. 1-22.

³¹ B. Rodgers, *Cloak of Charity: studies in eighteenth-century philanthropy* (London, 1949); D. Owen, *English Philanthropy 1660-1960* (Cambridge, 1964); G. H. Jones, *History of the Law of Charity, 1532-1827* (Cambridge, 1969).

³² Snell, *Annals of the labouring poor*; Solar, ‘Poor Relief and English Economic Development’, pp. 1-22; S. A. King and A. Tomkins (eds), *The Poor in England 1700-1850, an economy of makeshifts* (Manchester, 2003); S. A. King and G. Gear (eds), *A Caring County?: Social Welfare in Hertfordshire from 1600* (Hatfield, 2013).

³³ King and Tomkins (eds), *The Poor in England 1700-1850*, p. 1.

As scholarly methods shifted to assess and explain developments and variations in types of welfare provision, poverty historians became interested in the way in which local authorities implemented national policy, noting an imperative to create a detailed regional picture of poverty.³⁴ Whilst Steve Hindle was thus able to identify ‘local ecologies of relief which reconciled statutory requirements’, Steven King has pointed out that to create a regional picture more studies are needed.³⁵ Rather than regional differences, however, it has been variation over time in practices of poor relief, welfare and charitable provision that has been addressed and explained in terms of changing attitudes towards the poor.³⁶ Thus, Andreas Gestrich has identified a complex ideological spectrum on the part of local administrators, with the poor either blamed for their own poverty and left to sink, or were confined to institutions backed by national laws; or generally, where poverty was associated with the flaws of the system itself, the poor had a legitimate claim on the pockets of those with spare resources.³⁷ The fluctuations then in provision have often been directly linked to the intellectual climate of the age. Changes in the religious view of the poor, its echoes in the theory of Thomas Malthus, the shift from mercantilism to political economy and the influence of Humanism, have all been used to account for the differences in provision and its generosity.³⁸

These influences are predominant too in the charity literature. They have been marshalled to explain the progression from charity to philanthropy with the economic and demographic changes of the period seen as necessitating a new form of associational charity.³⁹ Sandra Cavallo, however, has challenged this view of linear development in conjunction with economic development. She states that ‘various models of assistance coexist or at least occur spasmodically and with renewed intensity within a given period’, so that the traditional ‘linkage between charitable trends and

³⁴ S. Hindle, *On the parish?: the micro-politics of poor relief in rural England c. 1550-1750* (Oxford, 2004), pp. 282-94.

³⁵ King and Tomkins (eds), *The Poor in England 1700-1850*, pp. 8-9; Hindle, *On the parish?*.

³⁶ A. Gestrich, S. A. King and L. Raphael (eds), *Being Poor in Modern Europe: historical perspectives 1800-1940* (Oxford, 2006), p. 17.

³⁷ *Ibid.*

³⁸ Rodgers, *Cloak of charity*, p.6.

³⁹ P. Slack, *The English Poor Law 1531-1782* (Basingstoke, 1990).

economic fluctuation is rather uncertain'.⁴⁰ The linear progression from endowed charity to voluntary society, to increasing dominance of the state and its timing too, has also received much attention.⁴¹ Once again, the rise and fall in different religious influences and changes in economic and political thought, as well as contemporary concerns such as an increase in crime rates and fear of social revolution, have been used to account for the range of associational charities.⁴² Which of these thrived, and which failed have therefore been taken as a barometer of the changing climate of ideas.⁴³ Yet, in each instance, the sources privileged have determined the nature of the interpretations produced. Specifically, charity sermons have led to an emphasis on religious beliefs whereas those sources created by writers of economic policy and affairs have emphasised economic and political trends.⁴⁴ By contrast the financial records of charities and lists and wills of subscribers have turned attention to the identification of the patterns in levels and types of giving.⁴⁵ More recently the potential of analysing the prevailing discourse, evident in the literature produced by associational charities, has been acknowledged.⁴⁶ The emphasis so far on external factors influencing the success or failure of different associational charities thus has disregarded any understanding of charitable decision-making at the level of individual donors and this will be further discussed below as it is a central purpose of this thesis.

One of the novel approaches adopted by poverty and welfare historians has been to compare the English Poor Law system to the welfare measures enacted by other countries. Thus, comparisons have been made between Catholic and Protestant countries with the relative roles of church and state in poor relief and social control appraised to assess whether state welfare proved more effective than private charity.⁴⁷ For the purposes of this thesis, the most significant comparison has been between the

⁴⁰ S. Cavallo, 'The Motivations of Benefactors: An Overview of Approaches to the Study of Charity' in J. Barry and C. Jones (eds), *Medicine and Charity Before the Welfare State* (London, 1991), pp. 46-62, quotes at p. 48 and p. 49.

⁴¹ D. Owen, *English Philanthropy 1660-1960* (Cambridge, 1964); M. Gorsky, *Patterns of Philanthropy: charity and philanthropy in nineteenth-century Bristol* (London, 1999).

⁴² W. K. Jordan, *Philanthropy in England, 1480-1660: a study of the changing pattern of English social aspirations* (London, 1959); Andrew, *Philanthropy and Police*; Daunt, *Charity, Self-Interest and Welfare*; Grell and Cunningham (eds), *Health Care and Poor Relief in Protestant Europe*.

⁴³ P. Slack, 'Hospitals, Workhouses and the Relief of the Poor in Early Modern London' in Grell and Cunningham (eds), *Health Care and Poor Relief in Protestant Europe*, pp. 229-46.

⁴⁴ Andrew, *Philanthropy and Police*, p. 8.

⁴⁵ *Ibid.*, p. 10.

⁴⁶ D. T. Andrew, 'To the Charitable and Humane', pp. 87-107.

⁴⁷ P. H. Wilson (ed.), *A Companion to Eighteenth-Century Europe* (Somerset, 2008), pp. 109-122.

English and Scottish models.⁴⁸ The influences within each system and that each country had on the other have been outlined recently. Thus, Robert Cage contends that the concept of “less eligibility” in the English Poor Law (1834) was patterned onto the Scottish system.⁴⁹ These comparative transnational approaches then have led historians away from the compartmentalisation of poverty, charity and philanthropy. The more recent focus is on a ‘mixed economy of welfare’ (outlined in our working definitions section) that combines the activities of state, church and voluntary organisation.⁵⁰

Despite the extensive scholarship on the historical provision of welfare, charity and medicine there are still areas requiring further investigation and revision. It is noteworthy that assessments of the relationships between the provisions in a ‘mixed economy of welfare’ have either disregarded or devalued the role of informal charity as a key element of continuity. The charity discussed within this literature has tended to focus exclusively on monies collected into a fund for distribution by an agency such as a church or secular organization.⁵¹ Informal assistance given person-to-person and in response to begging has largely been discounted due to its assumed decline in the face of large-scale public relief systems and more government-promoted calculated responses to the relief of poverty.⁵² Yet, historians acknowledge its persistence, with Ilana Ben-Amos observing the proliferation, diversification and survival of informal assistance.⁵³ Again, this thesis aims to engage with this major gap in the literature.

The scholarship for the provision of medical treatment, services and products has followed a comparable course. The earliest approaches were concerned with institutions and historical analysis of the medical system in operation.⁵⁴ Most of the

⁴⁸ In Scotland, the basis of the Poor Law was religious not statutory and, as such relied on charitable giving. See for example: R. Mitchison, *The Old Poor Law in Scotland: the experience of poverty, 1574-1845* (Edinburgh, 2000).

⁴⁹ R. A. Cage, *The Scottish Poor Law 1745-1845* (Edinburgh, 1981), p. 18.

⁵⁰ Innes ‘State, Church and Voluntarism’, pp.15-65; For regional and international contrasts see: Grell and Cunningham (eds), *Health Care and Poor Relief in Protestant Europe*; King, *Poverty and Welfare in England*.

⁵¹ See for example: M. Cousins, ‘Charity, Philanthropy and Poverty in Ireland’ in I. Brandes, K. Marx-Jaskulski (eds), *Poor Relief and Charity: Rural Societies in Europe 1850-1930* (Berlin, 2008), pp. 1-21.

⁵² See for example: H. Perkin, *Origins of Modern English Society* (London, 1969), p. 422; J. Broad, ‘Parish Economies of Welfare, 1650-1834’, *The Historical Journal*, 42:4 (1999), pp. 985-1006; I. Krausman Ben-Amos, *The Culture of Giving: informal support and gift exchange in early modern England* (Cambridge, 2008), p. 4.

⁵³ Andrew, ‘To the Charitable and Humane’, p. 87-107; Ben-Amos, *The Culture of Giving*, p. 4.

⁵⁴ D. Brunton (ed.), *Medicine Transformed, Health, Disease and Society in Europe 1800-1930* (Manchester, 2004), p. xii.

discussion was devoted to the licensed practitioner and the rise of scientific medicine.⁵⁵ Following criticism of older ideas about the structure and regulations of the medical profession that had viewed it as a tripartite system (physician, surgeon and apothecary) with a London-centric hierarchy, and a new focus on consuming and economic structures, a theoretical model was developed to better understand healthcare.⁵⁶ To this end, Harold Cook applied the concept of the ‘medical marketplace’ (again outlined above in our working definitions section) and this has continued to dominate the study of the history of medicine.⁵⁷ Yet, as historians employed and tested the model its shortcomings became apparent, whereby it was recognised that it reflected the mid-1980s free-market ideology prevalent when it was created and was thus anachronistic when applied to the past.⁵⁸ Significantly, the model’s overwhelming concern with supply meant that it did not adequately account for shifts in patterns of medical consumption, particularly in the spectrum of practitioners.⁵⁹ Thinking of medicine only in terms of the commercial ‘medical marketplace’ also led to the under-valuing of domestic or household medicine.⁶⁰

Most recently then the concern has been to locate household and domestic medical practices within the medical economy and narratives of contemporary healthcare to challenge the assumption of decreasing activity and declining influence for the household as a site of medical decision-making and knowledge production.⁶¹ This was previously difficult to study in detail due to an absence of new primary evidence, but Cavallo has since directed historians to look inside domestic premises, to the therapeutic household, the material culture, architecture, interior design, uses of spaces and management of air.⁶² The employment of new sources too, such as medical

⁵⁵ *Ibid.*

⁵⁶ J. Andrews, ‘History of Medicine: Health, medicine and disease in the eighteenth century’, *Journal for Eighteenth-Century Studies*, 34:4 (2011), pp. 503-15.

⁵⁷ H. Cook, *The Decline of the Old Regime in Stuart London* (Ithaca, 1986).

⁵⁸ Jenner and Wallis (eds), *Medicine and the Market in England*, pp. 1-3.

⁵⁹ *Ibid.*, p. 6.

⁶⁰ A. Wear, *Knowledge and Practice in English Medicine, 1550-1680* (Cambridge, 2000); A review by L. Smith of ‘Furdell, Elizabeth Lane, *Publishing and Medicine in Early Modern England* and Margaret Pelling (with Frances White), *Medical Conflicts in Early Modern London: Patronage, Physicians and Irregular Practitioners 1550-1640*’, (2004) URL <http://www.networks.h-net.org>.

⁶¹ J. Stine, *Opening Closets: the discovery of household medicine in Early Modern England* (Stanford, 1996); Le Jacq, ‘The Bounds of Domestic Healing’, pp. 451-68; R. Bivins, H. Marland, N. Tomes ‘Histories of Medicine in the Household: Recovering ‘Practice’ and Reception’, *Social History of Medicine*, 29:4 (2016), pp. 669-675.

⁶² S. Cavallo and T. Storey, *Healthy Living in Late Renaissance Italy* (Oxford, 2013).

recipes, has begun to shed light on household practices and the transmission of lay knowledge and practices.⁶³ These have also made it possible to re-examine the circumstances under which the aristocracy and gentry sought recourse to commercialised medicine.⁶⁴ Thus, the aim has been to uncover a mixed medical economy of the early modern household. As demonstrated then, the influence of demand on the shaping of the ‘medical marketplace’ has been largely overlooked within the scholarship. Further research is required to examine medical practice within the household and its engagement with the ‘medical marketplace’ to identify the true consumer, purchaser and user. Having thus reviewed the scholarship concerned with provision and highlighted its importance for this thesis’ novel approach, it is next necessary to appraise the historiography insofar as it relates to charity donors and medical providers.

Some of the earliest approaches in the historiography for charity were biographical studies of ‘great’ men and, to a lesser extent, ‘worthy’ women, derived from the view that the history of charity was the history of the changes which had occurred in the attitude of the rich towards the poor.⁶⁵ Such studies aimed to examine the beliefs, attitudes and motives of ‘exceptional’ men who were responsible for significant welfare reforms, whilst for ‘worthy’ women it was specifically their contributions to educational reform.⁶⁶ These studies then viewed developments and changes at the level of the individual thus recognising personal motives that were lost when charity was studied as a social phenomenon.⁶⁷ This style of approach was echoed too in the historiography for medicine whereby biographical studies of ‘great’ male medical thinkers looked to the origins of modern medical theories and intellectual developments.⁶⁸

⁶³ See for example: Leong and Pennell, ‘Recipe Collections and the Currency of Medical Knowledge’, pp. 133-52; Dimeo and Pennell (eds), *Reading and Writing Recipe Books*; Leong, ‘Collecting Knowledge for the Family’, pp. 81-103.

⁶⁴ Le Jacq, ‘The Bounds of Domestic Healing’, pp. 451-68.

⁶⁵ See for example: J. S. Taylor, ‘Philanthropy and Empire: Jonas Hanway and the Infant Poor of London’, *Eighteenth-Century Studies*, 12:3 (1979), pp. 285-305; See also: Thomas Coram, John Howard, Hannah More and Sarah Trimmer in B. Rodgers, *Cloak of Charity*, pp. 21-155.

⁶⁶ Rodgers, *Cloak of Charity*, pp. 21-155.

⁶⁷ Cavallo, ‘The Motivations of Benefactors’, pp. 46-62, see p. 52.

⁶⁸ W. Osler, *Selected Writings of Sir William Osler* (Oxford, 1951). Osler promoted biographical study of great medical thinkers. See: C. Webster (ed.), *Health, Medicine and Mortality in the Sixteenth Century* (Cambridge, 1979), p. 2.

In further historical assessments of the activities of charity donors the course of action taken was to separate the genders. As a result, the experiences of female donors and their involvement in philanthropy has an extensive body of literature in its own right that has focused on female benefactions, support of associational charities, levels of involvement and motives.⁶⁹ Researching benefactions initially proved problematical as historians found that they were often hidden.⁷⁰ Yet, more recently research has discovered that at a local level, women's contributions were recoverable being highly visible within parish charities named after their founders and publicly recorded charitable work included in commemorations on gravestones and memorials.⁷¹ Historians acknowledge too the value of women's letters and diaries, as these carry important and intimate details of a vast amount of private benevolence and informal charity.⁷² The most significant contention in this literature on gender is that the types and levels of female benefactions changed during the eighteenth century, whereby collective forms of giving meant a decline in an older 'female' variety of personal giving.⁷³ This reading of the evidence implies that levels of female benevolence in previous centuries are not directly comparable with that of the eighteenth century due to the way donations were extracted or distributed.⁷⁴ And therefore this emphasis in the historiography will be tested in this thesis, notably in Chapters 3 and 5.

By extension then, women were given only cursory attention in studies of the support of large institutions due to the assumption that the transition from informal giving to associational philanthropy resulted in either minimal involvement or exclusion of women from the organised charitable sphere. It is a view that appears to have been bolstered by the prevalence of several studies of the *Magdalen Hospital* which was characterised by a decline in female subscribers due to its many dubious associations.⁷⁵ Yet, when focusing on the late eighteenth and early nineteenth centuries

⁶⁹ See for example: F. K. Prochaska, *Women and Philanthropy in Nineteenth-Century England* (Oxford, 1980); G. Himmelfarb, 'The Age of Philanthropy', *The Wilson Quarterly*, 21:2 (Spring, 1997), pp. 48-55.

⁷⁰ W. K. Jordan, *Philanthropy in England 1480-1660: a study of the changing patterns of English social aspirations* (London, 1959), p. 32 & p. 354.

⁷¹ M. C. Martin, 'Women and Philanthropy in Walthamstow and Leyton, 1740-1870', *The London Journal*, 19:2 (1994), p. 119-50.

⁷² L. Davidoff and C. Hall, *Family Fortunes: men and women of the English middle class 1780-1850* (London, 1987), p. 432.

⁷³ D. Owen, *English Philanthropy 1660-1960* (Cambridge, 1964), pp. 11-12 and pp. 71-2.

⁷⁴ *Ibid.*

⁷⁵ S. Nash, 'Prostitution and Charity: The Magdalen Hospital, a Case Study', *Journal of Social History*, 17:4 (1984), pp. 617-28; Andrew, 'Philanthropy and Police', p. 72 and p. 87; S. Lloyd, 'Pleasing

Frank Prochaska has found that the contribution of women to institutional charity began to rise markedly and that the majority of subscribers were middle-class and titled ladies who were particularly prominent as patronesses, especially in societies with Royal patronage.⁷⁶ This was explained by the specific configuration of economic, social and religious change that took place which heightened the philanthropic impulses of women.⁷⁷

Yet, with a degree of separation identified by historians between the types of associational charities supported by males and females, questions of whether underlying charitable motives were different for women have been raised.⁷⁸ Thus, the female fashion for charity, ‘heartfelt duty’, religion and the cultural development of sensibility have all been put forward as having a particular motivational effect on women.⁷⁹ More recently, interdisciplinary studies by social psychologists have identified an altruistic personality that had its roots in the role-modelling and social learning of childhood.⁸⁰ It was not only as subscribers though that historians have studied female involvement in associational charities. In questioning whether associational charity actually gave opportunities to women, views have been polarised from women remaining a minority in subscription charities to women playing a significant role in the newer forms, both as subscribers and managers.⁸¹ Rosalind Mitchison too has contended that the creation of a voluntary charitable society in Scotland gave women many opportunities to develop their talents for organisation.⁸² And this context will be explored in this thesis in Chapter 5, since this is a study of an Anglo-Scottish family.

Meanwhile, from the 1960s, reappraisals of women’s experiences, including those of their charitable and philanthropic activities, have been reflective of developments in women’s history. This has been characterised by two historiographies,

Spectacles and Elegant Dinners: Conviviality, Benevolence, and Charity Adversaries in Eighteenth-Century London’, *Journal of British Studies*, 41:1 (2002), pp. 23-57.

⁷⁶ F. K. Prochaska, *Royal Bounty: the making of a welfare Monarchy* (London, 1995), p. 14.

⁷⁷ F. Prochaska, *Women and Philanthropy in Nineteenth Century England* (Oxford, 1980), p. 38.

⁷⁸ *Ibid.*

⁷⁹ Prochaska, *Women and Philanthropy*, p. 41.

⁸⁰ A. J. Kidd, ‘Philanthropy and the ‘Social History Paradigm’’, *Social History*, 21:2 (1996), pp. 180-92, see p. 185.

⁸¹ For contrasting views see: M. Fissell, *Patients, Power and the Poor in eighteenth-century Bristol* (Cambridge, 1991), pp. 90-1; A. Vickery, *The Gentleman’s Daughter: women’s lives in Georgian England* (London, 1998), p. 10.

⁸² Mitchison, *The Old Poor Law in Scotland*, p. 129.

namely the ‘separation of the spheres’ thesis and the social and economic marginalization of propertied women accompanied by the degradation of working women.⁸³ The idea that men and women were naturally different and so suited to specific activities and roles in society – exemplified by the separation of home from workplace associated with the process of industrialization and a gendered demarcation of new roles for men and women - had implications for charity scholarship.⁸⁴ When exploring philanthropy in the context of gender activities, historians often represented it as the only space outside the home which women could occupy.⁸⁵ As such, different interpretations of women’s experiences of charity and philanthropy have been produced according to feminist interpretations of when particular gender changes occurred.⁸⁶ Yet the focus has continued to be on the experience of middle-class women. The ‘separate spheres’ model has been subject to many challenges, particularly amongst historians uncovering evidence that located women in the public sphere.⁸⁷ This has, however, resulted in an overwhelming emphasis on the associational philanthropic activities of middle-ranking women.⁸⁸ The main criticism made of the ‘separation of the spheres’ model has been the slippery nature of the concepts of public and private and their meaning to contemporaries.⁸⁹ This is especially important for aristocratic women whose households could be quite public and whose public activities could remain private. The discrepancies between the model and the realities of life for women in the past has resulted in calls to abandon the established concepts and create new ones from more manuscript-based research.⁹⁰ And this is precisely what this thesis does.

The trivialising of the charity of aristocratic women as merely honorary has persisted in interpretations of charity. These continue to emphasise the individualised and reforming philanthropic approaches characteristic of nineteenth-century women and their ultimate inadequacy when measured against the requirements of industrial,

⁸³ A. Vickery, ‘Golden Age to Separate Spheres? A Review of the Categories and Chronology of English Women’s History’, *The Historical Journal*, 36:2 (1993), pp. 383-414, see p. 383.

⁸⁴ H. Barker and E. Chalus, *Gender in Eighteenth-Century England: roles, representations and responsibilities* (Harlow, 1997), p. 11.

⁸⁵ M. C. Martin, ‘Women and Philanthropy in Walthamstow and Leyton 1740-1870’, pp. 119-50.

⁸⁶ See for example: Davidoff and Hall, *Family Fortunes*; Martin, ‘Women and Philanthropy in Walthamstow and Leyton 1740-1870’.

⁸⁷ Vickery, ‘Golden Age to Separate Spheres?’, pp. 383-414.

⁸⁸ Prochaska, *Women and Philanthropy in Nineteenth Century England*.

⁸⁹ S. Lloyd, *Charity and Poverty in England, c.1680-1820: Wild and Visionary Schemes* (Manchester, 2009), p. 242.

⁹⁰ Vickery, ‘Golden Age to Separate Spheres?’, pp. 383-414, see p. 413.

urban society. Hence, Gertrude Himmelfarb stated, ‘those who professed a concern for the poor have been dismissed by later commentators as eccentric do-gooders, condescending Lady Bountifuls, or officious philanthropists who pretended to help the poor for their own self-serving motives’.⁹¹ Yet, in response, there have been few studies of individual aristocratic women that focus in-depth on their informal charity which has been attributed to the invisibility or inaccessibility of their private benevolence.⁹² Thus, attempts to recover the charity of elite women in localities have once more focused on voluntary associations only.⁹³ The conclusions reached were thus familiar ones, that giving was concentrated in the traditional areas of feminine concern such as health, education, social work and the plight of women.⁹⁴ Yet, case studies of the charitable involvement of the middle ranks conducted at the local level have so far found little demarcation or separation of the sexes. Any differentiation between men and women of the aristocracy therefore has still to be addressed in the way that this thesis tests.

As the influential ‘separate spheres’ ideology located propertied men in the public sphere of politics and business this meant that in the rise of associational charity, men’s collective, public benevolence was emphasised and not their private giving.⁹⁵ In effect, male philanthropic involvement has only come to light as historians have sought to recover female participation. Yet, the development of gender history, where gender is socially constructed, has now widened the historical focus to incorporate the male experience. Historians have therefore similarly challenged the ‘separate spheres’ model, meaning not only has women’s activity in the public sphere begun to be uncovered, so too men’s private roles are being reclaimed and their benevolence located in ideals of masculinity.⁹⁶ Again, this recent historiographical pursuit is analysed in Chapter 4 of

⁹¹ Lady Bountiful was a character in an eighteenth-century play who showed off her wealth by acts of overwhelming generosity; Himmelfarb, *The Age of Philanthropy*, pp. 48-55, quote at p. 48.

⁹² Davidoff and Hall, *Family Fortunes*, p. 432; S. Hindle ‘“Not by Bread Only”? Common right, parish relief and endowed charity in a forest economy, c.1600-1800’ in King and Tomkins (eds), *The Poor in England, An economy of makeshifts*, pp. 39-75.

⁹³ Martin, ‘Women and Philanthropy in Walthamstow and Leyton’, pp. 119-50, see p. 121; S. Pinches, ‘Women as Objects and Agents of Charity in Eighteenth-Century Birmingham’, in R. Sweet and P. Lane (eds), *Women and Urban Life in Eighteenth-Century England: On the Town* (Aldershot, 2003), pp. 65-86.

⁹⁴ Davidoff and Hall, *Family Fortunes*; Martin, ‘Women and Philanthropy in Walthamstow and Leyton’, p. 119-50.

⁹⁵ Vickery, ‘Golden Age to Separate Spheres?’, pp. 383-414, see p. 383.

⁹⁶ J. Tosh, ‘The Old Adam and the New Man: Emerging Themes in the History of English Masculinities, 1750-1850’ in T. Hitchcock and M. Cohen (eds), *English Masculinities 1660-1800* (London, 1999), pp. 217-38.

the thesis. Meanwhile, aside from the influence of women's history, the overwhelming emphasis on middle-class associational charity has been mostly due to its public acknowledgement and recording and therefore ready accessibility for research purposes. By contrast the study of informal forms of aid has been subject to methodological problems which Ben-Amos recognises, was largely due to the nature of the evidence being 'intangible, fragmentary or sparse, making systematic assessment problematic'.⁹⁷ Thus, Harold Perkin stated, 'the extent of casual charity cannot be gauged at all' and as Donna Andrew recently acknowledges, the history of the personal letter of appeal remains unwritten.⁹⁸ This thesis will redress both gaps in the literature because its novel source material is rich in such missing detail.

Studies of those who provided, or gave, for the purposes of medical care reflected those of charity generally, in that the main concern was giving (in association with others) for institutions such as hospitals and dispensaries. It was recognised however that little acknowledgement has been given to the gentlewomen who ministered to the health needs of families, friends and neighbours. Yet, a noteworthy detailed study of one Tudor gentlewoman by Linda Pollock demonstrated that such ladies had often been involved in medicine and household science, and that many practised medicine charitably in their surrounding communities as an important social expression of elite philanthropy.⁹⁹ Influenced by women's history, a concern to address women's medical experiences, soon identified that charity-giving for medicinal reasons gave women opportunities to function in public.¹⁰⁰ More recently, the employment of medical recipes to analyse household medicine and its reach has also led historians to confirm that many such women developed a prominent role in their local communities.¹⁰¹ Furthermore, they often became a source of medical authority and gained a credible reputation due to their hands-on experience with successful cures.¹⁰² What however is often still absent from this growing scholarship that assesses the charitable and medical activities of givers, is the actual experiences of individual

⁹⁷ Krausman Ben-Amos, *The Culture of Giving*, p. 3.

⁹⁸ H. Perkin, *Origins of Modern English Society* (London, 1969), p. 422; Andrew, "To the Charitable and Humane", pp. 87-107, see p. 87.

⁹⁹ L. Pollock, *With Faith and Physic, The Life of a Tudor Gentlewoman, Lady Grace Mildmay 1552-1620* (London, 1993), p. 97.

¹⁰⁰ L. Hunter and S. Hutton (eds), *Women, Science and Medicine 1500-1700* (Stroud, 1997), p. 103.

¹⁰¹ *Ibid.*

¹⁰² J. Stine, *Opening Closets*, p. v.

donors, both male and female, and especially aristocratic ones. Of greatest value would be those gleaned from manuscript-based sources such as letters and personal records. The inclusion of these would allow for a re-evaluation of informal and associational giving to gain an insight into the way rank and gender was played out in daily lives. The act of giving nonetheless was not one conducted in isolation since it involved recipients too and it is this scholarship that has predominantly focused on those in receipt of poor relief, associational charity and medical products and services. It is therefore next assessed, since it relates to Chapters 3, 4 and 5 of this thesis.

It was the growth of social history in the 1960s that turned attention to “history from below”, that is, the lived experiences of ordinary people. Historians began to recognise an overriding deficiency in the scholarship for poverty, charity and welfare. There had been little detailed consideration of the poor, as individuals experiencing poverty *and* in receipt of poor relief or charity.¹⁰³ Up to this point only one-sided views of the national causes and suitable means of relief were produced. ‘History from below’ thus placed the poor as individuals at the centre of welfare debates, rather than in terms of the political and administrative systems imposed on them.¹⁰⁴ This was partly made possible due to more sources becoming accessible.¹⁰⁵ In early studies, however, ‘the poor’ were grouped together. This method (historically inaccurate), as Alyssa Levene observes, ‘failed to acknowledge that the state of poverty was fluid and subjective with people passing in and out’.¹⁰⁶ In order to differentiate, studies started to examine poverty over the life-cycle which stemmed from the theory, expounded by Peter Laslett, and Richard Dyson, that poverty was connected to individual life-cycles with certain at risk or vulnerable phases in which people would find themselves impoverished.¹⁰⁷ This meant that historians could better appreciate the experience of specific sub-groups of the poor, such as the elderly.¹⁰⁸ These comparative developments in the study of

¹⁰³ King, *Poverty and welfare in England 1700-1850*, p. 4.

¹⁰⁴ P. Slack and *Economic History Society*, ‘The English Poor Law, 1531-1782’, (Basingstoke, 1990) in A. Levene, et al., *Narratives of the Poor in Eighteenth Century Britain: Vol.1.* (London, 2006), p. xvii.

¹⁰⁵ T. Hitchcock, ‘Review of Thomas Sokoll, *Essex pauper letters 1731-1837*’, 30 (Oxford, 2001) in ‘A New History from Below’, *History Workshop Journal* (2006), pp. 294-8.

¹⁰⁶ A. Levene, et al., *Narratives of the poor in eighteenth-century Britain: Vol.4* (London, 2006), p. ix.

¹⁰⁷ P. Laslett, ‘Family, kinship and collectivity as systems of support in pre-industrial Europe: a consideration of the ‘nuclear-hardship’ hypothesis’, *Continuity and Change*, 3:2 (1988), pp. 153-175; R. Dyson, ‘Who were the Poor of Oxford in the late Eighteenth and Early Nineteenth Centuries?’ in Gestrich, King and Raphael (eds), *Being poor in modern Europe*, pp. 43-68.

¹⁰⁸ P. Thane, *Old Age in English History: past experiences, present issues* (Oxford, 2002).

poverty had implications for welfare historians too. It was recognized that multiple record-linkage had the potential to retrace individuals through welfare sources, at different life-cycle points.¹⁰⁹ This, it was hoped, would create ‘typologies of individual and family strategies’ and thereby transform the way in which English welfare was analysed.¹¹⁰ As historians researched sub-groups of the poor, they found different welfare solutions depending on where in the life-cycle poverty manifested itself or different forms of poor relief tailored to individual circumstances.¹¹¹ Furthermore, it was recognised that for different groups of the poor the symbolism of poverty was different and had variable meanings.¹¹² Even though sickness represented the key battleground over entitlement under the Old Poor Law, the sick poor were still less well-represented in the historical literature.¹¹³ To address this shortcoming Steven King recently utilized narratives and correspondence in his research to consider ‘the strategies, linguistic and posturing, which the sick poor adopted when attempting to establish their eligibility for relief in the eyes of poor law officials’.¹¹⁴ By taking this approach he took advantage of a related, parallel development in studying the experiences of the poor.

Until this time, as Tim Hitchcock acknowledged, the poor had only been accessible indirectly, through the voices of the elite and middling sorts, glimpsed in Overseer accounts and scribed into court records relating to settlement, removal, and bastardy cases.¹¹⁵ The most important development therefore arising from the consideration of the experiences of being poor in the last few decades has been reflected in recent work to study their pauper voices. The utilisation of pauper narratives has enabled historians to advance from treating the poor as groups and sub-

¹⁰⁹ Gestrich, King and Raphael (eds), *Being Poor*, p. 27.

¹¹⁰ King and Tomkins, *The Poor in England*, pp. 24-5.

¹¹¹ S. A. King, *Poverty and Welfare in England: a regional perspective 1700-1850* (Manchester, 2000), p. 11.

¹¹² Gestrich, King and Raphael (eds), *Being Poor*, p. 21.

¹¹³ H. Marland, *Medicine and Society in Wakefield and Huddersfield*; P. Horden and R. Smith (eds), *The Locus of Care: Families, Communities, Institutions and the Provision of Welfare since Antiquity* (London, 1997); Lane, *A Social History of Medicine*; Dyson, ‘How did the poor cope with illness.’, pp. 86-100.

¹¹⁴ S. King, ‘“Stop This Overwhelming Torment of Destiny”: Negotiating Financial Aid at Times of Sickness under the English Old Poor Law, 1800-1840’, *Bulletin of the History of Medicine*, 79:2 (2005), pp. 228-260.

¹¹⁵ Hitchcock, ‘Review of Thomas Sokoll’, pp.294-8.

groups towards examining the realities of their lives as individuals.¹¹⁶ Such narratives have been invaluable because not only do they convey vital missed information, they also were a key vehicle in the actual negotiation process that paupers used to establish their so-called entitlement to relief under the Poor Law (Old and New).¹¹⁷ In the earliest studies this had been interpreted rather clumsily.¹¹⁸ Yet, the advent of corpus linguistics made possible by new technologies has meant that scholars can now appreciate the subtle word patterns and orthography much better in extant pauper letters running to some 60,000.¹¹⁹ Research has therefore considered themes such as clothing and sickness; with evidence gleaned too of family and kinship ties, migration patterns and 'makeshift economies'.¹²⁰ A further important analysis conducted by Thomas Sokoll focused on the rhetorical devices employed against case histories, not only to reconcile the rhetoric in letters with the actual experiences, but also to consider beliefs, sentiments, feelings, attitudes and strategies.¹²¹ This method has enabled evaluations of pauper's agency by appraising the strategic practices they utilised in attempting to secure poor relief. Where historians had previously accepted the rhetoric of powerlessness fairly uncritically, these recent developments have seen agency increasingly foregrounded.¹²² It has also been possible to examine the agency of sub-groups, particularly that of the sick poor, by analysing the successful strategies they adopted when attempting to establish their eligibility for relief.¹²³ We will be encountering human agency in this thesis too.

¹¹⁶ See for example: M. Levine-Clark, 'Engendering Relief: Women, Ablebodiedness and the New Poor Law in Early Victorian England', *Journal of Women's History*, 11:4 (2000), pp. 107-130; T. Sokoll (ed.), *Essex Pauper Letters 1731-1837* (Oxford, 2001); P. King, 'Destitution, Desperation and Delinquency in Early Nineteenth-Century London: Female Petitions to the Refuge for the Destitute' in Gestrich, King and Raphael (eds), *Being Poor in Modern Europe*, pp. 157-80; P. D. Jones, "I Cannot Keep my Place Without Being Deascent", *Pauper Letters, Parish Clothing and Pragmatism in the South of England, 1750-1830*, *Rural History*, 20 (2009), pp. 31-49.

¹¹⁷ S. King, "I Fear You Will Think Me Too Presumptuous in My Demands but Necessity Has No Law": Clothing in English Pauper Letters, 1800-1834', *International Review of Social History*, 54:2 (2009), pp. 207-36.

¹¹⁸ J. S. Taylor, *Poverty, migration, and settlement in the Industrial Revolution: sojourners' narratives* (Palo Alto, 1989).

¹¹⁹ T. Sokoll, 'Writing for Relief: Rhetoric in English Pauper Letters, 1800-1834' in Gestrich, King and Raphael (eds), *Being Poor in Modern Europe*, pp. 91-112.

¹²⁰ See for example: S. King, 'Friendship, Kinship and Belonging in the Letters of Urban Paupers 1800-1840', *Historical Social Research*, 33:3 (2008), pp. 249-77; P. D. Jones, "I Cannot Keep my Place Without Being Deascent", *Pauper Letters, Parish Clothing and Pragmatism in the South of England, 1750-1830*, *Rural History*, 20 (2009), pp. 31-49; S. King, "I Fear You Will Think Me Too Presumptuous in My Demands but Necessity Has No Law": Clothing in English Pauper Letters, 1800-1834', *International Review of Social History*, 54:2 (2009), pp. 207-36.

¹²¹ Sokoll, 'Writing for Relief', pp. 91-112.

¹²² King and Tomkins, *The Poor in England*, p. 7.

¹²³ King, "Stop This Overwhelming Torment of Destiny", pp. 228-260.

For historians of welfare, the combination of the move to study the experiences of the poor themselves, and the potential for examining individual strategies in qualitatively based sources, has resulted in an increasing interest in the regionalised ‘economy of makeshifts.’ This concept was first employed by Olwen Hufton, in the first systematic historical analysis of informal relief, to encompass the necessity and importance of alternative welfare strategies such as the exploitation of common right, the support of kin, the kindness of neighbours, crimes of necessity, charity and credit networks.¹²⁴ Prior to this, historians had described ‘a patchwork of relief’ and ‘a tradition of mutual help’.¹²⁵ Until recently, many aspects of the ‘economy of makeshifts’ were addressed in community studies, such as kinship studies and seen as tangential.¹²⁶ Despite debate over the emphasis that should be accorded to the ‘economy of makeshifts’, historians have now made a more concerted attempt to explore it directly.¹²⁷ Yet, studies have mostly considered the interrelationships and changing balances between the different survival strategies, from either the level of the parish or the household. Despite these more nuanced studies, recent research on informal charity has focused on the support of neighbours, kin, or associations, rather than from those higher up the social scale.¹²⁸ Only recently, Alyssa Levene, in seeking to place families with children in a ‘mixed economy of welfare’, has begun to explore the role of social capital in vertical assistance in the context of apprenticeships.¹²⁹ It is therefore a central aim of this thesis to explore horizontal and vertical assistance to the poorest, where feasible, in the record-keeping of the Buccleuch benefactors.

¹²⁴ O. Hufton, *The Poor of Eighteenth Century France, 1750-1789* (Oxford, 1974).

¹²⁵ D. Marshall, *The English Poor in the Eighteenth Century: a study in social and administrative history* (London, 1969) in King and Tomkins, (eds), *The Poor in England*, p.11, described a patchwork of relief; K. Thomas, *Religion and the Decline of Magic: studies in sixteenth and seventeenth-century England* (Harmondsworth, 1973), found a tradition of mutual help.

¹²⁶ Such as: K. Wrightson and D. Levine, *Poverty and Piety in an English Village: Terling 1525-1700* (Oxford, 1995).

¹²⁷ Snell, *Annals of the labouring poor*; R. M. Smith, ‘Charity, Self-interest and Welfare: Reflections from Demographic and Family History’ in Dauntton, *Charity, Self-Interest and Welfare*, pp. 23-50; King and Tomkins, *The Poor in England*.

¹²⁸ Dauntton, *Charity, Self-Interest and Welfare*; P. Thane, *Old Age in English History: Past Experiences, Present Issues* (Oxford, 2002).

¹²⁹ A. Levene, ‘Charity Apprenticeship and the building of social capital in eighteenth-century England’ in N. Goose and K. Honeyman (eds), *Children and Child Labour in Industrial England: diversity and agency, c.1750-1914* (Farnham, 2013), pp. 45-70.

Attention meantime has recently turned to the way in which the sick poor ‘made shift’.¹³⁰ Where research had long been focused on the medical provision of the poor law, historians have now considered the sick poor’s navigation of the wider ‘medical mixed economy of welfare’. That is, the type of practical support they could muster on the threshold of relative to absolute poverty. Initial studies have however tended to concentrate on two options alone, one of which was the predominance of parish provision.¹³¹ Focusing on the Elizabethan period, however, Peregrine Horden and Richard Smith identified a broader charitable range including extra assistance provided by private people, albeit as a fund to be distributed.¹³² Adopting an alternative perspective, Richard Dyson researched the movement of the sick poor between the different sorts of ‘make-shift economy’ elements in Oxford at the beginning of the nineteenth century.¹³³ Any vertical medical assistance from individuals however remains to be considered. More recently, Steven King has developed a tripartite model comprised of three economies to better engage with the assembly of medical ‘makeshifts.’¹³⁴ This is comprised of the *shadow economy* where paupers sought independent solutions mirroring those of the parish. Then a *complementary economy* in which extra treatments were employed, at the same time as parochial ones. It is in the third *substitute economy*, however, with planned self-help generated via sick clubs, the support of employers, and quack remedies, that the medical charity of those of high rank would be located. This model has yet to be tested from the perspective of those who utilised this ‘shift’ in times of medical necessity and it will therefore feature in this thesis, particularly in Chapters 3 and 4.

Reflecting thus an emphasis on paupers’ ‘making shift’ and hence a broader social ‘history from below’ research direction in much of the literature, the study of the history of charity also recently moved to examine the attitudes and feelings of its recipients. Yet, for the most part it has been the female recipient’s experience that has

¹³⁰ S. A. King, *Sickness, medical welfare and the English poor, 1750-1834* (Manchester, 2018), pp. 285-319.

¹³¹ Grell, Cunningham and Jütte, (eds), *Health Care and Poor Relief*, considered nursing paid for by the parish and professional medicine; J. Reinartz and L. D. Schwarz, *Medicine and the Workhouse* (New York, 2013) explored the relationship between voluntary hospitals and parish care.

¹³² Horden and Smith (eds), *The Locus of Care*.

¹³³ Dyson, ‘How did the poor cope with illness’, pp. 86-100.

¹³⁴ King, *Sickness, medical welfare and the English poor*, pp. 287-307.

been foregrounded in studies of charities through the prism of the female life-cycle.¹³⁵ This emphasis on women has persisted despite changing contemporary trends in the underlying aims of charity. Aside from historical debates over the timing of those changes in the literature, there seem to be few departures in the objects of charity and women have long been seen as such ‘proper objects.’¹³⁶ Thus, historians have identified deserted wives, the elderly, spinsters and widows as facing the worst plight and being the most likely to elicit sympathy.¹³⁷ This has resulted in detailed studies of categories of beneficiary such as fallen women.¹³⁸ As mentioned, the *Magdalen Hospital*, founded exclusively for poor ‘fallen’ women, has received the largest share of historical attention. Historians have sought to determine the purpose of this philanthropy and questioned whether such institutions resulted from genuine humanitarianism or were a device for social control.¹³⁹ The voices belonging to those wanting or receiving charity are however difficult to recover in the absence of any primary sources akin to those of pauper narratives. Anne Borsay contends that recipients often ‘contested the disinterested altruism claimed by their benefactors’ and became increasingly inclined to see the generosity of the wealthy ‘as a right to which they were entitled, rather than a gift for which gratitude was expected’.¹⁴⁰ Yet, evaluations of the agency of both individuals and different sub-groups are still to be made. Thus far, only the applicants for the charity of Lady Spencer have been considered via their begging letters.¹⁴¹ Utilising these, Donna Andrew was able to examine how women, particularly those of gentle-birth, presented themselves so that they would appear worthy objects and hence she has raised the question of whether they had an advantage over men.¹⁴² Further assessments of the experiences of sub-groups of the poor, or individuals in the context of petitioning for and receiving, or being refused, vertical charitable assistance are therefore crucially absent from the historiography. For this reason, they feature in Chapters 3 and 4 in a detailed examination of their petitions.

¹³⁵ Pinches, ‘Women as Objects and Agents of Charity’, pp. 65-86, see p. 68.

¹³⁶ P. Mandler, *The Uses of Charity: The Poor on Relief in the Nineteenth-Century Metropolis* (Philadelphia, 1990), p. 20.

¹³⁷ Pinches, ‘Women as Objects and Agents of Charity’, pp. 65-86, see p. 74.

¹³⁸ S. Nash, ‘Prostitution and Charity: The Magdalen Hospital, a Case Study’, *Journal of Social History*, 17:4 (1984), pp. 617-28.

¹³⁹ *Ibid.*

¹⁴⁰ A. Borsay and P. Shapely, *Medicine, Charity and Mutual Aid: the consumption of health and welfare in Britain, c.1550-1950* (Aldershot, 2007), p. 9.

¹⁴¹ Andrew, ‘Noblesse Oblige’, pp. 275-95.

¹⁴² *Ibid.*, p. 288.

The growth of social history also had an impact on the study of medicine as historians appraised it as a social phenomenon with ideas and practice shaped by wider forces.¹⁴³ This emphasis has thus inspired new research into previously unexplored topics including the role of women and medical care offered to sub-groups.¹⁴⁴ Significantly, this brought the experiences of patients to the fore.¹⁴⁵ Early approaches addressing their agency however focused on the wealthy who, it was stated, maintained some control and could function as patrons exerting considerable influence on the form of the clinical interaction by taking active roles in their care regimes.¹⁴⁶ In aiming to redress the balance in favour of the patient, historians sought to combine the study of medical theories, treatments and practitioners with the study of the disorders people underwent and the ways they experienced and dealt with them.¹⁴⁷ This approach paved the way to begin to address the major shortcoming of the ‘medical marketplace’ model, that is, the impact of demand. Yet, with the interests, motivations and choices of clients often overlooked Jonathan Andrews has called for efforts to explore the complex role of patient demand, particularly to explain fluctuations in supply of, and demand for, medical practitioners in relation to social and economic contexts.¹⁴⁸ The necessity therefore for the ‘medical marketplace’ to become socially embedded and historically specific is recognized.¹⁴⁹ It is through the utilisation of novel approaches from the medical humanities that perceptions and understandings are being made accessible and these are significant because they are both culturally and socially contingent.¹⁵⁰ Some of the latest developments in the history of medicine comprise the medical constructions of masculine, pauper and literary bodies or particular bodily parts including skin, protuberances, fluids and excrescences.¹⁵¹ Areas such as the senses and

¹⁴³ Brunton (ed.), *Medicine Transformed*, p. xii.

¹⁴⁴ *Ibid.*

¹⁴⁵ See for example: R. Porter (ed.), *Patients and Practitioners, Lay Perceptions of Medicine in Pre-industrial Society* (Cambridge, 1985); L. M. Beier, *Sufferers and Healers, The Experience of Illness in Seventeenth-Century England* (London, 1987).

¹⁴⁶ N. D. Jewson, ‘The Disappearance of the Sick-man from Medical Cosmology, 1770-1870’, *Sociology*, 10 (1976), pp. 225-44.

¹⁴⁷ Porter (ed.), *Patients and Practitioners*, explored lay beliefs about health and illness, lay self-medication and lay relations with the available practitioners, whilst Beier, *Sufferers and Healers*, focused on the sufferers’ feelings, attitudes and behaviour.

¹⁴⁸ Andrews, ‘History of Medicine’, pp. 503-15.

¹⁴⁹ Jenner and Wallis (eds), *Medicine and the Market*, p. 17.

¹⁵⁰ Andrews, ‘History of Medicine’, pp. 503-15.

¹⁵¹ *Ibid.*, pp. 503-15; Such as: J. Reinartz and K. Siena (eds), *A Medical History of Skin: scratching the surface* (London, 2016).

the emotions, with analyses of the heart and nuanced surveys of articulations of the affections, appetites, passions and sensibilities, as well as the history of pain, are currently receiving attention.¹⁵² This is then a new means through which to recover contemporary influences on the demand for medical services and it will feature in this thesis appraisal of the Montagu Douglas Scott family's purchase of medicine in Chapter 6.

Meanwhile, this application of approaches from the medical humanities (broadly defined) to recover perceptions, together with the interest in individual experiences, has translated into research that explores the illness experience. Such an approach has the potential to reveal what patients themselves thought about treatments, including their beliefs in its efficacy and their expectations of a cure.¹⁵³ Thus far only Hannah Newton has researched illness experiences focusing on children, identifying medical perceptions of them insofar as these were distinguished in their childhood physiology and received modified treatments.¹⁵⁴ Yet, she recognises that to fully understand the extent to which children's experiences were distinctive, more work on the perspectives of patients of different ages is required.¹⁵⁵ That this has still to be examined is largely due to the lack, or availability, of narratives created by the sick rather than those which only carry the observations of others. In this thesis, once more, the patient narrative and their history of emotions can be more fully explored and feature in Chapter 6.

When studied separately then the experiences of providers and recipients have focused either on charitable activities and appeals for donors or their observed impact. The missing element in studies of charity, has been the two-way reciprocal relationship between donor and recipient and in medicine the complex relationship between practitioners, households, patients and the 'medical marketplace': all of central concern to this thesis. Relations between those up and down the social scale were addressed in the older scholarship located in the provision made by the higher orders for those in

¹⁵² F. Bound Alberti, 'Bodies, Hearts and Minds, Why Emotions Matter to Historians of Science and Medicine', *Isis*, 100:4 (2009), pp. 798-810; J. Moscoso, *Pain: A cultural history* (Basingstoke, 2012).

¹⁵³ H. Newton, *The Sick Child in Early Modern England, 1580-1720* (Oxford, 2012), p. 176.

¹⁵⁴ *Ibid.*, pp. 31-90.

¹⁵⁵ Newton, *The Sick Child*, p. 219.

need. But they did so by emphasising concepts of paternalism and deference.¹⁵⁶ Benevolence has been seen as one part of the duties expected of men of authority, property and rank for which conscientious service, promptness, politeness and deference were expected in return.¹⁵⁷ The historiography by the 1970s thus centred on a key debate over a marked decline in paternalism, both in thought and practice, in the shift to a market economy.¹⁵⁸ The crucial transition from a ‘moral’ economy to ‘political’ economy was characterised by an intellectual change from duties and charity to rights and self-interest.¹⁵⁹ For E. P. Thompson, charity was a residue of the ‘moral’ economy used merely as a means of self-preservation by landowners to maintain social order and stability.¹⁶⁰ The challenges mounted to these standard historical accounts of the charitable relationship were twofold since the 1990s. Paternalism and deference have been contested fundamentally – the emphasis now is on whether each were genuinely felt impulses, not choices.¹⁶¹ More significantly, the pauper was instead recast as a rational actor shrewdly adjusting to the market economy using paternalism as a tool to win important concessions.¹⁶² The belief in declining paternalism has however persisted in assessments of the motive for male aristocratic charity – to be tested in Chapters 4 and 5 of the thesis.

It was alongside these debates in paternalism that there was a concerted shift by charity historians to study gift-relations and the potential to observe a concentrated view of social relations became apparent. Gift-theory, first expounded in a seminal study by Marcel Mauss, outlined the themes of the gift relationship and the principle of reciprocity.¹⁶³ This theory mirrored that of the declining paternalism thesis in its assessment of the incompatibility of gift-exchange with market economy and the

¹⁵⁶ D. Roberts, *Paternalism in Early Victorian England* (London, 1979); E. P. Thompson, *Customs in Common* (New York, 1991).

¹⁵⁷ Roberts, *Paternalism*.

¹⁵⁸ Thompson, *Customs in Common*.

¹⁵⁹ Andrew, *Philanthropy and Police*, p. 202; Hindle, *On the Parish*, p. 6.

¹⁶⁰ Thompson, *Customs in Common*.

¹⁶¹ A. Wood, ‘Deference, Paternalism and Popular Memory in Early Modern England’ in S. Hindle, A. Shepard and J. Walter (eds), *Remaking English Society, Social Relations and Social Change in Early Modern England* (Suffolk, 2013), pp. 233-254, see p. 238.

¹⁶² *Ibid.*

¹⁶³ M. Mauss, ‘Essai sur le don. Forme et raison de l’échange dans le société archaïques’, *Sociologie et Anthropologie*, (Paris, 1950), pp. 145-279. *The Gift: The Form and Reason for Exchange in Archaic Societies* trans. W. D. Halls (New York, 1990) in I. Krausman Ben-Amos, *The Culture of Giving: informal support and gift exchange in early modern England* (Cambridge, 2008), p. 5.

subsequent decline or disappearance of these systems of gift-giving.¹⁶⁴ Even though the theory has been criticised, not least for its failure to consider gift-giving between the genders, it remains influential.¹⁶⁵ Despite a consensus that the obligation to give, receive and return the gift was essential for the successful workings of the patronage system, British historiography on the ‘gift-relationship’ is largely superficial.¹⁶⁶ In the absence of suitable primary evidence, studies have mostly been theoretically based.¹⁶⁷ By incorporating sociological and psychological approaches, interpretations have centred on reciprocity, the meaning and purpose of gifts and the motives and aspirations of donors and recipients.¹⁶⁸ Yet, it has still only been possible to explain giving in terms of altruism and self-interest or social control and kindness.¹⁶⁹ In recognition of the limitations of theoretical interpretations (that is, their removal from social, political, cultural and ethical contexts), Alan Kidd has identified the need to refocus historical attention on the complex cultural processes and to specifically explore cultures of philanthropy.¹⁷⁰ He has also helpfully suggested the construction of comparative charitable profiles to ‘examine the personal, economic, social and cultural milieu of particular individuals, families and groups’, taking into account psycho-social as well as socio-cultural factors to address the motive of charity.¹⁷¹ And again, this is a central aim of this thesis. We will be exploring the realities of the gift-relationship throughout all the chapters that follow in this thesis, since it is an important analytical thread of the research.

Few studies then have been conducted that reveal the gift-relationship in practice. Yet those that have, demonstrate the scope, at the very least, to assess the social implications of the gift.¹⁷² The examination of the gift-relationship grounded in

¹⁶⁴ *Ibid.*, p. 8

¹⁶⁵ Mauss, ‘Essai sur le don’ in Krausman Ben-Amos, *The Culture of Giving*, p. 6.

¹⁶⁶ For the patronage system see: H. Perkin, *Origins of Modern English Society* (London, 1969). For the gift-relationship see: Owen, *English Philanthropy*; Andrew, *Philanthropy and Police*; Cunningham and Innes (eds), *Charity, Philanthropy and Reform*; A. J. Kidd, ‘Philanthropy and the ‘Social History Paradigm’’, *Social History*, 21:2 (1996), pp. 180-92; C. Klekar and L. Zionowski (eds), *The Culture of the Gift in Eighteenth-Century England* (New York, 2009).

¹⁶⁷ Especially: A. J. Kidd, ‘Philanthropy and the ‘Social History Paradigm’’, *Social History*, 21:2 (1996), pp. 180-92.

¹⁶⁸ *Ibid.*

¹⁶⁹ A. J. Kidd, ‘Philanthropy and the ‘Social History Paradigm’’, *Social History*, 21:2 (1996), pp. 180-92.

¹⁷⁰ *Ibid.*

¹⁷¹ Kidd, ‘Philanthropy and the ‘Social History Paradigm’’, pp. 180-92, quote at p. 190.

¹⁷² F. Heal, ‘Food Gifts, The Household and the Politics of Exchange in Early Modern England’, *Past & Present*, 199:1 (2008), pp. 41-70.

new archival evidence and the subsequent exploration of a culture of philanthropy is now achievable. Such an approach has been adopted in the European literature with research situated in the giving structure exploring decisions made in the face of a range of choices, options which were generally presented in petitions.¹⁷³ Thus, the gift-relationship was found to be an expression of religious duty and class standing, a personal exchange and, a manifestation of the existence of a wider petitioning culture. The culture of giving has therefore been recognised for its importance in shaping the institutions and practices that gave this era its distinctive identity although it has been recognised that this was not a one-sided history. The poor might choose other courses of action if conditions for acceptance were too demanding; the interests of both parties had to be met in order for an association to be effective. This has been described by Marcus Van Leeuwen as an ‘institutionalized bargaining’ between elites and the poor through charitable bodies.¹⁷⁴ Thus, sources such as begging letters to individuals and charities, the appeals made by associations for donors, and in each case the responses received, are the central focus of the chapters that follow.

By contrast, the value of exploring the relationships or interactions between the givers and receivers of medical treatment has long been acknowledged within the historiography of medicine.¹⁷⁵ The nature of medical relationships has, however, been largely considered via examinations of the dissemination of knowledge and predominantly focused on print culture and the publishing of vernacular medical books.¹⁷⁶ Thus, interpretations of the interactions and power relations between medical practitioners and their patients has rested on opinions about the accessibility of medical knowledge to lay people.¹⁷⁷ More recently, studies of domestic medicine have looked more closely at the situations in which patients sought recourse to medical

¹⁷³ M. H. D. Van Leeuwen, ‘Logic of Charity: poor relief in preindustrial Europe’, *The Journal of Interdisciplinary History*, 24:4 (1994), pp. 589-613; L. H. Van Voss and M. H. D. Van Leeuwen, ‘Charity in the Dutch Republic: An Introduction’, *Continuity and Change*, 27:2 (2012), pp. 175-197.

¹⁷⁴ Van Leeuwen, ‘Logic of Charity’, pp. 589-613, quote at p. 590.

¹⁷⁵ M. Foucault, *Birth of the Clinic: an archaeology of medical perception* (France, 1963 trans. London, 1973); N. D. Jewson, ‘Medical Knowledge and the Patronage System in Eighteenth Century England’, *Sociology*, 8 (1974), pp. 369-85.

¹⁷⁶ A. Wear, *Knowledge and Practice in English Medicine, 1550-1680* (Cambridge, 2000); E. Furdell, *Publishing and Medicine in Early Modern England* (New York, 2002).

¹⁷⁷ Jewson, ‘The Disappearance of the Sick-man from Medical Cosmology’, pp. 225-44, held that whilst published materials informed patient’s choices there was an ever-greater separation of medical understandings.

practitioners.¹⁷⁸ It is not just the relationship between practitioners and patients however that requires further research as very little is still known about how household and learned medicine combined during this period. Historians recognising the limitations of the ‘medical marketplace’ model’s concern with consumer behaviours have stated that the focus should be on relationships, including those between lay people as cultivators and communicators of knowledge, where transactions were social rather than economic.¹⁷⁹ This would enable patronage and the participation of family and friends in healthcare to be considered. The cultural forces that shaped medicine, in the context of how disease was perceived, and how treated, could also be observed. What is required to complement and extend these studies of charitable and medical relationships thus far then are gift and medical relations as they played out in real life. The examining of actual family responses in conjunction with their petitions, appeals and experiences, will increase our historical understanding of cultures of giving and reveal the cultural factors at play in the engagement, or not, with the ‘medical marketplace’ that are an important research strand throughout this thesis.

1.4 Justification for the new research approach

Researching the reality then of this family’s charitableness and medical activity in this manner is doubly advantageous. It allows for an understanding of the multiple meanings that benevolence had for those who both gave and received it and therefore a better historical appreciation of its place and importance in ordinary people’s survival strategies. As such it is able to contribute to a narrow literature on informal, associational and medical provision of an aristocratic family connected to the ‘mixed economy of welfare’ of the era. In being mindful of the shortcomings identified in the literature review, this thesis concentrates on the reality of their charitable and medical practices across generations of our chosen aristocratic family. It is then able to relocate the familial practice and the tradition for benevolence alongside their collecting, patronage of the arts and building of great houses. This will provide a more nuanced appraisal of the family’s worthiness and honourability based on their historical activity as evidenced in archival sources. The family’s charitable and medical practices also

¹⁷⁸ Le Jacq, ‘The Bounds of Domestic Healing’, pp. 451-68.

¹⁷⁹ Leong and Pennell, ‘Recipe Collections’, pp. 133-52.

serve as a lens reflecting the changing historical context of the period allowing for the age of benevolence, attitudes towards the poor, decision-making and calculation in charitable decisions to be observed in the context of familial and regional variations. The emphasis too on medical decision-making, both for themselves and others, uncovers a cross section of the 'medical marketplace' and so an appreciation of their influence on it.

This novel approach renders the informal giving of these male and female members of the aristocracy both visible and assessable. Conducting this analysis reveals charity and its associated activities in terms of their *actual value* to recipients that can be incorporated into 'makeshift economies'. Glimpses of its combination with other provisions in the 'mixed economy of welfare' can likewise be gleaned. Examining the family's giving 'in association' also allows for the observing of historical factors that influenced the success and failure of specific associational charities at the level of the individual donor and throughout the generations. In focusing on the methods and practices of the Dukes and Duchesses, actual levels of their involvement and the interplay of status and gender roles can be seen. This makes it possible to revisit debates surrounding male and female motives. By uncovering the family's complex experiences as providers and recipients of medical care as well, an awareness of the human influences on their charitable and medical decisions, both for themselves and others, can be gained. In conjunction with these, the actual individual experiences of those who sought the assistance of the Dukes and Duchesses are retrievable and the circumstances which led to their petitions therefore viewed for the first time. Thus, an appraisal of the agency of those individual petitioners, as well as sub-groups of them, in accessing this charitable activity can be conducted. In addition, reviewing the assistance given by generations of the family to those who were sick, including its sentiments and boundaries, presents an example of the medical support that such a family could provide to its wider community of household staff, estate workers, and broad family circle of intimate acquaintances. Its wider significance in the medical 'mixed economy of welfare' to the sick poor is also glimpsed by situating it in the medical 'economy of makeshifts' and evaluating its status as a substitute resource.

In exposing the tangible manifestation of the gift-relationship, through the linking of petitions and appeals with the responses they actually received, the cultural

factors at play in negotiations, decisions and actions can be explored too. The expectations that each party had of the other and the extent to which they were realised also become evident and extend our historical appreciation of contemporary motives for benevolence. Within these gift-relationships, claims of family connections in line with the responses they received, reveal the ties of belonging and so the gatekeepers and thresholds of this aristocratic charity over both time and place. An understanding of family members' medical choices as well, in the context of their experiences of illness and relationships with medical practitioners, can be achieved. By looking inside several of the family's households, and beyond to the sick poor, the meeting of medical needs can be understood in light of both practical considerations and the perceptions of illness, disease and health. This translated into the selection of practitioners and the purchase of treatments and services. When explored in terms of the power and agency implicit in their interactions with individual medical men, the family's impact on what was supplied to them can be perceived. As a result, a major aim of this study is to combine charity, philanthropy and welfare into a more nuanced historical picture of the 'mixed economy of welfare' that Joanna Innes called for some twenty years ago and which very few historians have taken up.¹⁸⁰

1.5 Key research questions

Each chapter of this thesis has been framed by a research question. In summary, these are as follows. The main focus of Chapter 2 is what was the scale of the wealth of the Buccleuch family and what was the potential spending power of their collective charitable activities? In Chapter 3 we begin to engage with individual family members by asking how did the Duchesses of the family approach charity and welfare claimants in their time and money? The same question is posed of a Duke in Chapter 4, to further query how did this compare to the female example? Then, Chapter 5 focuses on generations of the family to question what effect did their public philanthropy have, both on its recipients and observers? Lastly, in Chapter 6 attention turns to the medical expenditure of the family's households to ask what was its impact on the 'medical marketplace'?

¹⁸⁰ Innes, 'The Mixed Economy of Welfare', pp. 139-80.

1.6 Sources: the primary evidence base

The opening up of the family archive at Boughton, which has been closed since 1528, has facilitated an important opportunity to examine the family's charitable provision and medical care, and impact on the welfare and well-being of those in need, in both England and Scotland for the long eighteenth century. This thesis topic was one of three under an Arts and Humanities Research Council Collaborative Doctoral Award in conjunction with the *Buccleuch Living Heritage Trust*. It was designed in response to research priorities identified and so was originally entitled 'Household Cures and Female Charity'. The focus was intended to be on medicaments produced within the household, in kitchens and stillrooms, and the charity of the leading Duchesses of this family. Its development to that now presented resulted from insufficient evidence of 'cures' being made in the family's houses whilst an abundance of that for the purchase of commercialised products and services survives. Ample sources too were extant for the charity of the Dukes of this family making it possible to compare male and female experiences, so aligning with recent approaches to gender history. Two generic categories of sources provided the foundation for the resultant analysis - the family's financial documents and the correspondence that they sent and received. These are next discussed in broad terms. A specific account of how they feature in each of the subsequent chapters then follows which includes the factors that must be taken into consideration in their interpretation.

Rich archival evidence survives as both the dispensation of charity and welfare, and the purchase of medical products and services, involved financial transactions which were entered into personal, private, household and estate accounts. A vast series of these are extant and for the period covered by this thesis they total more than 18,000 entries alone. They evidence who was receiving payments and when, how much was given or what was purchased. These are supplemented by accompanying vouchers, or receipted bills, that detail which charities received payments. Such vouchers also evidence who was in receipt of medicines or treatments, as well as exactly what was purchased, along with the sums paid. Furthermore, separate personal accounts for England and Scotland for family members facilitate an analysis of gift-giving by locality.

An extensive sample of correspondence has been conserved too which can be subdivided into estate business, personal, which includes physician's letters, and begging letters or petitions. A regular correspondence was conducted by the Dukes and Duchesses with their two Stewards – one based in London and one in Scotland.¹⁸¹ The Stewards were effectively major land agents who supervised 21 landed estates and their communications with the Dukes and Duchesses were extensive, running in this thesis to some 600 extant letters. Its content contains details of charitable decisions in respect of people in need. An overlapping, complementary source, the wills and codicils of family members, often written as letters of wishes, evidence the bequeathing of financial charitable commitments to subsequent generations of the family. In consideration too of the individual experiences of the recipients and potential recipients of the family's benevolence, the approach adopted was to analyse pauper narratives, more than 400 of which survive amongst the family's archival materials and have been examined in this thesis. Within the family's personal correspondence conducted with other family members, friends, acquaintances and medical practitioners, narratives of illness featured in more than 250 letters. The chapters which follow are based on interpretation of a range of these generic sources with further ones specific to each chapter's focus also employed. We therefore turn next to outline the manner in which they are brought together in underpinning this thesis study.

Following a discussion in Chapter 2 of the merits of these sources in terms of what they can contribute to the analysis, Chapters 3 and 4 turn to examine the charitable practices of two Duchesses and a Duke. This includes the reception of their benevolence and is based both on the begging letters that they received and the related correspondence that they conducted with their stewards and their representatives written in their own hand. For Chapter 3 a substantial sample of 227 begging letters and related materials was utilised whilst Chapter 4, is based on a further collection of 220 documents. It is important to note that such communications varied by type. The majority of the letters received, were of a familiar letter format whilst a few were

¹⁸¹ BHA Boughton Estate Correspondence; BHA Beaulieu Estate Correspondence; BHA Warwickshire Estate Correspondence; BHA Barnwell Estate Correspondence; NRS GD224/5/5; BHA Letter Books; BHA Chief and Land Steward's Papers; BHA Alan Toseland Transcripts of Boughton Land Steward's Correspondence; P. H. McKay, and D. N. Hall, (eds), *Estate Letters from the Time of John, 2nd Duke of Montagu 1709-39, Transcribed by Alan Toseland*. (Northampton, 2013).

formal petitions. Some appeals were a hybrid of petition and familiar letter beginning with a formal petition opening, in the third person, but then changing to a first-person narrative of familiar letter style. During the period under study the numbers of formal petitions decreased and hybrid forms disappeared altogether suggesting that people now recognised that each represented distinct manners of appeal.¹⁸² This further shift towards familiar letters may indicate that people were cognisant of their greater negotiating potential and even aware of the room it gave in negotiations for assistance.¹⁸³ Yet, the type of communication does not appear to have influenced its success. As observed in contemporary pauper narratives, the sample of letters for both chapters also ‘range in orthographic quality from punctuated copper-plate writing to a barely legible colloquial style’.¹⁸⁴ The archive material has hence provided a significant, representative sample of extant begging letters and one that can engage with charity giver and the recipient in person.

The potential and values inherent in such source material as new types of narratives is now widely appreciated, as is the recognition that they require careful analysis.¹⁸⁵ Most importantly, caution has been urged as interpretative problems may be encountered purely because the appellant had a direct material interest in the success of their petition.¹⁸⁶ The narrative therefore is not a verbatim account but a rhetorical version of that experience; though, as Steven King and Peter Jones state, it was not intended to deceive.¹⁸⁷ Nonetheless, it is this rhetorical quality, the development of a linguistic register to add weight to appeals, that enables analysis of the expectations of both parties’ negotiating power, in the sample of petitions, that is conducted in these chapters.

¹⁸² Note that the terms ‘petition’, ‘letter’ and ‘appeal’ are used interchangeably throughout this chapter and do not describe the actual type of communication.

¹⁸³ Jones and King, ‘From Petition to Pauper Letter’, pp. 53-77. Notes that where petitions were stylized and deferential with no allowance for appeals to sentiment or religion, a familiar letter opens a dialogue, acts as a ‘foot in the door’ and keeps the lines of communication open for the future, first consulted as a working manuscript, pp. 14-15, subsequently published as p. 72.

¹⁸⁴ S. King and A. Stringer, ‘I have once more taken the Liberty to say as you well know’: The development of rhetoric in the letters of the English, Welsh and Scottish sick and poor 1780s-1830s’ in A. Gestrich, E. T. Hurren and S. A. King (eds), *Poverty and Sickness in Modern Europe: narratives of the sick poor, 1780-1938* (London, 2012), pp. 69-92, quote at p. 71.

¹⁸⁵ M. Lyon (ed.), *Ordinary Writings, Personal Narratives: Writing Practices in 19th and early 20th Century Europe* (Bern, 2007).

¹⁸⁶ S. A. King and A. Tomkins (eds), *The Poor in England 1700-1850: an economy of makeshifts* (Manchester, 2003), p. 16.

¹⁸⁷ S. King and P. Jones, ‘Testifying for the Poor: Epistolary Advocates and the Negotiation of Parochial Relief in England 1830-1834’, *Journal of Social History*, 49 (2016), pp. 784-807, see p. 789.

Questions of authorship and representativeness too must be addressed. Importantly, estimates of authorship are possible for many letters as people signed for their donation in person, often on the begging letter itself at the point of receipt, so enabling a handwriting comparison to be made. Being written by someone else however does not devalue them. As Peter Jones and Steve King have noted, such narratives still ‘conveyed the message that the pauper wished to convey’ and used language, narrative and rhetorical devices that would have been normative.¹⁸⁸ For those where no signature survives, there are however indications that they were written by the petitioner themselves. Some contain details of their education or posts held, like schoolmaster, which would have produced or required a certain standard of literacy. Others were part of a sustained correspondence over many years conducted in the same hand.¹⁸⁹ There are limitations however, the most significant being that petitions that were unsuccessful have not survived in any great number. In addition, several letters recall aid supplied in the past of which no record exists. Furthermore, some of the Duchesses’ in-kind charity can be recovered from the petitions but cannot be quantified, cash being traceable but such ‘extras’ as securing places for people in hospitals or schools are more difficult to pinpoint. It must be remembered too that the absence of a record of action taken does not necessarily equate to assistance refused.

On the part of the Duchesses and the Duke, the related correspondence that they conducted with their Stewards and representatives commonly took the form of annotations on the begging letters themselves. These comprised directions and decisions regarding donations which invariably included the amount to be given. An instruction regularly given was to inquire into a petitioner’s circumstances and a further supplementary source - the result of these inquiries, survive in letter or notation form as written by family representatives. In later generations the family made increasing use of inquirers from the *Mendicity Society*. Whilst the *Society* acted on behalf of family members, the interpretation of its reports in this thesis has been mindful of the *Society*’s stated aims. Established to deal with the problem of beggars, it took a two-pronged approach: punishment for those it deemed fraudulent and assistance and encouragement

¹⁸⁸ Jones and King, ‘From Petition to Pauper Letter’, pp. 53-77, first consulted as a working manuscript, quote at p. 17, subsequently published as p. 75.

¹⁸⁹ This could also indicate that the author was a close relative.

for those thought deserving.¹⁹⁰ The analysis in Chapter 4 is further informed by the survival of an indexed book, which recorded names of petitioners and details of donations. It should be noted that in this record the handwriting of two different Stewards were evident with a change in charitable practices indicated. Thus, in the first hand, both donations and refusals were recorded, whilst in the second, only donations were noted.¹⁹¹ As it is likely that inquiry reports were retained for reference purposes this may explain the cessation of recording refusals in the donations book. The most important aspect of the source sample underpinning Chapters 3 and 4, therefore, is its potential to elucidate the Duchesses' and Duke's visible charitable practice and their understanding of their charitable obligations.

The focus shifts to examine the family's public philanthropy in Chapter 5 where the investigation is primarily evidenced by the two groups of generic sources, as discussed above. These are supplemented by a series of bank ledgers which survive in the archives of the family's bankers.¹⁹² In sum, the financial source base evidences subscriptions to associations and institutions, throughout the period by generations of family members. Some of the business of the family's public charity is found too in the correspondence they conducted with their Stewards during the period under study. Complementing these family archival materials, charity publications, hospital records, charity directories and newspaper reports were employed as well. This includes documentation for three of the London hospitals supported by the family during this period. That of the *British Lying-in Hospital*, *Westminster Hospital* and *St. Luke's Hospital*, comprised accounts and minutes of weekly boards as well as half-yearly general courts.¹⁹³ Taken together these sources detail the opportunities public charities offered for involvement and the actual involvement of the Dukes and Duchesses which

¹⁹⁰ The London *Society for the Suppression of Mendicity* was an ambitious charity and modernizing association of the post-war period. It had schemes of relief screening and street policing across metropolitan society. There were 1400 subscribers within a year of formation, and it aimed to release a flow of socially stabilising charitable giving. See: L. Mackay, *Respectability and the London Poor, 1780-1870: The Value of Virtue* (London, 2013), p. 108.

¹⁹¹ During the period April 1828-July 1831 the handwriting is that of the House Steward, John Parker. This was the same John Parker who had been Duchess Elizabeth's House Steward and who had been involved in inquiring of petitioners on her behalf. He continued to serve the family after her death until 1831. As Parker transferred the London finances to James Metcalfe, the Dalkeith House Steward in July 1831 it is likely that the second hand belongs to him.

¹⁹² This bank was *C. Hoare and Co.*

¹⁹³ LMA H14/BL1/A/01/002; H14/BL1/A/02/006; H14/BL1/A1/3; H14/BL1/A/06/001-4; H14/BL1/4/06/003/1-2; H14/BL1/02/007; H02/WHA/29/001; H64/E/01/003.

is retrieved from more than 70 such sources for the period under study. As much of the business of the charities of the period was reported in contemporary newspapers including appeals for funds, this allows for the rhetoric contained within them to be examined. In its totality, the sample therefore provides a unique opportunity to reveal a complexity of personal and contemporary concerns as they were reflected in the family's associational charitable practice, located in a culture of giving.

Likewise, Chapter 6 is supported by the family's financial documentation which is complemented by the utilisation of their personal correspondence, a sample which amounts to 255 letters.¹⁹⁴ In these personal narrative sources, family members wrote of their own illnesses, those of others, discussed the medical practitioners that attended them and the treatments that they received. They also advised others on courses of action, consulted with medical practitioners and received their opinions and directions. In addition, correspondence with Stewards evidences illnesses being brought to notice, and medical services or products dispensed to servants. Supplementing these materials, published collections of letters or memoirs of contemporaries which carried observations on the health and illnesses of members of the family were also consulted. These prove particularly significant in the case of one family member who was known to have suffered from ill-health for a number of years but is largely silent in the family's main archives which might suggest that evidence has been purposely erased.¹⁹⁵ In this way, the personal, family and wider social networks of illness narratives form an intriguing historical picture of the 'medical marketplace'.

Specific sources pertinent to this chapter's focus extend the analysis. These include the travel journals kept by three family members whilst on Grand Tours of Europe.¹⁹⁶ They not only evidence the understanding that family members had of illness in themselves and others but give glimpses of the foreign experience of illness and provision. As observations and conversations about health and illness with contemporaries were recorded in them too, they provide snapshots of the sharing of

¹⁹⁴ This is comprised of all of the correspondence in the Family archives, and that held in the National Records of Scotland and Trinity College Dublin Archives which refers to health, illness, medical products and services.

¹⁹⁵ This was Lord Brudenell, son of George, 1st Duke of Montagu (2nd creation) and Duchess Mary.

¹⁹⁶ BHA Travel Journals of Duchess Elizabeth 1786-1800. This was continued on the Duchess's return home. BHA Travel Journal Lady Charlotte Albina Stopford 1826-7; NRS GD224/1033/8.

medical knowledge whilst at home and abroad. Further individual sources were similarly instructive and include a printed counterfoil book, generated by one of the family's households to request medical assistance of practitioners.¹⁹⁷ A collection of legal documents relating to an extended family member evidenced the limits to the family's responsibility for the medical needs of others.¹⁹⁸ Some single documents likewise gave evidence of illnesses and treatments such as prescriptions, a memoranda entry of a medical recipe and a contemporary printed pamphlet on the use of a medication.¹⁹⁹ In combination, these sources enable the medical products and services purchased by five Dukes and Duchesses for members of their English and Scottish households, to be compared over time.

It must be recognised, however, that whilst rich in detail of health and illness correspondence was not exchanged purely for the purpose of sharing medical knowledge. Interpretation of the functions that these narratives served is informative too and must be taken into consideration. To enquire after a recipient's health reflected epistolary convention, as a sign of politeness or manners, which extended to those servants with whom the family corresponded. As Newton states, the act of asking 'how are you', led people to engage in rhetorical therapy.²⁰⁰ It is likely that illness as a popular topic reflected its prevalence in most people's lives, representing a shared experience that everyone could discuss. The illness of others was newsworthy and health news is thus an important historical prism in this chapter's central focus on narratives of illness.

Another key reason for writing about ill-health was to inform the family of an inability to meet contractual obligations, citing illness by way of explanation. Yet, the recognition that illness could be feigned, meant that being believed was a frustration for sufferers. This skepticism appears to have affected women more than men. Heather Meek has drawn attention to the contemporary fashion for nervous diseases, which

¹⁹⁷ DCA (viewed at BHA) Bundle 1576 Miscellaneous papers without common factor, 1816-1983, Printed book of blank lines 1813-1819.

¹⁹⁸ NRO X8795 Box 37 No.43.

¹⁹⁹ BoHA Charles, 4th Duke of Buccleuch Copy Accounts, Memoranda and Reports, 1814, p. 276; BHA Henry, 3rd Duke of Buccleuch 3 prescriptions 1789-1794; H. Scott, 'Paper on the Internal and External Uses of the Nitro-Muriatic Acid in the Cure of Diseases', *Medical Chirurgical Transactions*, vol. 8 (Read 4 March 1817), pp. 173-200.

²⁰⁰ Newton, *The Sick Child*, p. 163.

raised questions over the sincerity of illness whereby real symptoms had to compete with other peoples' affected ones.²⁰¹ Sharing narratives of health and illness in family correspondence also served the function of building rapport in relationships and gave an opportunity to express care and concern, so strengthening familial bonds. Illness narratives were thus accumulated, reflecting business relations, friendship circles, family relations, and courtship patterns, part of a culture of goodwill and manners, linked to well-being.

The shortcomings of these sources have also been taken into account in their interpretation. Some for instance have been subject to family censorship and others purposely destroyed. It is likely that in travel journals episodes of illness may just not have been recorded, as authors did not want to be reminded of them, or, abbreviated because people wrote their diaries and letters in transit. In general, what was written about illness depended on who else might read it, as it could be embarrassing or offend sensibilities. The reporting of health in letters was integral to epistolary etiquette, which also determined the level of detail that it was polite to include. Narratives of illness were also susceptible to exaggeration when sympathy was sought, or, ill-health feigned. As Newton states, in the case of medical practitioners too, their correspondence could act as a 'self-fashioning exercise' as they sought to boost their own self-worth.²⁰² As many of the letters utilised in this chapter were between family members and those who had close relationships to them news of illness was often reported in a positive light most likely to prevent worry or concern. Careful interpretation has been required too of correspondence that was characterised by teasing and light-hearted humour.²⁰³ More specifically, some comments within the correspondence had shared familial meaning that is now lost.²⁰⁴ Notwithstanding the limitations of the archival sources, in its totality the primary evidence base for this thesis is one of the largest of its type collected and analysed with a combination of qualitative and quantitative methods for a leading

²⁰¹ H. Meek, 'Medical Women and Hysterical Doctors: Interpreting hysteria's symptoms in eighteenth-century Britain' in C. Glen Colburn (ed.), *The English Malady: Enabling and Disabling Fictions* (Newcastle, 2008), pp. 223-47, see p. 228.

²⁰² Newton, *The Sick Child*, p. 15.

²⁰³ This was predominantly found in the correspondence between Lady Charlotte Albina Stopford and Lord James Stopford, see for example, TCD MS 11183/V/119a-b/68.

²⁰⁴ BoHA Charles, 4th Duke of Buccleuch Correspondence (Green Dispatch Box), 1 November 1818. Described his cough as 'it is now more hacking 'à la Montagu' which could possibly have referred to his grandfather, George, 1st Duke of Montagu (2nd creation).

influential aristocratic family of the period. We therefore next turn to outline the methods that have generally been employed.

1.7 Methodology: novel approaches in the archives

The family's untapped resources lend themselves best to qualitative engagement with the novel source material generated to retrieve their experiences and relationships as they played out in real life. Primarily, such plentiful sources have enabled multiple source record-linkage work and a number of logistical sampling exercises were undertaken given the scale of the new archive material uncovered. The value of this data collection and extensive qualitative source gathering has been recognised by welfare historians in tracing individuals through welfare sources.²⁰⁵ It is also applicable to an analysis of the family's benevolence, especially their informal giving, which has previously been invisible. Generally speaking, where financial information was rich in detail it has been inputted into excel spreadsheets for quantification. The resultant quantitative analysis thus provides a contextual framework for the subsequent qualitative approach, a significant aspect of which is a linguistic and rhetorical analysis of narrative sources. The manner in which these methods combine in each chapter is therefore now discussed in greater detail.

After the potential of the archival materials is outlined in Chapter 2, a quantitative analysis is conducted in Chapter 3 to begin to tease out the charitable methods adopted by two Duchesses. Petitioners were categorised and quantified by gender and group, with further calculations made according to what they were seeking, what they stated they had already tried, and their immediate concerns. The ranges of donations made were determined for both Duchesses. This facilitated identification of 'who got what' by distinguishing patterns between categories of petitioners and amounts given. Building on this framework, the second level of analysis sees a qualitative approach taken to examine the substance of these rich sources by seeking evidence of the impact of the family's benevolence on its recipients. Examples of the way in which people incorporated it into their 'makeshift economies', including

²⁰⁵ Gestrich, King and Raphael (eds), *Being Poor*, p. 27.

medical ones, in times of need were thus identified, as were the circumstances under which recourse to it was made. To further distinguish between petitioners, the connections to the family that they claimed to establish their eligibility to seek support were ascertained. As the relationships between those connections and the different gifts, as well as instances of incremental giving, were revealed so the charitable responses to a variety of recipients were uncovered.

Such multiple source record-linkage work was not only valuable in establishing who the petitioners were but also in assessing the veracity of their appeals. Historians have relied, in part, on the surveillance powers of contemporaries to ensure that gross misrepresentation did not occur in begging letters.²⁰⁶ As it is mostly the successful petitions that survive it is reasonable to assume that the Duchesses either believed them to be credible, or they stood up to scrutiny, or both.²⁰⁷ By cross-referencing the letters with other corroborative sources, that is, the Duchesses' and their representatives' correspondence, the authenticity of such sources could therefore be estimated. Coordinating these documents advantageously revealed the role such intermediaries played too and thereby, the levels of involvement of the Duchesses in charitable decision-making.

The final layer to the investigation comprises a linguistic and rhetorical analysis of the narratives which identified typical, untypical and exceptional features, phrases and terms. This made it possible to cross-reference the types of rhetoric with the individual's social group, particularly to examine the strategies of sub-groups of the poor when in need and seeking assistance from this family. These voices of petitioners when considered in conjunction with sources that family members either created or that reflected their directions in matters of charity, uncovered personal concerns, sentiments and feelings surrounding giving and receiving. Glimpses of motives and boundaries could also be gleaned from these detailed narrative sources too through indications of the rationale for giving according to the expectations of the parties involved and the tone of responses given.

²⁰⁶ Sokoll, *Essex Pauper Letters*, p. 69.

²⁰⁷ Begging letters were retained with accounts and vouchers as records of money expended.

A similar approach to the source material is adopted in Chapter 4. Petitions were firstly categorised however, according to who received them for inquiry to enable further exploration of the inquiry procedure in the petitioning process. Following this, the method to identify ‘who got what’ is akin to that employed in Chapter 3, with a particular emphasis on the gender of petitioners. Incorporating the indexed book (discussed above), petitioners were categorised once more according to the positive and negative responses that they received. As for Chapter 3, the content of the letters is then qualitatively analysed to identify similarities and patterns in petitioners’ appeals whilst taking into account the biographical details they contained. Multiple source record-linkage of the petitions, the indexed book and the inquiry reports, several of which carry the Duke’s annotations, facilitated an insight into his charitable decision-making process. This cross-referencing of sources is particularly significant here as estimates of authorship are much less reliable for these petitions which do not carry recipient’s signatures for donations. Thus, such corroboration attests to the authenticity of many of them. Once again, assessment of the substance of the petitions focuses on language and rhetoric which was then contrasted with that in petitions to the Duchesses. Throughout this analysis, the similarities and differences between male and female strategies and rhetorical devices were identified. Hence, this comparative approach to the charitable practices of the Duke and Duchesses, conducted in consideration of appeals by both male and female petitioners reveals the gender-based features to their gift-relationships.

A quantitative approach to the associational charities supported by generations of the family similarly provides the foundation for the analysis in Chapter 5. Interpretation of the rich and extensive sample of sources meant that the charities supported by each family member were identified together with the regularity and level of financial support each received. The total number of charities supported by each generation was calculated and these were quantified according to type and locality.²⁰⁸ Charities that continued to receive support from succeeding generations, ones that ceased to be assisted, and those that were added by the different Dukes and Duchesses, were thus identified. The geographical spread of the charities over two halves of the period under study was also mapped so providing a framework for the subsequent analysis. Multiple source record-linkage work again enabled verifications to be made.

²⁰⁸ The location at the time of the first recorded donation.

The institutions and societies of the period changed and evolved over time with many changing names and premises. Some merged with others or ceased altogether, with one regular change being that of the officers involved. In some instances, entries in the accounts were vague and a few London and Scottish charities had the same names. In these instances, information from corroborating sources confirmed their identity and location.²⁰⁹ Where charities remain unidentified or the identification is not firm they were included in the basic numeric calculations.

Utilising charities' publications and directories as well as newspaper reports meant that both the Dukes' and Duchesses' personal and client networks could be reconstructed through family members links to subscribers, officers and others that were named in these sources.²¹⁰ Additional biographical knowledge of these people gained from the secondary literature thus enabled the nature of their connections to the family to be established. Family member's participation, including the positions that they held in each charity, over time was also recovered by linking documents created by the charities with the family's archival sources. This allowed for comparison between the amounts of subscriptions that were required for the different levels of participation and the sums paid by family members. Further instances of engagement were evident too in family member's correspondence with their Stewards. Thus, the involvement of individual Dukes and Duchesses based on archival sources was retrieved through consideration of their opportunities for association, the levels of support that they gave and their recorded participation.

A subsequent focus on charities' contemporary appeals enabled their relevant position to be established at the point at which family members gave their support. Examining appeals in this way meant that the language and rhetoric was observed as it was presented at a particular point in time in multi-source formats. Adopting a corroborative method, comparing the dates of initial or irregular support with contemporary appeals, alongside the histories of the institutions and societies in the secondary literature, revealed the family's responsiveness and therefore, what it was

²⁰⁹ NRO X4573. Entry records a charity attributed to Sir. Charles Frederick. He was involved in the *Magdalen Asylum*.

²¹⁰ Payments were often made one year in arrears, so lists were also checked for the year preceding the account entry.

that appealed to them. Thus, the associational giving by the family was situated in the wider petitioning framework. A complexity of personal and contemporary concerns was therefore viewed in the family's associational charitable practice. Furthermore, when examined in conjunction with sources that recorded donations to such charities and causes throughout the generations, facets of the familial tradition for benevolence were revealed. Thus, the systematic degree of linkage work identified here, is one of the most comprehensive ever done in studies of a leading family and their broader networks. It is therefore more akin to continental methodology (discussed in Chapter 5) than the narrower range in English studies of the eighteenth-century charitable world, being both vertical and horizontal in its extensive evidence-gathering.

Likewise, the rich primary source material relating to the health and illnesses of the Montagu Douglas Scott family lends itself to comprehensive multiple record-linkage work. This method underpins the analysis in Chapter 6 where the family's interaction with the 'medical marketplace' is examined. As seen above, initially, this cross-referencing of sources enables identifications to be made and shortcomings to be overcome. Thus, to counteract the lack of vouchers from physicians in the financial documentation, consultation of complementary sources, such as personal correspondence, uncovered details of treatments and attendance. To establish who the recipients of medicines and services in the household were, lists of servants and their positions were examined.²¹¹ As engagement with the 'medical marketplace' involved the choosing of medical practitioners by family members, these men were identified too utilising multiple sources. The addition of secondary sources which contain biographical details of practitioners and indications of their connections to family members supplemented the primary material.²¹² The effects of the family's patronage on the careers of these medical practitioners, in light of their specialisms or favoured treatments or methods could thus be traced. This made it possible to relocate patterns in familial selection and reveal their promotion of certain types of medical knowledge. Some of this was further verified in family member's correspondence whereby they explained their choices in a written form. Hence, the many factors taken into account in

²¹¹ BHA George 1st Duke of Montagu Executrix's Accounts 1790-1792.

²¹² E. F. Ward, *Christopher Monck, Duke of Albemarle* (London, 1915); J. Wake, *The Brudenells of Deene* (London, 1953); B. Bonnyman, *The Third Duke of Buccleuch and Adam Smith: estate management and improvement in Enlightenment Scotland* (Edinburgh, 2013).

the process of selection were uncovered. To balance the purchasing of medical products and services, evidence of self-reliance, such as domestic remedies being employed and examples of self-care and self-dosing, was sought throughout the source material. This resulted in a chronological picture of levels of household involvement in the ‘medical marketplace’ that was characterised by variety and complexity in the timespan.

Following the trend to use private writings to reconstruct lives and the example set by the application of the medical humanities to the historical study of medicine, the rich primary source material was researched in-depth to recover from the family’s written words the way in which they managed their health needs through their patronage of medical men, services and medicines. In other words, the qualitative research methods were concerned with uncovering contemporary influences on the demand for medical services that impacted on the family, their circle of relations, household servants, estate workers and the sick poor that they funded. In this way, the thesis places a continuing emphasis on individual lived experiences, both male and female, by focusing on the experience of illness and decisions made in that context. These illness narratives provide important new evidence of prevailing cultural perceptions and medical understandings of the ways that patients made practical, rational and emotional choices. Attention was therefore paid to language and rhetoric to catch glimpses of the feelings of family members on the occasions of illness through their contemporary expressions. A central concern was therefore to explore the agency of patients and practitioners in the context of a fluid ‘medical marketplace’ which the family bought in and out of over time. Throughout, there was an emphasis on both consumer demand and potential sources of medical options. The role of knowledge, the rational and emotional nature of consumer fashions, as well as traditional family medical practices all feature within these rich narrative sources.

This thesis therefore conducts a refined case-study analysis of an aristocratic family that had the wealth to be as charitable, or not, as they liked, as will be seen in Chapter 2. Their activities are therefore symbolic of what the wealthy could do in the charity and medical world of that time. They were fashion-setters, had considerable social cachet, and were appointed to both government positions and held sinecures in the Royal household. Their charitable work is therefore an important historical prism of

what was desirable and feasible for a family of their social rank and moral status in society.

1.8 Thesis chapter structure

This thesis is structured thus: Chapter 2 sets the scene by introducing the Montagu Douglas Scott family before reviewing their benevolent practices to establish the analytical framework for subsequent chapters. Then, Chapter 3 examines the nature, scale and depth of the informal charity of two of the Duchesses of Buccleuch. By way of contrast, Chapter 4 explores the private giving of the 5th Duke of Buccleuch and hence, the gender, rank and generational variations apparent in this particular type of benevolence. Next, in Chapter 5, the focus is on charity that was given ‘in association’ with others and, therefore, the philanthropic involvement of successive generations of this family. The extent, character and fulfillment of the family’s demand for medical care and treatment is then investigated in Chapter 6 to assess their engagement with the ‘medical marketplace’. The historical prism thus created reveals the multifaceted role of the aristocratic charity and household medicine of the Dukes and Duchesses of Montagu, and Buccleuch and Queensberry, in managing welfare and well-being between 1716 and 1847.

Chapter 2: An ‘Unbounded Benevolence’ that ‘Extended to All’: the charity of the Dukes and Duchesses of Montagu, and Buccleuch and Queensberry, 1716 to 1847.

2.1 Introduction

The Dukes and Duchesses of Montagu, and Buccleuch and Queensberry were members of a small, privileged group at the apex of Georgian society preceded only by the monarch. The possession of a dukedom, bestowed at the gift of the sovereign, carried an expectation that it would be reciprocated by noble behaviour conceptualized as *noblesse oblige*. Yet, in studying ducal families, Brian Masters notes that their conduct could be far from virtuous; typically they displayed aristocratic characteristics that ranged from self-confidence and ancestral arrogance through to eccentricity and insanity.¹ He surmises that this was often due to intermarriage, which stemmed from a collective obsession with maintaining bloodlines and social rank. Occasionally, such a complex genetic inheritance could produce remarkable men and women too.² This thesis thus focuses on one major aristocratic family headed by the Dukes of Montagu, and Buccleuch and Queensberry, known as the Montagu Douglas Scott line whose family home was (and continues to be) Boughton House in Northamptonshire. They were a typical ducal family inasmuch as they built grand houses, patronised the arts and amassed and protected a collection of furniture, carpets, tapestries, paintings, porcelain and silver - albeit an outstanding and extensive one.³ Whilst these material consumption activities and their present-day conservation have been addressed in much of the literature for this family, this thesis by contrast, singles out another important but neglected aspect of their conduct, their charitable behaviour.⁴ With privilege came social responsibility and whilst Masters recognises that the extent to which paternalism varied widely amongst ducal families, many generations of the Dukes and Duchesses of this family were lauded in life and commemorated after death for their charitableness,

¹ B. Masters, *The Dukes: The Origins, Ennoblement and History of Twenty-Six Families* (London, 2001), pp. 1-16.

² *Ibid.*, p. 9.

³ These criteria are outlined in: Masters, *The Dukes*, p. 14.

⁴ See for example: T. V. Murdoch, *Boughton House: The English Versailles* (London, 1992); P. Lindley, ‘Van Gelder’s Monument to Mary, third Duchess of Montagu (d. 1775) and his work on Roubiliac’s monuments to the second Duke (d. 1749) and Duchess (d. 1751), at Warkton, Northamptonshire’, *Burlington Magazine*, 155 (April 2013), pp. 220-9; P. Lindley, ‘Roubiliac’s Monuments for the Duke (d. 1749) and Duchess (d. 1751) of Montagu at Warkton in Northamptonshire and his role in the design and construction of the new chapel’, *Walpole Society*, 76 (2014), pp.237-88.

to the extent that it has acquired ‘folk- mythic status’: as we saw at the start of Chapter 1.⁵ This image endures in their funerary monuments today, beautifully restored at the behest of the current and 10th Duke of Buccleuch. They continue to be memorials extolling exemplary noble and Christian charitable behaviour.⁶ This thesis therefore analyses the rhetoric versus reality of the charitable benevolence of this family during the period 1716-1847, and in particular it focuses in archive detail between the years of 1771 and 1837.

This chapter begins by introducing the Montagu Douglas Scott line and creates the framework within which their charitable practices will be examined. The first Section, 2.1, thus locates the family in their social, geographical and financial context, and it does so to discuss the contemporary claims that were made regarding the generous tone of their benevolence. Hence, this thesis new approach and its historical rationale are then established. Following this, Section 2.2 describes the generational profile of the family, and includes biographical details of individual Dukes and Duchesses incorporating potted histories of their charitable personas. In this way it also engages with an overview of their intergenerational accumulation of charitable commitments. Then, in order to analyse the benevolent activities of family members, Section 2.3 categorises their charitable practice according to the general manner in which assistance was solicited, and who made the decisions of whether, and how much to give. These new findings thus provide an historical picture of the spectrum of charitable giving in the timeframe 1716 to 1847. This classification uncovers others who were also involved directly (Stewards) and indirectly (wider kinship relations) in the family’s benevolence as well. Having established the context for the Dukes’ and Duchesses’ benevolence, Section 2.4 turns to explain the social history prism that is used to reveal of the scale of the family’s charitableness. The manner in which these findings are then organised is detailed in an outline of the thesis structure, indicating what will follow in subsequent chapters. This second chapter thus concludes by highlighting how yardsticks of charitableness are interwoven throughout the thesis, and how these allow the impact and wider implications of the family’s benevolence to be evaluated.

⁵ Masters, *The Dukes*, p. 9; B. Bonnyman, *The Third Duke of Buccleuch and Adam Smith: estate management and improvement in Enlightenment Scotland* (Edinburgh, 2013), p. 150.

⁶ These can be found in St. Edmunds Church, Warkton, Northamptonshire.

2.2 An overview of the Montagu Douglas Scott family

British aristocratic families were created to support the monarch, staff the armed forces, preserve social rank, protect noble family bloodlines, and thus establish ancestral standards of precedence. Ducal families had seniority in this system of primogeniture inheritance, but the age of a title and its longevity mattered too. Many noble families acquired additional English, Irish, Scottish and Welsh titles to boost their nobility. In Scotland, the Dukedom of Buccleuch was thus second in rank and seniority only to that of the Dukes of Hamilton. The Dukedom of Montagu, first bestowed in 1705, on the other hand was a relatively young ennoblement south of the border.⁷ Both Dukedoms however were successful if measured by an accumulation of wealth. During the long eighteenth century, the Montagu Douglas Scott family line had large capital resources, as well as vast propertied wealth. By 1883 the Duke of Buccleuch was recorded as having the highest landed wealth of all the Dukedoms, estimated to be worth £217,000.⁸ This was in comparison with the Duke of Devonshire who had in excess of £180,000 and the Duke of Sutherland more than £141,000.⁹ It would prove to be an enduring affluence. By 2010 the Buccleuch landholding was valued at between £800m and £1bn.¹⁰ The family line thus endured because it was remarkably financially stable, and the main reason for this was that most of the heirs and heiresses made astute marriages, which though love matches, were often strategic aristocratic choices that brought extensive property into the family. The familial tradition of collecting proved equally shrewd. Assets accumulated could be liquidated quickly; for as Masters observes, the Buccleuch's seldom sold land just a painting or two.¹¹ Such continuing prosperity meant that heavy losses could be weathered when ventures failed. The best reflection of the family's financial fortunes and therefore their capacity for charity-giving is revealed in their evolving landholding portfolio which is next summarised.

⁷ Masters, *The Dukes*, pp. 6-7.

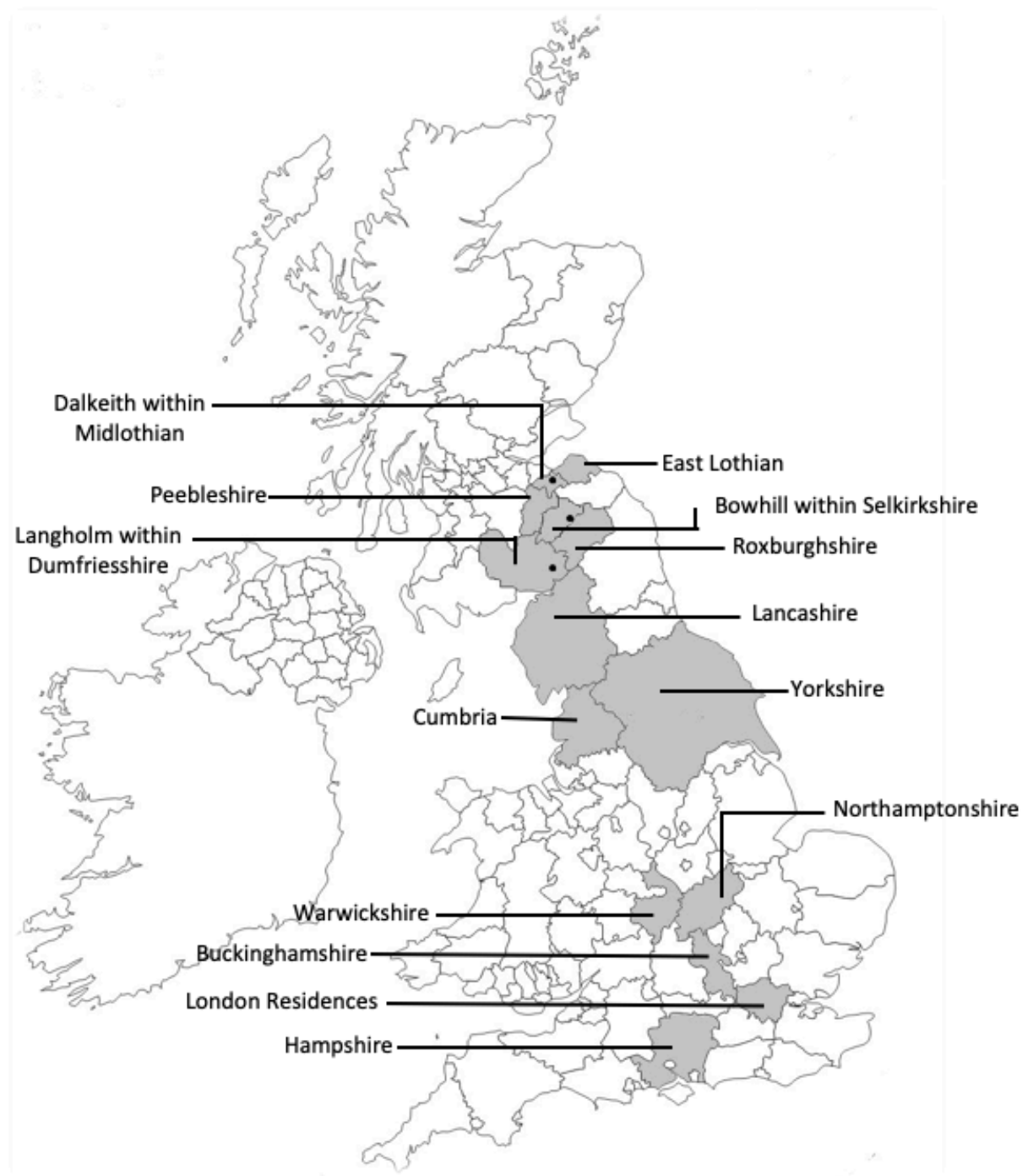
⁸ J. Bateman, *The Great Landowners of Great Britain and Ireland* (London, 1883), p. 63.

⁹ *Ibid.*, p. 130 & p. 431. This is based on income from the acreage of land that they owned. It must be noted that the Duke of Sutherland owned more acres of land but the income from it was lower.

¹⁰ 'Who Owns Britain: Top UK landowners' *Country Life* (11 November 2010), URL <http://www.countrylife.co.uk>; T. Cohen, 'Blue-blooded Britain Who owns what?' (10 November 2010), URL <http://www.ThisIsMoney.co.uk>.

¹¹ Masters, *The Dukes*, p. 85.

Map 2.1 Landholding Counties of the Dukes and Duchesses of Montagu, Buccleuch and Queensberry 1716-1847.



Sources: C. Wise, *The Montagus of Boughton and their Northamptonshire Homes* (Kettering, 1888); J. Wake, *The Brudenells of Deene* (London, 1953); B. Bonnyman, *The Third Duke of Buccleuch and Adam Smith: estate management and improvement in Enlightenment Scotland* (Edinburgh, 2013); P. H. McKay, and D. N. Hall (eds), *Estate Letters from the Time of John, 2nd Duke of Montagu 1709-39, Transcribed by Alan Toseland*. (Northampton, 2013); Richard, Duke of Buccleuch and Queensberry, John Montagu Douglas Scott (eds), *Bowhill, The House its People and its Paintings* (Hawick, 2014); S. Hicks, *Ralph, 1st Duke of Montagu 1638-1709* (London, 2015); Richard, Duke of Buccleuch and Queensberry, John Montagu Douglas Scott (eds), *Boughton, The House its People and its Collections* (Hawick, 2017).

Twenty-one landed estates were owned by the Dukedom during the period 1716-1847 with each generation shaping an expanding collection of residences and landholding. Specifically, it was the union of three different bloodlines in the family of Buccleuch that saw the merging of three sets of estates. To show their geographical distribution the counties in which the family had holdings are depicted in *Map 2.1* (on the previous page). At the core of the primary estates of the Montagu landholding in the county of Northamptonshire the principal residence, Boughton House, was purchased in 1528. The further acquisition of local homes included the parish of Hanging Houghton, Hemington Manor House, Brigstock Manor House and Barnwell Castle, as well as manors, and advowsons and lands belonging to churches in the county. This meant that by 1724 the Duke of Montagu had become a major Northamptonshire landholder. Strategically placed in the middle of England, close to major road networks like the Great North Road to London, it would prove to be a shrewd investment, generating reliable profits for charity-giving activities over the next century.

The Dukedom held houses and lands in other English counties too, including Ditton Park and its Buckinghamshire estate, Palace House and the Beaulieu estate in Hampshire and Newnham Hall and parts of North Warwickshire. Montagu likewise inherited estates in Hertfordshire, Lancashire and Yorkshire too and whilst the Buckinghamshire holding was expanded and estates in Lancashire retained, the Hertfordshire and Essex estates were sold by the time of this thesis period. A number of the Jurisdictions of liberties, honours and manors in Northamptonshire, Warwickshire and Lancashire were also in the family's possession. Together these holdings formed the Montagu Dukedom inheritance which combined into that of the Scott family north of the border following the marriage of the 2nd Duke of Montagu's granddaughter to the 3rd Duke of Buccleuch in 1767. Whilst this union briefly brought the Manor of Adderbury, Oxfordshire and holdings in Westminster into the landed portfolio before being sold, several Montagu London residences were retained including those at Whitehall, Blackheath and Richmond. It was the addition of the Duke of Buccleuch's Scottish estates however which dramatically increased the family's landholding portfolio. These were extensive with the majority being in the borders.¹² They

¹² Bonnyman, *The Third Duke of Buccleuch*, p. 11.

comprised houses and estates in Dumfriesshire including Drumlanrig Castle, Langholm Castle and Langholm. Buccleuch was also in possession of estates in Selkirkshire and Roxburghshire, as well as houses at Bowhill and Dalkeith (near Edinburgh), with further properties held in Ettrick Forest and Liddesdale. Dalkeith House was refashioned and renamed Dalkeith Palace and became the Dukedom's principal residence in Scotland, whereas Bowhill House became the favoured home of the following generation. The Baronies of Langholm and Hawick and the Lordship and Abbey of Melrose also belonged to the Scott clan. Thus, by the nineteenth century the family's landholding had expanded to nearly half a million acres.¹³

It is self-evident that the scale of this wealth accumulation could facilitate not only noteworthy artistic patronage but a high degree of benevolence too, and it soon became a feature of the family's reputed social standing from the early eighteenth century. Thus, when Thomas Browne surveyed and valued the estates of the Duke of Montagu in 1767 he commented that: 'So great a family as this always have & will do things as much for their honour as their profit'.¹⁴ In doing so he expressed a contemporary belief that the actions of the Montagu family were, and would continue to be, guided by a concern for what was morally right as much as their financial benefit. This balance of honour and profit is one aspect of the family's actions that requires further investigation in the context of their charitable practice because despite it being famed in the long eighteenth century it continues to be neglected in the historiography (as Chapter 1 recounted). By looking through the historical lens of the charity, medical care and welfare provision that they managed, we can engage for the first time with its typicality and by extension whether it was trendsetting in the way that this family's charitable reputation was recorded for posterity. The assertion to be tested is that the benevolence of the Dukes and Duchesses of Montagu, and Buccleuch and Queensberry was exceptional, in that it went above and beyond what was traditionally expected, so much so that it maintained the welfare and well-being of significant numbers of people and was a potential source of support for many more. Its extraordinary characterisation will be investigated throughout the thesis from the perspective of both donors and recipients. A central aim of this thesis is thus to test the tradition of benevolence in the

¹³ Bonnyman, *The Third Duke of Buccleuch*, p. 449.

¹⁴ BHA valuations of estate in 1767 by Thomas Browne, 1768.

family line from 1716 to 1847. To do this, it is first necessary to introduce the Montagu Douglas Scott family.

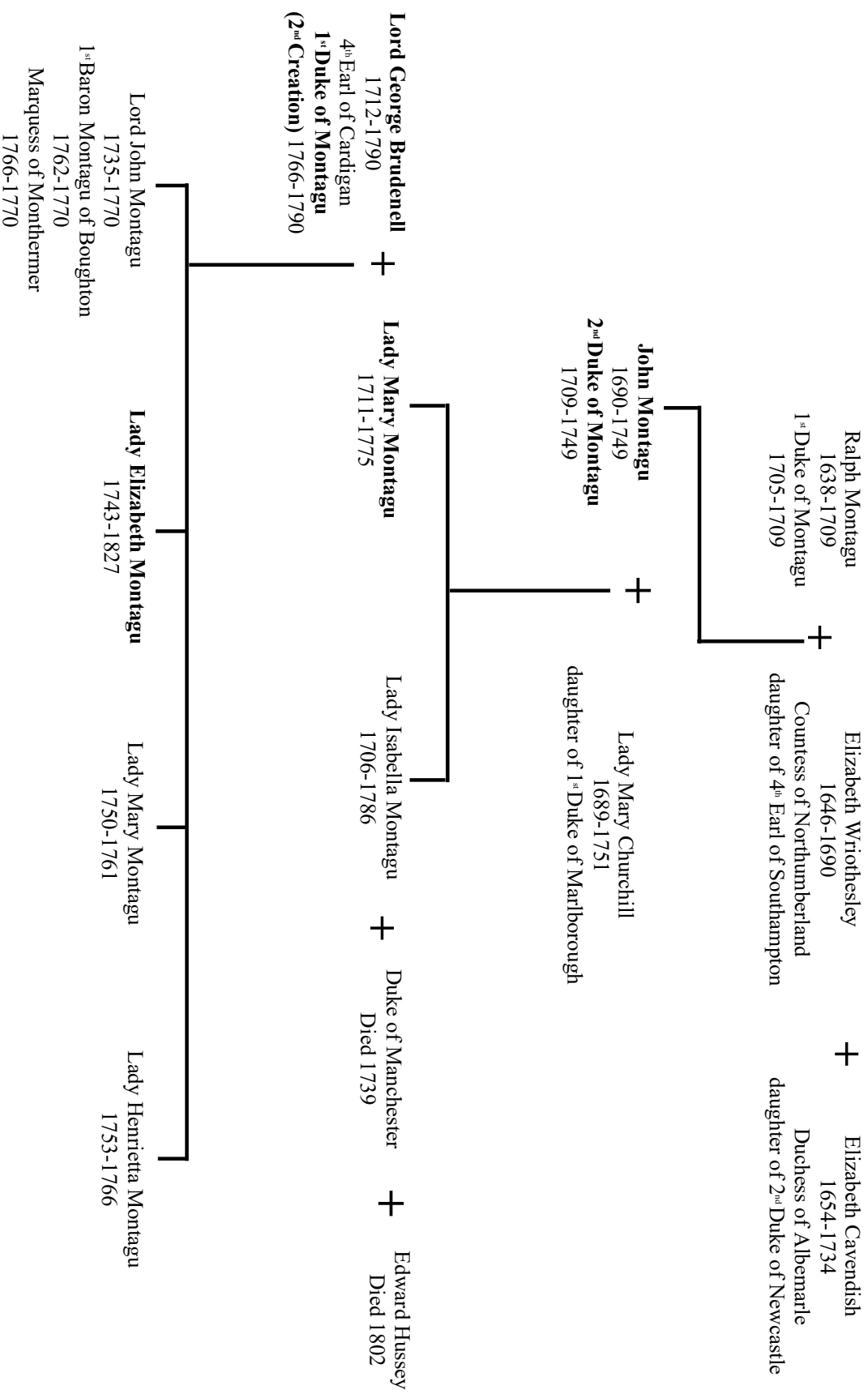
2.3 The composition of the Montagu Douglas Scott family

This investigation commences by outlining the way in which three ducal strands combined in this family as a result of marriages and inheritances. It was a sequence which commenced with the Montagu Dukedom that is depicted in *Illustration 2.1* (on the following page).

Following the death of Ralph, 1st Duke of Montagu in 1709 the Dukedom passed to John, his son, by his first wife Elizabeth Wriothsley.¹⁵ In 1705, John (when still the heir) had married Lady Mary Churchill, daughter of John Churchill, 1st Duke of Marlborough and Sarah Churchill, Duchess of Marlborough. They had three sons who died in infancy leaving two surviving daughters, Isabella and Mary. Lady Isabella, the elder sister, married her cousin William Montagu, 2nd Duke of Manchester in 1723 and following his death she married Edward Hussey (later created Earl Beaulieu) in 1745. Her sister, Lady Mary, married George Brudenell in 1730 who succeeded his father to become the 4th Earl of Cardigan in 1732. On the death of John, 2nd Duke of Montagu in 1749, it was Mary, now Countess of Cardigan, the younger daughter, who became the Montagu heiress. She inherited estates and property, but these were in legal dispute for

¹⁵ Secondary sources for the Dukes and Duchesses of Montagu, and Buccleuch and Queensberry: Sir W. Fraser, *The Scotts of Buccleuch* (Edinburgh, 1878); C. Wise, *The Montagus of Boughton and their Northamptonshire Homes* (Kettering, 1888); J. Wake, *The Brudenells of Deene* (London, 1953); P. J. Cornforth, 'Boughton House, Northamptonshire IV: A seat of the Duke of Buccleuch and Queensberry', *Country Life*, 25 February (1971), pp. 420-3; J. Rubenstein (ed.), *Memoire of Frances, Lady Douglas by Lady Louisa Stuart* (Edinburgh, 1985); E. C. Metzger, *Ralph, 1st Duke of Montagu 1638-1709* (New York, 1987); E. Metzger, 'Ralph, 1st Duke of Montagu', *Oxford Dictionary of National Biography*, (2004); E. Metzger, 'John, 2nd Duke of Montagu', *Oxford Dictionary of National Biography* (2004); H. M. Chichester, revised by M. J. Mercer, 'George, 1st Duke of Montagu', *Oxford Dictionary of National Biography* (2004); K. Reynolds, 'Walter, 5th Duke of Buccleuch (and Charlotte, Duchess of Buccleuch)', *Oxford Dictionary of National Biography* (2006); A. Murdoch, 'Henry 3rd Duke of Buccleuch', *Oxford Dictionary of National Biography* (2009); B. Bonnyman, *The Third Duke of Buccleuch and Adam Smith: estate management and improvement in Enlightenment Scotland* (Edinburgh, 2013); H. McKay, and D. N. Hall (eds), *Estate Letters from the Time of John, 2nd Duke of Montagu 1709-39, Transcribed by Alan Toseland* (Northampton, 2013); Richard, Duke of Buccleuch and Queensberry, John Montagu Douglas Scott (eds), *Bowhill, The House its People and its Paintings* (Hawick, 2014); K. Scott, *Lords of Dalkeith, A History of Dalkeith Palace and its Inhabitants* (Edinburgh, 2014); S. Hicks, *Ralph, 1st Duke of Montagu 1638-1709* (London, 2015); Richard, Duke of Buccleuch and Queensberry, John Montagu Douglas Scott (eds), *Boughton, The House its People and its Collections* (Hawick, 2017).

Illustration 2.1: The Montagu Dukedom.



Sources for *Illustration 2.1*: C. Wise, *The Montagus of Boughton and their Northamptonshire Homes* (Kettering, 1888); J. Wake, *The Brudenells of Deene* (London, 1953); J. Cornforth, 'Boughton House, Northamptonshire IV: A seat of the Duke of Buccleuch and Queensberry', *Country Life*, 25 February (1971); E. Metzger, 'Ralph, 1st Duke of Montagu', *Oxford Dictionary of National Biography*, (2004); E. Metzger, 'John, 2nd Duke of Montagu', *Oxford Dictionary of National Biography* (2004); H. M. Chichester, revised by M. J. Mercer, 'George, 1st Duke of Montagu', *Oxford Dictionary of National Biography*, (2004); P. H. McKay, and D. N. Hall (eds), *Estate Letters from the Time of John, 2nd Duke of Montagu 1709-39, Transcribed by Alan Toseland*. (Northampton, 2013); S. Hicks, *Ralph, 1st Duke of Montagu 1638-1709* (London, 2015); Richard, Duke of Buccleuch and Queensberry, John Montagu Douglas Scott (eds), *Boughton, The House its People and its Collections* (Hawick, 2017).

several years; meanwhile, the male line of Montagus which had continued in uninterrupted succession from before the Norman Conquest in 1066 ended.

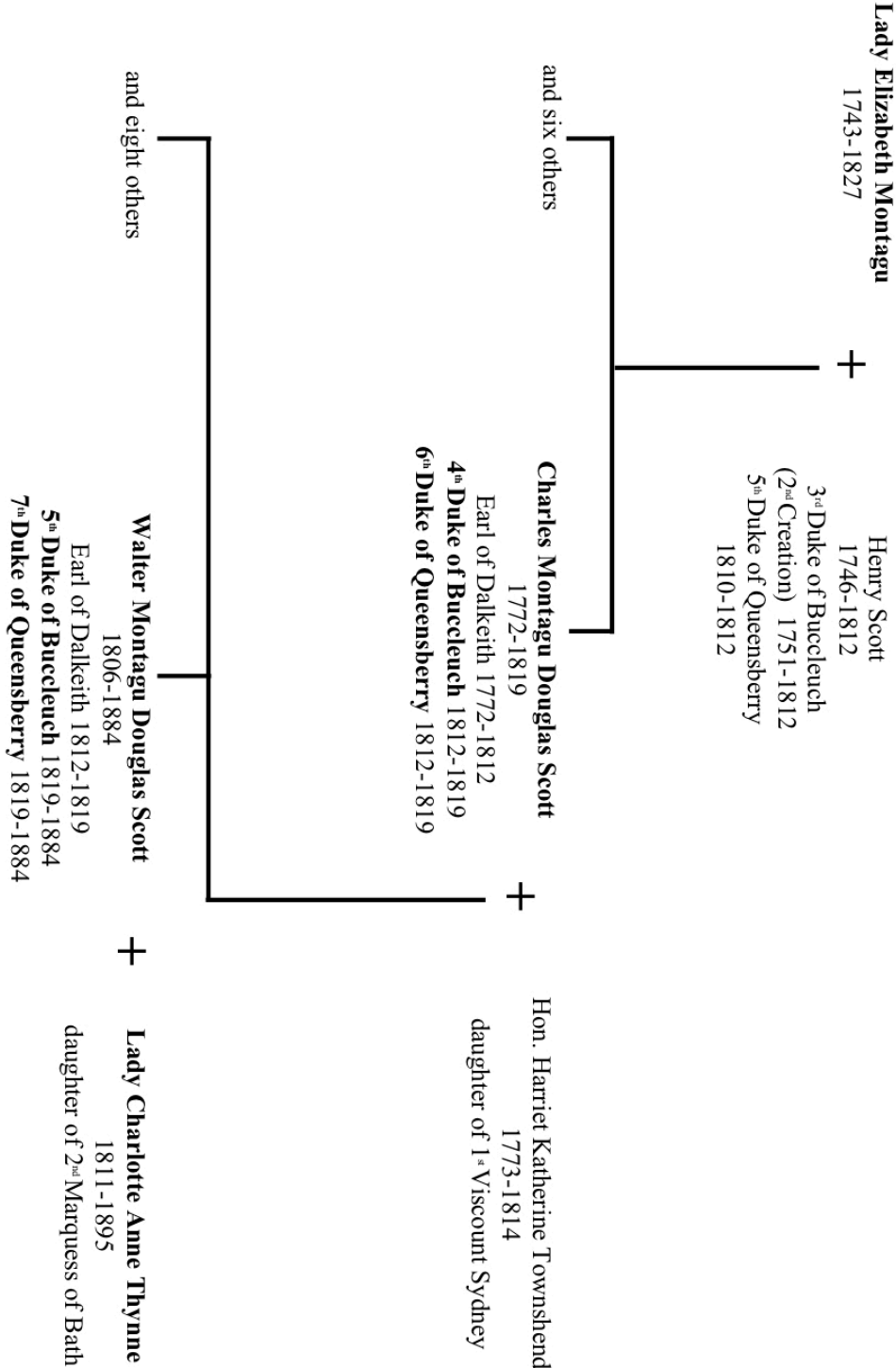
Both Duchess Isabella and Mary, Countess of Cardigan aspired to Dukedoms for their respective husbands. It was, however, the Earl of Cardigan who was successful when the Dukedom of Montagu was created for a second time for him in 1766. Mary had the property and so this made legal sense. Her husband had previously taken the name of Montagu as per a clause in Ralph, 1st Duke of Montagu's will. This was to preserve the connection between the name of Montagu and the family inheritance. George, 1st Duke of Montagu (second creation) and Duchess Mary had four children but their youngest two, both girls, died in childhood.¹⁶ This meant that when their only son John, now Marquess of Monthermer, died unmarried in 1770 at the age of 35, he left his only surviving sibling, Lady Elizabeth, heiress to the Montagu estates.¹⁷ Thus, the Cardigan estates and titles reverted to the Duke's younger brother and the Dukedom of Montagu again became extinct.

It was the marriage however of Lady Elizabeth Montagu in 1767 that brought the Buccleuch Dukedom into the Montagu family. This had descended from James Scott, 1st Duke of Monmouth and eldest illegitimate son of King Charles II, who had married Anne Scott, 4th Countess of Buccleuch. Both were created Duke and Duchess of Buccleuch in their own right meaning that in spite of Monmouth's attainder, the title passed from the Duchess to her descendants. Thus, on the death of his grandfather Francis Scott, 2nd Duke of Buccleuch in 1751, Henry Scott became the 3rd Duke, his

¹⁶ Mary was born in 1750 and died in 1761. Henrietta was born in 1753 and died in 1766.

¹⁷ 'Marquess of Monthermer' was the courtesy title held by the heir.

Illustration 2.2: The Buccleuch and Queensberry Dukedoms.



Sources for *Illustration 2.2*: Sir W. Fraser, *The Scotts of Buccleuch* (Edinburgh, 1878); J. Rubenstein (ed.), *Memoire of Frances, Lady Douglas by Lady Louisa Stuart*. (Edinburgh, 1985); K. Reynolds, 'Walter, 5th Duke of Buccleuch (and Charlotte, Duchess of Buccleuch)', *Oxford Dictionary of National Biography* (2006); A. Murdoch, 'Henry 3rd Duke of Buccleuch', *Oxford Dictionary of National Biography* (2009); B. Bonnyman, *The Third Duke of Buccleuch and Adam Smith: estate management and improvement in Enlightenment Scotland* (Edinburgh, 2013); Richard, Duke of Buccleuch and Queensberry, John Montagu Douglas Scott (eds), *Bowhill, The House its People and its Paintings* (Hawick, 2014); K. Scott, *Lords of Dalkeith, A History of Dalkeith Palace and its Inhabitants* (Edinburgh, 2014).

father having predeceased him due to smallpox. The Duke's mother Caroline Campbell was a daughter of John Campbell, 2nd Duke of Argyll. After the death of Henry's father, she married Charles Townshend, son of the 3rd Viscount Townshend later becoming Baroness Greenwich in 1767. Duke Henry's marriage thus to Lady Elizabeth Montagu marked the second phase of this ducal family which is depicted in *Illustration 2.2* (on the previous page).

The new Duke and Duchess of Buccleuch (Henry and Elizabeth) had seven children and following the death of their firstborn son, George Scott in 1768, their second son Charles became heir to the Dukedom. His younger brother, Henry, became Baron Montagu of Boughton, a title passed from his grandfather under a special remainder through the female-line to a second born grandson. The remaining four daughters married the Earls of Home and Courtown and the Marquesses of Lothian and Queensberry. On the death of his cousin the unmarried William Douglas, 4th Duke of Queensberry in 1810, Henry, 3rd Duke of Buccleuch inherited that Dukedom too. The combination of the three ducal strands thus became represented in the family's unhyphenated surname of Montagu Douglas Scott.

Following Duke Henry's death in 1812, his son, Charles, became the 4th Duke of Buccleuch and 6th Duke of Queensberry. In 1795 Charles, then Earl of Dalkeith, had married Harriet Katherine Townshend, daughter of Thomas Townshend, 1st Viscount Sydney of St. Leonards and Elizabeth Powys who was herself distantly related to both the Brudenells and the Earls of Courtown.¹⁸ The Earl and Countess of Dalkeith had nine children but also lost their firstborn son, George, Lord Scott who died at the age of 10. This meant that his brother Walter became heir to the Dukedom. The Duchess's death

¹⁸ 'Earl of Dalkeith' is the courtesy title held by the heir.

from a putrid sore throat in 1814 and that of Duke Charles in Lisbon in 1819 from consumption, left Walter, 5th Duke of Buccleuch and 7th Duke of Queensberry at the age of 12 in the care of guardians. In 1829 Duke Walter married Charlotte Anne Thynne, youngest daughter of the 2nd Marquess of Bath. They had three daughters and five sons, the youngest of whom, Lord Francis, died in infancy from the measles. Whilst this study extends as far as 1847 it must be noted that the Duke and Duchess's lives spanned much of the nineteenth century as they attained the ages of 78 and 83 respectively. Our analysis of the family's charitableness in the age of benevolence then is concerned with the generations headed by John, 2nd Duke of Montagu, George 1st Duke of Montagu, (2nd creation), Henry, 3rd Duke of Buccleuch, Charles, 4th Duke of Buccleuch and Walter, 5th Duke of Buccleuch. In order to begin to understand the charitable actions of these Dukes and Duchesses it is necessary to consider who they were as individuals and, in particular, their charitable personas as recognised by contemporaries and held in popular memory.¹⁹

Whilst the rank and wealth of the two Dukes of Montagu meant that they were politically significant men they were less committed to political groupings. Instead they focused their energies on their Court and public appointments.²⁰ John, 2nd Duke of Montagu followed in his father's footsteps as Master of the Great Wardrobe from 1709. He began his military career when he was appointed Colonel of the 1st Troop of Horse Guards in 1715 and ultimately became Master General of the Ordnance in 1742 (a post he held until his death). The Duke was made a fellow of the Royal Society and in 1717 received an MD at Cambridge. At his own request he was also made a Fellow of the Royal College of Physicians. He likewise held the Lord Lieutenancies of both Northamptonshire and Warwickshire and was installed as a Knight of the Garter in 1718, as well as a Knight of the Bath in 1725. Although these were prestigious honours, Duke John was known for his love of animals and had a reputation as a wit and hoaxer. He supported the arts and was one of the founding trustees of the Royal Academy of Music. In the year before he died his rent roll was over £20000 which meant that his

¹⁹ Unfortunately for Mary, Duchess of Montagu (née Churchill) wife of Duke John, there is insufficient archival evidence at present of her benevolence and so she does not feature in this thesis study. Similarly, Duke Charles and particularly Duchess Harriet are currently underrepresented in the archive in terms of their informal giving so reference to their charity is proportionate to the evidence thus far uncovered.

²⁰ J. Wake, *The Brudenells of Deene* (London, 1953) records that Duke George began as a Tory but in 1748 aided the Whig interest, p. 265; E. Metzger, 'John, 2nd Duke of Montagu', *Oxford Dictionary of National Biography* (2004) noted Duke John's Whig credentials.

son-in-law and daughter would become one of the wealthiest couples in England. This was in spite of his earlier failed attempt to plant a colony on the islands of St. Vincent and St. Lucia which had cost in excess of £40000 - a loss most likely eased by the inheritance from his stepmother, the Duchess of Albemarle, in 1734. The Duke was known for his patronage of freed black slaves most notably Ignatius Sancho. Sancho was educated by the Duke, his wife and then his daughter. Given to excesses of generosity that were often repeated in anecdotes, the Duke was reputed 'the most benevolent man in the world'.²¹ On his death it was reported that 'his humanity and benevolence was universal' with Mrs. Elizabeth Montagu writing that he had 'one of the most humane dispositions' and was 'embalmed in the tears of the poor and the distressed'.²² We will be testing these charitable reputations later in the thesis. His death from a violent fever in 1749 meant that he was eventually succeeded in the Dukedom by his son-in-law, George Brudenell.

George, 1st Duke of Montagu (2nd creation) was educated at Oxford and had succeeded to the Cardigan Earldom. He focused on a long career at Court that began with the Governorship of Windsor Castle, which he continued to hold until the end of his life. He was bestowed with the Order of the Garter in 1752 and was engaged as Governor to the young princes of King George III. The Duke likewise became a member of the Privy Council in 1776 and then Master of the Horse in 1780. In the final year of his life he served as the Lord Lieutenant of Huntingdonshire but unlike his father-in-law never held the Lieutenancy of Northamptonshire. After early difficulties settling into married life, Duke George and Duchess Mary had a reputation as a happy and united couple. The Duchess had been educated by tutors, learning the harpsicord and drawing; she was an accomplished musician and artist. Together they were known for the breadth of their patronage of contemporary decorative arts and spent much of the early 1750s travelling on the continent and adding further pictures and French furniture to the family's collection. In life the Duke was described by the Rev. Dr. Stukeley as 'extremely good-natured' and after his death in 1790, remembered for his

²¹ S. Fielding, *Familiar Letters between the principal characters in David Simple, and some others*. Vol.II (London, 1747), p. 318.

²² E. J. Climensohn, *Elizabeth Montagu, the Queen of the Bluestockings: Her Correspondence from 1720 to 1761*, Vol. 1 (Cambridge, 2011), p. 267.

‘diffusive and unbounded benevolence’.²³ Duchess Mary was praised too by Horace Walpole for her ‘estimable qualities’ though later became subject to his less complimentary views following a breakdown in their acquaintance.²⁴ She suffered from ill-health for a number of years and following her death in 1775 her monument imagery and inscription pay testament to her benevolent sensibility. It records that she was mourned by ‘poor orphan babes and widows’ as ‘for not charity’s own tender breast more pity felt for all distress [*sic*]’.²⁵ Again, this thesis will be examining her reputation in some detail.

Duchess Mary’s daughter, now Elizabeth, Duchess of Buccleuch, had married Henry, 3rd Duke of Buccleuch in 1767 and this marriage appears to have been founded on genuine affection, as Duke Henry wrote to Earl Fitzwilliam, ‘I think it will be my own fault if I am not the happiest man in the world’.²⁶ The Duke had been educated at Eton before his step-father engaged Adam Smith as his tutor to accompany him on a Grand Tour of Europe. Within four months of his return to Britain the Duke had met and married Lady Elizabeth, and soon after they journeyed to Scotland where their lives became firmly rooted. Duke Henry had succeeded to his Dukedom and estates in 1751 and when he reached his majority in 1767, he received the Order of the Thistle and embarked on the improvement of his Scottish landed estates. He also led public campaigns to encourage Scottish manufactures which included the foundation of Ayr Bank. This saw the Duke incur heavy losses when it failed in 1772, as it was principally capitalized by the value of the Buccleuch estates. Yet, it was a debt that he was able to manage and service, and it did not deter him from becoming Governor of the Royal Bank of Scotland from 1777.

The Duke exerted his political influence through his early patronage of Henry Dundas, a Tory politician who held land in Edinburgh adjacent to him in Dalkeith.

²³ *Whitehall Evening Post* 4th-6th July 1749, issue 531; W. Hunter, ‘Plain thoughts and friendly hints on the Sabbath and a reform of moral; In consequence of His majesty’s most gracious Proclamation for the suppression of vice and immorality. To which is now prefixed a sketch of the Character of his late Grace the Duke of Montagu’, by William Hunter, A. M. Rector of St. Ann, Limehouse; and late Fellow of Brasen-Nose College, Oxford’ (London, 1791), pp. i-xxiii.

²⁴ H. Walpole, G.A.E. Dover, J. Wright, *The Letters of Horace Walpole, Earl of Orford*, Vol. II (London, 1840), p. 245.

²⁵ Wise, *The Montagus of Boughton*, p. 91.

²⁶ BHA Henry, 3rd Duke of Buccleuch Correspondence (with Earl Fitzwilliam), 1767.

Theirs was an alliance which was said to have helped Dundas dominate Scottish politics.²⁷ For Duke Henry it was his Scottish military concerns that also drew much of his attention. In 1778 he raised a Regiment of Fencibles for home defence when France declared war on Britain, in which he held the rank of Colonel. Later, on the outbreak of war with France in 1793, the Duke advised Dundas and Pitt on the creation of a Scottish militia. The Duke was appointed to further public and military positions too, including the first Presidency of the Royal Society in Edinburgh in 1783 and Knight of the Garter in 1794. Several Lord Lieutenancies and Deputy Lieutenancies in Scotland and Northamptonshire were held by him and he was Colonel of the Royal Leith and Edinburgh Regiments. Following his death in 1812 it was recollected that he was ‘always ready to take an active part in any scheme of benevolence and humanity’.²⁸ It was for his wife, Duchess Elizabeth, however that the most fulsome praise was given when little more than two weeks after her death in 1827 it was declared that, ‘The simple enumeration of her various charities would of itself fill a volume’.²⁹ Like her mother before her, she was remembered as the widow’s support and the orphan’s protectress but also for her assistance to ‘those that were ready to perish’ and ‘not just the lowest poor but many of better rank whose circumstances had suffered change’.³⁰ The Duchess received particular recognition for her assistance to the sick poor when it was recorded that,

Had a poor man an accident, the Duchess paid the surgeon for attending him, and sent to his family every Saturday his usual wages. Was the mother of a family or her children sick? [E]very day the father had restorative food given for them till the last was well.³¹

It was even surmised that for her, ‘the habit of giving had become a pleasure as much as it was formerly a principle’.³² More than 60 years later in 1888 Charles Wise recounted that she was ‘still held in affectionate remembrance by the aged in Warkton and Barton Seagrave’ in Northamptonshire, and that she was known as the ‘Good Duchess

²⁷ Henry Dundas later became 1st Viscount Melville see: Bonnyman, *The Third Duke of Buccleuch*, p. 156.

²⁸ *Morning Chronicle*, 17 January 1812.

²⁹ *Northampton Mercury*, 8 Dec. 1827, p. 3.

³⁰ *Ibid.*

³¹ J. Bowyer Nichols (ed.), ‘Duchess of Buccleuch’, *The Gentleman’s Magazine and Historical Chronicle*, (London, February 1828), pp. 176-7.

³² *Ibid.*

Elizabeth’.³³ The question of whether this was hagiography or not will be investigated in subsequent chapters.

The Duchess’s eldest surviving son, Charles, had been educated at Eton and then at Christ Church, Oxford. Being almost forty years of age when he succeeded to his estates and the Dukedom, he had the greatest opportunity for political participation and was almost continually a Tory M.P. between 1793 and 1806. Both the Lord Lieutenancies of Selkirkshire and Dumfriesshire were held by him and he was Grand Master Mason of the Grand Lodge in Scotland. Following the death of his father in 1812 he received the Knight Order of the Thistle and became Lord Lieutenant of Midlothian. The Duke was a keen cricketer and developed a close friendship with Walter Scott who venerated him for being the Chief of Clan Scott. Duke Charles’ wife, Duchess Harriet, was one of Scott’s muses and was noted for being ‘sweet-tempered and sensible’.³⁴ Charles Kirkpatrick Sharpe in his correspondence wrote of her ‘If every Dutchess [*sic*] is like the Dutchess of Buccleugh, I wish every female were a Dutchess. What a world it would then be!’³⁵ On her untimely death in 1814 she was deemed ‘a guardian angel to the poor’.³⁶ The subsequent death of the Duke in 1819 saw Walter Scott become one of the guardians of their son Walter, 5th Duke of Buccleuch. It was Scott who then wrote of the private benevolence of Duke Charles, recalling from personal knowledge that, ‘During the late distress though I know he was linched for money [...] he absented himself from London in order to pay with ease to himself the labourers employed on his various estates’.³⁷ This public reputation for benevolence and the degree to which each generation inherited the charitable tone of the previous one, are research themes that run throughout this thesis.

The young Duke Walter was also educated at Eton and then at St. John’s College, Cambridge. He was however less successful in his brief political career as Lord Privy Seal in Peel’s (Conservative) ministry. Like his ancestors before him, he turned his attentions instead to his estates and Court appointments. He was made a

³³ Wise, *The Montagus of Boughton*, p. 49.

³⁴ C. Kirkpatrick Sharpe, A. Allardyce, W. Bedford, W. K. Riland, *Letters to and from Charles Kirkpatrick Sharpe* (Edinburgh, 1888), p. 33.

³⁵ *Ibid.*

³⁶ T. Thomson (ed.), *The Works of the Ettrick Shepherd [pseud.] James Hogg vol.1* (Edinburgh, 1874), p. 143.

³⁷ Wise, *The Montagus of Boughton*, p. 97.

Knight of the Garter in 1835 and joined the Privy Council in 1842. Akin to his grandfather, his energies were directed to his Scottish responsibilities particularly as he was the only Duke in this period to be born in Scotland. His wife, Duchess Charlotte, was appointed Mistress of the Robes to Queen Victoria from 1841-6 and developed a close friendship with the monarch. Together the Duke and Duchess were also prodigious collectors of French furniture, porcelain and silverware. Duke Walter became a successful landowner and was reported to have been popular with his tenants.³⁸ It was said that he kept all his twelve houses ready for occupation, it being a matter of social duty to share these vast inheritances.³⁹ Thus, Duchess Charlotte became renowned for her hospitality, whilst both the Duke and Duchess were noted for their ease of manner. Between 1835 and 1842 the Duke built Granton Pier which later developed as a port on the Firth of Forth. In 1888 a statue of the Duke was erected in Edinburgh to commemorate his life. Allied to their conservative political standpoint, the Montagus and Buccleuchs were staunchly Protestant and Duke Walter and Duchess Charlotte, in particular, supported the building of numerous churches and chapels at their own homes. Whilst there was some contemporary uncertainty over the Duke's stance on Presbyterianism there is no archival evidence to suggest that the Duke ever strayed from the Church of Scotland or that he was an enemy to Presbyterian worship.⁴⁰ Yet, it is likely that it was the influence of her friend, Cecil, Lady Lothian that saw the Duchess convert to Roman Catholicism in 1860.⁴¹ Like his father, Duke Walter was praised for his selflessness which was supported by his refusal to build a home for himself until each of his tenants were well-lodged.⁴² Yet, in contrast to his father's private charity, the Duke was recognized for his 'great works' which made him a 'public benefactor' evidenced in part by his building of Granton Harbour which was recognised for its advantage to the public.⁴³ Of Duchess Charlotte, it was stated that

³⁸ *The Times*, 1 Oct. 1839, p. 3.

³⁹ Masters, *The Dukes*, p. 85. Houses were accumulated and shed as a result of purchase, sale and patterns of inheritance across the generations.

⁴⁰ 'Reports from the Select Committee on Sites for Churches Scotland 1847', (House of Commons, 1847). This recorded Duke Walter's extensive church patronage connected with the established church of Scotland and his desire to promote the spiritual welfare of the individuals in the parishes. His enmity to Presbyterianism was queried and he was judged 'not to be an enemy to Presbyterian worship'. His building of an Episcopalian Chapel for himself at Dalkeith and his willingness to repair or build parish churches were attributed to necessity rather than whether or not it was Presbyterian.

⁴¹ C. Kerr, *Cecil, Marchioness of Lothian: A memoir* (London, 1922).

⁴² *The Times*, 1 Oct. 1839, p. 3.

⁴³ 'Obituary. Walter Francis Montagu Douglas Scott, Fifth Duke of Buccleuch and Seventh Duke of Queensberry, K.G., P.C., D.C.L., LL.D., F.R.S., 1806-1884' *Minutes of the Proceedings of the Institute of Civil Engineers*, Vol. 77 Issue (1884), pp. 347-350, Part 3.

‘her deeds of unostentatious charity were many’, symbolised by the public reporting of the spectacle of the distribution of coal to residents of Dalkeith on the occasion of Duke Walter’s birthday; thus

at dawn of the day the streets began to exhibit an unusual bustle, from the number of carts loaded with coal which kept pouring into the town till after mid-day. 60 tons by liberality of the Duchess, distributed amongst 120 of poorest families of the place [...] an instance out of many of the unbounded charity of this ducal family.⁴⁴

Undoubtedly this level of subjective and literary public acclaim in print, as well as anecdotes in circulation in popular culture of their excessive generosity, has ensured the perpetuation of the benevolent reputations of family members down the centuries. The engagement of individual Dukes and Duchesses through the generations in behaviour that was recognised by contemporaries as charitable ensured that a familial reputation for benevolence both developed and persisted. This intergenerational benevolence was said by contemporaries to derive from the inheritance of virtue. Yet, this is only a partial explanation. To retrieve in the archives and test the reality of this benevolence, we need to first briefly examine the accumulation of charitable responsibilities and to quantify them. It is noteworthy that, of those people regularly assisted by Duchess Mary, 30% of them, or their ancestors, had been supported by her father Duke John.⁴⁵ Similarly, for Duke Walter, 10% had previously been in receipt of support from his grandmother, Duchess Elizabeth.⁴⁶ Remarkably, one of these individuals belonged to a family that had been receiving support from five generations of Dukes and Duchesses for upwards of 80 years.⁴⁷ Likewise, more than 10% of those petitioning for assistance from Duchess Elizabeth had received donations previously from other family members, and for Duke Walter and Duchess Charlotte this figure was almost 25%.⁴⁸ The same effect can be seen in support for public charities. By way of example, in 1833 half of the associational or institutional charities supported by Duke

⁴⁴ *Caledonian Mercury*, 30 Nov. 1833.

⁴⁵ See: *Table of Accounts*, Chapter 5, p. 191.

⁴⁶ *Ibid.*

⁴⁷ This was the family of Ignatius Sancho, whose wife and daughter continued to receive support after his death.

⁴⁸ NRO X8755-X8764; NRS GD224/795/1; NRS GD224/795/2; BHA Walter, 5th Duke of Buccleuch, Petitions, 1830; BHA 5th Duke of Buccleuch Record of requests for charity 1828-1833; BHA House Steward, Letters to John Parker, 1809-1812 and 1828-1830; BHA Henry Hoyle Oddie Correspondence 1784-1819; BHA Papers of Henry Hoyle Oddie junior. 1827-1859; BHA House Steward, John Parker’s vouchers, 1828-1831; BHA Henry Hoyle Oddie junior’s vouchers for the 5th Duke 1828-1833; NRS GD224/588/1.

Walter had been supported by his grandmother before him, amounting in some instances to nearly thirty years of support.⁴⁹ Furthermore, one fifth of all of the associational charities supported by family members between 1743 and 1833 had been receiving subscriptions throughout the whole period of this thesis study.⁵⁰ The manifestation of this financial scale of a familial tradition of benevolence that resulted from the accumulation of charitable responsibilities therefore requires further explanation. There appears to have been an exceptional level of longevity in charitable commitments that merits more detailed archival research. It will consequently be revisited throughout the thesis to test whether it exceeded the expected aristocratic performance of benevolence or not. In this scene-setting chapter we turn next therefore to the general spectrum of the family's charitable giving.

2.4 Benevolence in practice: the spectrum of charitable giving

To facilitate an assessment of the family's charitable practice, which involved several wealthy individuals giving charity in different ways across time and place, some categorisation is necessary. This is arranged according to variations in who was seeking assistance (their connection to the family) and by what means. It also takes into account who was involved in the decision-making process and the degree of that involvement when allocating and dispensing donations. Firstly then, a distinction in this thesis is made between the two main types of family charity, that which was given privately or informally, and that which was more publicly visible in the form of subscriptions to an association. The family's private charity can then be further divided into five sub-types: firstly, *charitable estate management*; secondly, *regular arrangements*; thirdly, *face-to-face giving*; fourthly, *assistance solicited by letter*; and fifthly, *gifts to be shared amongst groups of people*. The format of each of these is next discussed with examples given to illustrate them.

The first of these, *charitable estate management*, was the giving practiced as an integral part of the day-to-day administration of the family's estates. Whilst it carried a high degree of expectation, in light of the personal responsibility owed to tenants and dependents that was due to rank, K. D. Reynolds notes, many eighteenth-century

⁴⁹ See: *Table of Accounts*, Chapter 5, p. 191; NRO Duchess Elizabeth vouchers X8755-X8764.

⁵⁰ *Ibid.*

aristocrats paid only lip service or failed in those philanthropic duties.⁵¹ In the absence of evidence of expectations, as well as of its impact on the part of the family's recipients, it cannot however be analysed in detail in this thesis. This type of testimony, where it does survive, is only accessible through the voices of the family's intermediaries. An assessment therefore of the exceptional nature of this sub-type of charity cannot be fully made. An overview of it, simply in terms of the types of gifts given, is however useful as an example of charity that was intended to meet the family's duties, and this now follows.

The Dukes and Duchesses rarely gave gifts of money to those in the localities and when they did it was as lump sums to be distributed, such as £50 given by Duchess Mary in 1768 for poor families at Beaulieu, Hampshire.⁵² It seems likely that this was because this estate, part of the Montagu inheritance, was by far the poorest one.⁵³ Food, on the other hand, was regularly given, especially during the period 1729-1837.⁵⁴ The most common gift being bread which carried traditional, cultural and symbolic meanings that were encapsulated in the ancient origins of the terms Lord, as bread-giver and Lady, as bread-server.⁵⁵ Apart from the provision of a soup kitchen at Dalkeith in 1833 however there is very little evidence that food gifts were regularly dispensed by the family in Scotland.⁵⁶ Tom Devine has found evidence of Scottish landlords making gifts of oatmeal and barley at times of sharp increases in meal prices.⁵⁷ Yet, when Duke Henry gave £50 in 1796 for the purchase of meal to be sold at a reduced price to the industrious poor of Dalkeith, he was likely echoing a contemporary concern to guard against indolence.⁵⁸ Donations of fuel and clothing were also made by family members throughout the period. Duchess Elizabeth not only gave coal to those on her estates but also purchased cloth to the sum of more than £46 for households on her Warwickshire

⁵¹ K. D. Reynolds, *Aristocratic Women and Political Society in Victorian Britain* (Oxford, 1998), p. 13.

⁵² BHA Beaulieu Estate Correspondence 1748-1762 and 1771-1792 (inc. 'List of Poor Families at Bewley 1768').

⁵³ BHA valuations of estate in 1767 by Thomas Browne, 1768.

⁵⁴ See for example: BHA Warwickshire Estate Correspondence, 12 February 1757.

⁵⁵ R. Verstegan, *A Restitution of Decayed Intelligence, In Antiquities, Concerning the Most Noble, and Renowned English Nation* (1634), pp. 316-318.

⁵⁶ *Caledonian Mercury*, 30 Nov. 1833.

⁵⁷ T. M. Devine, *The Scottish Nation 1700-2000* (London, 1999), p. 102.

⁵⁸ NRS GD224/1068.

estates in 1826.⁵⁹ This practice persisted as her son and grandson gave coals, clothing and blankets to those on the Montagu estates during a period of harsh winters in 1837.⁶⁰ It must be noted however that whilst gifts of food, fuel and cloth may have been customarily expected they were also economically prudent keeping tenants fed, warm and clothed and therefore productive.

Medical care too for those who ‘belonged’ to the aristocracy has been viewed as a remnant of traditional ancient responsibilities.⁶¹ This type of benevolence from the Dukes and Duchesses notably gave recipients, including the very sickest and poorest, access to the same medical men that the family consulted for their own medical needs when resident in the localities.⁶² Thus in 1754, the Earl of Cardigan (later George, Duke of Montagu) paid the same Kettering surgeon who had attended Duke John for his treating of a distressed Kettering family.⁶³ Likewise, Duchess Elizabeth paid for medical care for the poor of Dalkeith during the period 1808-1817 recompensing her own medical man for his attendance and treatments which included food, wine and medicines.⁶⁴ Such assistance spanned the period. When Duke Walter gave assistance during the harsh winters of 1837, this included a donation of £1 5 5d. for ale for making caudle for the sick poor.⁶⁵ Aid was given as well to enable those in need to access other medical provisions such as that supplied by Duchess Mary when she assisted Joshua Ellen, a Beaulieu carpenter, to go London in 1752 to have his cataracts removed.⁶⁶ Another traditional aristocratic responsibility, that for education, also saw schooling for

⁵⁹ BHA Warwickshire Correspondence 1750-1760 and 1779-1785 (inc. ‘The Donation of Her Grace the Duchess of Buccleuch and Queensberry to the Poor Inhabitants of the Parishes of Dunchurch, Thurlaston, Church Lawford and Kings Newnham February 4th 1826’).

⁶⁰ NRO M (B) Estate Accounts Boughton 834 (1837); NRO M (B) Estate Accounts Barnwell 856 (1837).

⁶¹ M. J. D Robert, ‘Head versus Heart? Voluntary Associations and Charity Organisation in England c.1700-1850’ in H. Cunningham and J. Innes (eds), *Charity, Philanthropy and Reform: from the 1690s to 1850* (Basingstoke, 1998), pp. 66-86, see p. 71.

⁶² For example: Dr. Andrew Graham, Dalkeith, attended Duke Henry, Duchess Elizabeth and Duke Charles.

⁶³ BHA Chief Steward’s Correspondence, M (B) 2/3/2/137, 26 March 1754.

⁶⁴ NRS GD224/415/3; NRS GD224/415/4.

⁶⁵ NRO M (B) Estate Accounts Boughton 834, George Archer, 30 December 1837.

⁶⁶ BHA Chief Steward’s Correspondence, William Warner, Beaulieu, to William Folkes, 1750-1751; BHA Lady Cardigan’s Account 1749-1753. Payment was recorded in 1752. Beaulieu was part of the settled estate. It is not known whether Lady Isabella was petitioned too but Duchess Mary supplied the full amount necessary.

individual boys and salaries for schoolmasters at the estate schools paid throughout the period which, on occasion, also extended to apprenticeships.⁶⁷

A further charitable provision in this first category of *charitable estate management* made during the period 1748-1830 was make-work schemes. Whilst there has been some historical debate as to whether welfare-to-work schemes were truly charitable, there is evidence that, as Walter Scott reported, Duke Charles cancelled his trip to London in 1817 in order to pay his casual labourers.⁶⁸ He wrote to his mother to explain that he had experienced a shortfall in his income of at least £25,000 but that with judiciousness it would be a short-lived difficulty adding,

This same [p]rudence would have suggested to me the necessity of reducing my expense in out of doors operations. But it was impossible to let the labouring poor starve, & I have been obliged even to increase the number of those usually employed. I can only say with Hogg the Poet ‘t’is true that our reason forbade us [b]ut tenderness carried the day.⁶⁹

It seems that his son, Duke Walter, was of the same persuasion. In 1848 his Chief Steward Philip Pain wrote to him: ‘I am sorry to say that the labourer’s pay list seems very heavy just now, we were not in want of so many men, but there were a great many out of employ and knowing your Grace’s feelings on the subject, I found them work’.⁷⁰ This was a provision which extended to the medical costs for these men which the Dukes met, again using their own medical practitioners.⁷¹

Charitable estate management also involved ‘for-giving’ which contemporaries viewed as benevolent as it took into account a tenant’s capability to pay.⁷² It is observed in accounts through the granting of abatements, striking off arrears and rent reductions that took place at times of hardship. There was however a complex relationship

⁶⁷ BHA Henry Hoyle Oddie’s Accounts 1790-1826. Duchess Elizabeth paid for the apprenticeship of Edward Bradley, a Grafton pupil, to the artist Thomas Hofland in 1823.

⁶⁸ Wise, *The Montagus of Boughton*, p. 97; A. Tindley, ‘“Actual Pinching and Suffering”: Estate Responses to Poverty in Sutherland 1845-86’, *The Scottish Historical Review*, 90:230 [part 2] (2011), pp. 236-256. Tindley contends that make-work schemes were not charitable.

⁶⁹ BoHA Charles, 4th Duke of Buccleuch Correspondence (Green Dispatch Box), 12 January 1817.

⁷⁰ BHA Alan Toseland Transcripts of Boughton Land Steward’s Correspondence, 10 February 1848.

⁷¹ NRS GD224/351/82.

⁷² C. Muldrew, *The Economy of Obligation, The culture of credit and social relations in Early Modern England* (Basingstoke, 1998). Muldrew focuses on debts to tradesmen and considers charitable forgiveness of obligation, of those that became impossible to fulfil. This ‘negative charity’ is seen as less directly generous but Muldrew notes that it was a much greater outlay than charitable donations and poor law payments. Debts had to be forgiven to keep individuals solvent so the system could survive, p. 82.

between rents, holdings, repairs and allowances whereby a tenant making a repair or improvement to their holding might be granted an allowance instead. Some individuals were forgiven their arrears and there was a substantial reduction in them particularly between 1771/2 and 1791/2 when times were hard and the weather harsh. Thus, Duchess Elizabeth directed in 1791/2 to ‘strike off all arrears.’⁷³ Forgiving might also account for the reducing of her Barnwell rents by £1722 10s in 1822-3.⁷⁴ It is likely that this was not only due to a responsibility to set achievable rent levels but also a degree of rationality in keeping tenants solvent and so better able to manage their holdings, increase their value and be able to pay rents in future. By contrast, Duke Henry’s estate management was focused on benevolent improvement. As Brian Bonnyman states, he marshalled the entire resources of his estate towards a culture of improvement which saw rewards given for improvements.⁷⁵ The Duke granted longer leases to provide security and encourage tenants to improve their holdings meaning that his estates became characterized by an inherited, hereditary tenancy.⁷⁶ This ethos of improvement was pursued too by Duke Walter who built cottages for miners, aimed to establish model villages and water houses and later became involved in public sanitation.⁷⁷ Estate management as a charitable expression of the family’s benevolence did therefore have practical substance even though it is difficult to document its entire ‘history from below’.

Family members also engaged in preventive charity which involved the letting of land or loaning of capital. It is evidenced by their support of savings banks, friendly societies and the provision of allotments.⁷⁸ Such charity was self-perpetuating, required minimal involvement and simultaneously provided for unemployed labourers who were not eligible for relief from legal funds. Duke Walter also gave for the purpose of assisting with emigration which though a more controversial solution to poverty,

⁷³ NRO M (B) Estate Accounts Northants 307 no.12 Lady Day, 1792.

⁷⁴ BHA Barnwell Estate Proposed Reduction of Rents March 1830.

⁷⁵ B. Bonnyman, *The Third Duke of Buccleuch and Adam Smith: estate management and improvement in Enlightenment Scotland* (Edinburgh, 2013), p. 8.

⁷⁶ *Ibid.*, p. 75.

⁷⁷ Duke Henry too had built a village at Newcastleton in 1793, see: Bonnyman, *The Third Duke*, p. 103-4; NRS GD224/97; Duke Walter established a model Village at Lindal, ‘Obituary. Walter Francis Montagu Douglas Scott, Fifth Duke of Buccleuch and Seventh Duke of Queensberry’, p. 347.

⁷⁸ See: *Table of Accounts*, Chapter 5, p. 191; NRS GD224/5/5; Duchess Elizabeth gave to the *Barnwell Friendly Society* on 7 April 1812 but as a subscription see: NRO M (B) Estate Accounts Barnwell 833 No. 11, 1812-3; Cunningham and Innes (eds), *Charity, Philanthropy and Reform*, p. 4.

reflecting the Malthusian interpretation of over-population and surplus labour, proved to be a desirable option for recipients. Most wanted to go even when warned ‘that they must experience many hardships before they can establish themselves’.⁷⁹ A much longer tradition of charity however was represented by the hospital places that were in the gift of family members. Weekley Hospital had been endowed by the 1st Lord Montagu in 1611 close to Boughton estate and Parson Latham Hospital, established in 1600s by a Parson under his patronage.⁸⁰ The Sawyer Hospital in Kettering, erected by Edmund Sawyer in 1688, was gained by Duke John with his purchase of the Sawyer estates in 1724.⁸¹ Each of the hospitals were sustained by the income generated from endowed property and land for that purpose and continued to be a visible emblem of the family’s charity even though they required no further financial support.⁸² The hospital places were in high demand throughout much of this thesis study period and were allocated by the holder of the Montagu inheritance. One last gift that must be noted was the paying of funeral expenses. This was significant because it was a gift commonly given across all of the family’s generations and not only to tenants or dependents. It will be further explored in Chapters 3 and 4 that follow.⁸³

In sum then, *charity estate management* (our first category in a spectrum of family charity-giving) tended to reflect the responsibilities of rank and property. There appears nonetheless to have been some scope for individual interpretation as to the best way to alleviate poverty. Different levels of responsiveness and the tailoring of gifts were employed to meet needs. There is also an indication in the family archives of gender variation as both Duchess Mary and Duchess Elizabeth gave targeted gifts on a large scale on their Warwickshire estate whilst the Dukes focused on estate-wide and grander-scale schemes intended to improve public health conditions. These observations will be tested throughout the thesis when applied to the assistance that was solicited by letter, given in subscription and especially in the context of medical care.

⁷⁹ BHA Alan Toseland Transcripts of Boughton Land Steward’s Correspondence, 13 January 1832.

⁸⁰ McKay, and Hall, (eds), *Estate Letters*, Transcript of NRO Montagu vol. 22 no. 75, p. 50; *Parson Latham’s Hospital*, The History of Parson Nicholas Latham, URL <http://www.parsonlathamscharity.org.uk>

⁸¹ McKay and Hall (eds), *Estate Letters*, p. xix.

⁸² *Ibid.*, p. 221.

⁸³ See for example: NRO M (B) Henry Hoyle Oddie Account 513, funeral expenses for Miss Church £20, 6 January 1834.

Chapters 3 and 4 in particular examine such practices in depth. But first we need to set in context the next level of charitable benevolence.

The second sub-type of the family's informal giving was those *regular arrangements* entered into by family members that saw sums of money given as annuities, pensions, allowances and recurrent donations to individuals. Whilst only a few donations were regular, allowances, annuities and pensions were paid weekly, monthly, quarterly, half-yearly or annually by all of the family members. These gifts were of different value to recipients according to their permanency with the lowest being donations and the highest, annuities. Donations were usually given for a purpose and for a finite length of time such as that made by Duchess Elizabeth in 1810 for a soldier's wife to Dr Graham (the Duchess's own physician) to be given at 7s per week for 3 weeks.⁸⁴ This appears as though it was linked to a specific treatment plan and there are several examples of the Duchess's donations for medical needs being dispensed in this way.⁸⁵ Annuities, on the other hand, were usually paid for the life of the receiver, or the life of the Duke or Duchess and carried a likelihood that the next generation would continue them. In some cases, the arrangement passed on to the relatives of the annuitant. This intergenerational aspect of the family's benevolence was outlined above. Importantly, this sub-type of charity often featured in petitions to the Dukes and Duchesses when arrangements broke down or revisions to them were requested. Consequently, an analysis of an extensive collection of begging letters feature in Chapters 3 and 4, including the circumstances under which beneficiaries sought further assistance. These findings give greater scope for investigating the relationship between expectation and reality.

Perhaps the most noteworthy type of charity dispensed by the family was that in the third sub-set of their private giving namely *face-to-face*. This was those single donations which appear to have been given personally to poor individuals. It is significant because this method of dispensation is one which historians believed had disappeared in the shift to organised charity over the course of the long eighteenth

⁸⁴ NRS GD224/1093.

⁸⁵ *Ibid.*

century.⁸⁶ Yet, there is an alternative view to be found in personal sources, borne out by several notable examples that exist in the private accounts that Duchess Elizabeth kept in her own hand recorded between 1801 and 1825.⁸⁷ For example, her gift of one pound to a ‘poor woman Privey Garden [*sic*’ suggests that she gave instantaneously to people she encountered on and around her property.⁸⁸ This also extended to places she visited with entries of sums given to poor individuals at Brighton, Bath and Ditton.⁸⁹ Whilst this might support Michael Roberts’s view that females had a greater susceptibility to the sight of suffering, the Duchess’s father, Duke George, also gave in this manner recording in his private accounts in 1753 one guinea to ‘a poor Geddington man’.⁹⁰ The absence of such giving by the later generations however suggests that it may have become obsolete for this family from 1827 onwards, which is nevertheless much later than has been claimed in the literature.⁹¹

A substantial sample of begging letters that were received by the Dukes and Duchesses survive in the archives and evidence the fourth sub-type of the family’s informal giving, that which was *solicited in writing*. In these petitions people wrote for assistance giving details of their circumstances and explaining how they came to be applying to this family. The Dukes and Duchesses responded to them, often after inquiry, with either single donations or refusals. It is the analysis of this solicited assistance that forms a substantial part of the charitable reputations with the wider general public that featured in family obituaries. For this reason, it is a central research thread that runs throughout Chapters 3 and 4 that follow.

As seen, both Duchess Mary and Duchess Elizabeth gave lump sums to be distributed amongst poor households on their estates. This type of giving constitutes the fifth sub-type of the family’s informal giving namely *gifts to be shared amongst groups of people*. It is (by way of example) evident in Duchess Mary’s gift of £100 ‘for the

⁸⁶ H. Perkin, *Origins of Modern English Society* (London, 1969), p. 50; G. Stedman Jones, *Outcast London: a study in the relationship between classes in Victorian society* (Oxford, 1974), p. 14.

⁸⁷ NRS GD224/1093.

⁸⁸ *Ibid.*, 13 July 1821.

⁸⁹ NRS GD224/1093.

⁹⁰ NRO X4573; Robert ‘Head versus Heart?’, p. 70-1.

⁹¹ D. Owen, *English Philanthropy 1660-1960* (Cambridge, 1964); F. K. Prochaska, *Women and Philanthropy in Nineteenth-Century England* (Oxford, 1980); D. T. Andrew, *Philanthropy and Police: London charity in the eighteenth century* (Princeton, 1989).

Discharge of poor Debtors, allowing each at their Discharge from Prison, Two Guineas, out of the above sum'.⁹² When it was apparent that the sum was insufficient to discharge all of the debtors, she approved its increase with the observation that: 'It would be barbarous to leave any in Prison'. The final sum expended was significant at £107 2s 2 1/2 d.⁹³ This sub-type is not analysed further in this thesis as little evidence of this method being regularly employed exists. Even so, gifts shared by groups of people continued to be characteristic of the family's benevolence between 1716 and 1847 for those who resided on their estates. For those who lived outside of the family's vicinity, this method of giving seems to have been superseded by their public charity, which they gave in association with others and this practice will now be outlined.

For our period of study, charity giving in society often involved wealthy people coming together to promote a cause they believed in, forming societies and funding themselves through member's annual subscriptions (or donations), in a manner similar to the joint stock companies of the era.⁹⁴ All of the Montagu and Buccleuch family members subscribed to such charities and it was a considerably more publicly visible type of giving as associations published lists of their supporters, often alongside the amount that each had subscribed. Decisions regarding who should receive assistance from these charities were thus collectively made. It must be noted however that there was a degree of overlap between the family's public charity and that given privately. Some of those who had received assistance from a charity patronised by the family then petitioned the family independently on the basis of their earlier 'public' support. Conversely, some of the need that was presented to family members privately were sometimes redirected to receive 'public' assistance from a supported institution. This two-way relationship between public and private spheres will be further explored in subsequent Chapters 3, 4 and especially 5. It was not just associational charities however that acted as intermediaries between the donations made by the family and their allocation and dispensation. All of the family's charity, apart from that given face-to-face, involved intermediaries which included their Stewards, medical men and clergymen. To establish the framework for their function their roles are outlined here.

⁹² NoRO MC 50/12 503X4 1757-1771.

⁹³ *Ibid.*

⁹⁴ It must be noted that Government grants were also made to some voluntary bodies.

Chief Stewards managed all of the family business north and south of the border (one in Scotland, one in England) often in their absence, whereas House Stewards specifically managed the family's homes, whilst Estate Stewards dealt with local matters like managing tenants, collecting rents and reporting back to the Chief Steward on rental returns for the estates.⁹⁵ It is not surprising therefore that their involvement in *charitable estate management* was integral to their duties. Collection of rents often meant explaining the arrears of those in difficulty and so the bringing of those most in need to the notice of the Dukes and Duchesses. Furthermore, the Estate Steward's role in monitoring farming and husbandry practice, especially the effects of weather and disease, meant they could predict need and request assistance on the tenants' behalf when crops failed, and food was scarce. As a result, the Chief Stewards also furnished considerable details of the circumstances of those in poverty which were based on knowledge and inquiry by the Estate and House Stewards. They likewise made recommendations or judgements regarding a person's entitlement to assistance which was not always positive. Solutions too were suggested by them which included the making of allowances and the reallocation of lands and occasionally they made the final decision on the best course of action in the circumstances.⁹⁶ Once they had notified the potential recipients of decisions, and dispensed that which was granted, they reported back to the Duke or Duchess. With Stewards placed to know the feelings and opinions of both the Dukes or Duchesses and tenants, their role involved managing the expectations of both parties. They had an important advisory capacity to the Dukes and Duchesses and tried to act in the interests of fairness for the tenants. Advice given to family members came in the guise of suggested and reasoned solutions and reassurance that current management practice was as it should be.⁹⁷ The continuance of these functions by Stewards in the absence of the family ensured that consistent attention was paid to all of the family's estates throughout the period.

⁹⁵ See BHA Chief and Land Stewards' correspondence, House Stewards' correspondence and Estate Steward's correspondence. In Scotland, these roles usually carried the titles 'Chamberlain' and 'Factor'.

⁹⁶ BHA Henry Hoyle Oddie Correspondence, 3 September 1815; BHA Walter 5th Duke of Buccleuch Memorandas and directions, 1832.

⁹⁷ See for example: BHA Henry Hoyle Oddie Correspondence, 3 September 1815.

Both Stewards and local clergymen were also involved in the allocation of hospital places.⁹⁸ Whilst, charitable endowments strictly regulated eligibility according to terms set by individual testators, such places were often decided on in terms of precedence. The recommendation of potential recipients was often made by local clergymen who were best placed to know of the vacancies arising from the deaths of residents, as well as the character of those who sought them. The Dukes or Duchesses gave their approval which was conveyed by their intermediaries to the successful candidate. The family's obligation to endowed hospitals however did not extend to the medical needs of the inhabitants. These were paid from the hospital accounts and hospitals remained wholly self-supporting even in times of sickness.⁹⁹ By contrast, the Stewards informed the Dukes and Duchesses of the sickness of individual tenants and of outbreaks of disease on their estates and medical practitioners too brought many members of the sick poor to their notice. The Dukes and Duchesses trusted their assessments of eligibility and medical need and paid them for their services thus ensuring that they met their medical responsibilities on their estates.¹⁰⁰ These men participated as intermediaries too in the remainder of the family's benevolence and their activity will be examined further throughout the thesis to reveal the personal levels of involvement of the Dukes and Duchesses in their charitable practices. We will be encountering in Chapters 3-6 the Stewards busy working lives that provide an important historical prism of the social history of charitable benevolence in the family. These then were the characteristics that formed a spectrum of charity-giving. A particular strength of this thesis is the new archival work generated to reconstruct a more accurate historical appreciation of the social history of charity giving insofar as it involved the Montagu Douglas Scott family.

2.5 A social history approach and outline of the thesis new contribution

To assess the benevolence of the Dukes and Duchesses of Montagu, and Buccleuch and Queensberry the approach taken in this thesis will be a qualitative one.

⁹⁸ BHA Robert Edmonds Correspondence, Kettering Hospital 1825-1830; BHA Philip Pain Correspondence, Kettering Hospital, 1830-1859; BHA Chief Stewards' Correspondence; NRS GD224/31/10/21.

⁹⁹ NRO M (B) Barnwell Hospital 955 No. 33; BHA Alan Toseland Transcripts of Boughton Estate Correspondence, 4 May 1849.

¹⁰⁰ NRS GD224/415/3; NRS GD224/415/4.

Charity was a human act and so the actual focus is not on statistics and economic history but social history and human stories. It thus builds on recent historical approaches that have been concerned with individuals and their lived experiences of benevolence, and more specifically, on the relationships and interactions between them.¹⁰¹ Utilising a unique and extensive collection of personal petitions, detailed accounts and extensive correspondence from the archives allows for an examination of the complex socio-economic relationships that developed over time between givers and receivers of both pecuniary and non-pecuniary assistance. The richness of these sources, which are replete with the written words of both donors and recipients, enables an assessment of this family's charitableness that complements, extends and challenges the existing historiography. What follows is a discussion of the specific merits of these archival materials in relation to what they can contribute to the thesis central analysis.

In the first instance, it is possible to trace the geographical paths of correspondence as the family moved to their residences around the country during the year. This varied too through the generations, meaning that chronological fluctuations in the routes of access to their bounty can be viewed over time and place. In researching the individual private benevolence of members of this family such barriers as invisibility or inaccessibility - which have seen informal giving too often disregarded or trivialised in the historical literature, especially for individual aristocratic women – have been uncovered because of the abundant new evidence of its dispensation.¹⁰² This means that for the wealthy women in the Montagu-Buccleuch-Queensbury Dukedom, two of whom were heiresses in their own right, their involvement in public and private giving to others up and down the social scale can thus be explored in detail. Examining both types of the family's giving throughout the period means that contemporary views and attitudes towards the poor and the ways in which they should have been relieved in a moral economy, as well as whether these changed over time in a political economy,

¹⁰¹ For an example of approaches which focus on individuals and their interactions with poor law officials: T. Hitchcock, P. King, P. Sharpe (eds), *Chronicling Poverty: the voices and strategies of the English Poor 1640-1840* (Basingstoke, 1997). For examples of charity relationships: M. H. D. Van Leeuwen, 'Logic of Charity: poor relief in preindustrial Europe', *The Journal of Interdisciplinary History*, 24:4 (1994), pp. 589-613; L. H. Van Voss and M. H. D. Van Leeuwen, 'Charity in the Dutch Republic: An Introduction', *Continuity and Change*, 27:2 (2012), pp. 175-197.

¹⁰² S. Hindle, 'Not by Bread Only'? Common right, parish relief and endowed charity in a forest economy, c.1600-1800' in S. A. King and A. Tomkins (eds), *The Poor in England, An economy of makeshifts* (Manchester, 2003), pp. 39-75.

can be tested.¹⁰³ There is scope too to contrast the Duchesses' charity with that of the Dukes' to highlight gender differences between men and women of the aristocracy and so to reassess the public-private dichotomy which many historians of the period are now challenging, particularly in relation to involvement in medical charitable provision.¹⁰⁴

On the part of recipients too, the sources created *by* them, rather than *about* them, means that they can be viewed as individuals experiencing poverty and requiring charity and medical support. Their individual beliefs, sentiments, feelings, attitudes and strategies when in need can therefore be observed. Gaining this understanding of the lived experiences of the poor also identifies those vulnerable groups at greatest risk of becoming dependent on welfare. Such sub-groups as the sick poor have been researched in the context of their access to parish provision but not whether they secured assistance from those higher up the social scale.¹⁰⁵ In addition, the tone of the responses they received are vital in this evaluation of the family's charitableness. Similarly, the voices of the poor, particularly their strategies and rhetoric, have been heard in the negotiation of poor relief but rarely in seeking assistance from an aristocratic family.¹⁰⁶ Significantly, the individual claims of connection to the family that petitioners made to establish their eligibility to seek support can be identified. Thus, the concept of

¹⁰³ E. P. Thompson, *Customs in Common* (New York, 1991).

¹⁰⁴ A. Vickery, 'Golden Age to Separate Spheres? A Review of the Categories and Chronology of English Women's History', *The Historical Journal*, 36:2 (1993), pp. 383-414; I. Tague, *Women of Quality, accepting and contesting ideals of femininity in England, 1690-1760* (Woodbridge, 2002).

¹⁰⁵ See for example: E. Thomas, 'The Old Poor Law and medicine', *Medical History*, 24 (1980), pp. 1-19; E. H. Marland, *Medicine and Society in Wakefield and Huddersfield 1780-1870* (Cambridge, 1987); A. Digby, *Making a Medical Living: Doctors and Patients in the English Market for Medicine* (Cambridge, 1994); J. Lane, *A Social History of Medicine: Health, Healing and Disease in England 1750-1950* (London, 2001); A. Crowther, 'Health care and poor relief in provincial England', in O. Grell, A. Cunningham and R. Jütte (eds), *Health Care and Poor Relief in 18th and 19th Century Northern Europe* (Aldershot, 2002), pp. 203-19; A. Tomkins, *The Experience of Urban Poverty 1723-1782: parish, charity and credit* (Manchester, 2006); A. Tomkins, '"The excellent example of the working class": Medical welfare, contributory funding and the North Staffordshire Infirmary from 1815', *Social History of Medicine*, 21 (2008), pp. 13-30; S. A. King, *Sickness, medical welfare and the English poor 1750-1834* (Manchester, 2018).

¹⁰⁶ See for example: Hitchcock, King and Sharpe (eds), *Chronicling Poverty*; T. Sokoll (ed.), *Essex Pauper Letters 1731-1837* (Oxford, 2001), p. 69; S. King, '"Stop this Overwhelming Torment of Destiny": Negotiating Financial Aid at Times of Sickness Under the English Old Poor Law 1800-1840', *Bulletin of the History of Medicine*, 79:2 (2005), pp. 228-60; A. Gestrich, E. T. Hurren and S. A. King (eds), *Poverty and Sickness in Modern Europe: narratives of the sick poor, 1780-1938* (London, 2012); P. Jones and S. A. King, 'From Petition to Pauper Letter: the development of an epistolary form' in P. Jones and S. A. King (eds), *Obligation, Entitlement and Dispute under the English Poor Laws* (Newcastle, 2015), pp. 53-77; S. King and P. Jones, 'Testifying for the Poor: Epistolary Advocates and the Negotiation of Parochial Relief in England 1830-1834', *Journal of Social History*, 49 (2016), pp. 784-807.

thresholds of belonging that has only been applied to parish relief, can be seen here for the first time in the context of the charitable provision of a landed family so revealing their chain of obligation and its insiders/outside boundaries of benevolence.¹⁰⁷ This will make a novel and important contribution to the literature on the experience of being poor.

These voices of petitioners when considered in conjunction with sources that family members either created or that reflected their directions in matters of charity, uncovers the gift-relationships that developed between these aristocratic donors and their recipients. In examining the interactions between them their personal concerns, sentiments and feelings surrounding giving and receiving can be deduced. By concentrating on reciprocity, that is what each party expected of the other in return, the motives and aspirations of both parties can be glimpsed.¹⁰⁸ This is further evidenced by taking into account the welfare ideologies of the associations and institutions supported by successive generations of the family. Consequently, complexity and variation in motivations can be observed in contrast to the traditional theoretical explanations that have been proffered by historians that emphasise only altruism versus self-interest or social control versus kindness.¹⁰⁹ Variation too can be identified in the interactions between the Duchesses and their female petitioners, and the Dukes and their male petitioners to highlight any gender-based features in their gift-relationships. Again, factors that are seldom featured in the standard historiography.

The rich detail contained within this source material also makes it possible to look outward to the effect or impact of the family's benevolence on its recipients. Examples of the way in which people incorporated it into their 'makeshift economies' in times of need are evidenced and the circumstances under which recourse to it was made, can be viewed. This vertical assistance has yet to be fully appraised as an element of the 'economy of makeshifts' and only recently has attention been paid to the

¹⁰⁷ K. D. M. Snell, *Parish and Belonging: Community, Identity and Welfare in England and Wales, 1700-1950* (Cambridge, 2010), p. 3.

¹⁰⁸ A. J. Kidd, 'Philanthropy and the 'Social History Paradigm'', *Social History*, 21:2 (1996), pp. 180-192.

¹⁰⁹ Perkin, *Origins of Modern English Society*, p. 422; M. Mauss, 'Essai sur le don. Forme et raison de l'échange dans le société archaïques', *Sociologie et Anthropologie*, (Paris, 1950), pp. 145-279. *The Gift: The Form and Reason for Exchange in Archaic Societies* trans. W. D. Halls (New York, 1990) in C. Klekar and L. Zionowski (eds), *The Culture of the Gift in Eighteenth-Century England* (New York, 2009), p. 3.

operation of social capital.¹¹⁰ It is therefore possible to address in a novel way its acquisition through the social network surrounding this family that drew on individual claims of belonging. Glimpses too of the ‘mixed economy of welfare’ over time are gained through the activities of those who either did not seek poor relief or combined it with the assistance of this family, that is, both their private and associational provision, throughout the period. The abundant healthcare detail likewise contained in the private correspondence and journals of family members means that the context for the family’s charitable medical assistance can be established.¹¹¹ Continuing the emphasis on individual lived experiences, the health experiences of these aristocrats, both male and female, and therefore their decisions in times of illness, can be appreciated. The way in which they managed their own health needs and those in their employ through their patronage of medical men, services and medicines, as well as support for medical institutions can be explored. These ‘medical marketplace’ choices and their intersections with the Dukes and Duchesses’ medical provision for the sick poor evidences the family’s purchasing power on the demand side in ways that again the historical literature has tended to neglect.¹¹²

The resultant analysis is thus presented in subsequent chapters, the first two of which focus on the family’s private benevolence. Specifically, Chapter 3 commences with an analysis of the informal giving of Duchess Elizabeth, a major heiress, and Duchess Charlotte, who had recently married into the family. It focuses on their responses to petitions to them for assistance that they each received in person and considers key differences in their charitable practice related to their personal, financial or chronological situations. Thus, the charitable methods that the Duchesses employed and the procedures that brought successful responses are investigated and contrasted. The process of negotiating their assistance is considered initially through their interactions with petitioners and then via the rhetorical strategies that the poor

¹¹⁰ A. Levene, ‘Charity Apprenticeship and the building of social capital in eighteenth-century England’ in N. Goose and K. Honeyman (eds), *Children and Child Labour in Industrial England: diversity and agency, c.1750-1914* (Farnham, 2013), pp. 45-70, see p. 48.

¹¹¹ BoHA Charles, 4th Duke of Buccleuch Correspondence (Green Dispatch Box); BHA Travel Journals of Duchess Elizabeth, 1786-1800; BHA Travel Journal Lady Charlotte Albina, Viscountess Stopford, 1826-1827; NRS GD224/1033/8.

¹¹² H. Cook, *The Decline of the Old Regime in Stuart London* (Ithaca, 1986); M. S. R. Jenner and P. Wallis (eds), *Medicine and the Market in England and Its Colonies, c.1450-c.1850* (Basingstoke, 2007).

deployed. The wider significance of the Duchesses charity in the 'makeshift economies' of individuals, and incidences of its combination with other elements of the 'mixed economy of welfare' are also reviewed. This research into the family's private benevolence continues in Chapter 4 with a similar investigation into Walter, 5th Duke of Buccleuch's giving in response to the begging letters that he received. This allows for the comparison of the male and female experiences of charity on the part of both donors and recipients. Any variations observed within the Duke's practice, in contrast to that of the Duchesses, are therefore appraised as to whether they can be attributed to rank, gender or generation. The petitioning process identified in Chapter 3 is revisited and revised in light of additional information regarding the role intermediaries played in this charitable practice. The gift-relationships that developed between the Duke and his petitioners are explored from the perspectives of both parties. Thus, the Duke's responses to different sub-groups of the poor are viewed in conjunction with the knowledge that he gained of them from inquiry. The strategies and rhetorical stances that male and female petitioners employed are then compared. These are then contrasted with those experienced by the Duchesses, as are the reciprocal expectations that each party had of the other. Being mindful of the intergenerational effect in the family's benevolence both Chapters 3 and 4 highlight occurrences of regular assistance of some longevity that might be suggestive of welfare dependence.

The focus then shifts in Chapter 5 to the family's benevolence that was more public in the form of subscriptions given to associational charities. Its particular concern is with the influences, pressures and imperatives that were implicit in the family's decision-making when it came to selecting associations to support. It is viewed in this thesis study in the context of a culture of giving. Thus, the chronological evolution of the family's associational charity portfolio is outlined, and its geographical reach mapped. The decisions that shaped it are considered in the context of the life experiences of the Dukes and Duchesses and in conjunction with the language, situation and rhetoric of charity appeals. A sense of the power of those appeals is gained through observing the responsiveness and intensity of support by family members to certain charities or causes. The expectations, pressures and benefits that emanated from the family's social networks also influenced these charity decisions and these are teased out too. To complete this assemblage of the multi-motivations to give, the benefits offered by charities to their subscribers and the types and levels of engagement of the Dukes

and Duchesses with them are explored. The family's dynamic associational charity portfolio is thus viewed as a barometer of shifting trends in the charitable world.¹¹³

Having explored the medical provision made through the associational institutions supported by family members the analysis turns next to consider the ways in which the Dukes and Duchesses independently met their own health and welfare needs. Chapter 6 therefore, is concerned with examining the choices that they made but in the context of managing ill-health. The complex way in which their demand for medical care and treatment shaped the 'medical marketplace' is also reviewed. The analysis commences with what happened in practice and examines their medical expenditure in the context of their household and estate 'oeconomies'.¹¹⁴ Within these they met not only their own medical needs but also of others for whom they were responsible through the selection of medical practitioners to attend, treat and supply medicines. To appreciate the medical choices that were made, perceptions and understandings of ill-health are reconciled with decisions in times of illness, as are the emotions which often underpinned them. Thus, the family's participation in the 'medical marketplace' can be observed as guided by a balance of reason and feeling. An understanding of the demand that such individuals and families placed on the 'medical marketplace' is therefore highlighted and hence makes a new contribution to medical humanities studies of the period.

2.6 Conclusion

This scene-setting chapter has indicated that the Montagu Douglas Scott family had an extensive reputation for family benevolence. In subsequent chapters the extent to which this was a public relations exercise or a social reality in Scotland and England from 1716 to 1847 will be examined. There will be a detailed discussion of sources and methods at the start of each chapter that follows in terms of representativeness as the thesis unfolds where it is logical to reflect on the new resource base generated. To

¹¹³ This echoes the approach of P. Slack who viewed the success and failure of charitable organisations as a barometer of the changing climate of ideas in 'Hospitals, Workhouses and the Relief of the Poor in Early Modern London' in O. P. Grell and A. Cunningham (eds), *Health Care and Poor Relief in Protestant Europe, 1500-1700* (London, 1997), pp. 229-46.

¹¹⁴ K. Harvey, *Little Republic: Masculinity and Domestic Authority in Eighteenth-Century Britain* (Oxford, 2012), defines this 'oeconomy' as the managing of the economic and moral resources of the household for the maintenance of good order, p. 55.

engage with its ‘histories from below’ it is necessary to investigate the actions of a number of family intermediaries including the Stewards, solicitors, clergymen and medical men distributed across the extensive properties and landholdings. In this way, the chapters that follow will be unravelling questions of reciprocity versus genuine compassions derived from moral beliefs which reflected a family tradition and commitment to the spirit of charity-giving and one which appears to have been intergenerational. Questions of entitlement, eligibility, negotiating strategies and the types of gifts given over time will reveal yardsticks of benevolence that this thesis can model for other historians to appraise equivalent aristocratic families in the future. Ultimately, this thesis aims to fill a major gap in the literature (outlined in the introduction), and we therefore turn in the next Chapter 3 to the first aspect of its novel approach by exploring next the informal giving of two contrasting Duchesses of Buccleuch in response to the begging letters that they received.

Chapter 3: Female Aristocratic Charity: The private benevolence of the Duchesses of Buccleuch, 1785-1827 and 1829-1836.

3.1 Introduction

When Jane Jones wrote to Elizabeth, Duchess of Buccleuch on 11 July 1809 that she had been encouraged to do so by ‘The repeated reports of [her] Grace’s benevolence, humanity and universal kindness to the distressed’ she echoed the sentiments of many who petitioned the Duchess during the period 1785-1827.¹ More than twenty years later on 5 April 1830 Mary Stilbland, in her begging letter, similarly stated that she was taking the liberty of writing as she had heard ‘of [her] humain and benevolent acts of charaty to the poor and distrest in generell [*sic*]’.² Yet, in this instance, it was Charlotte, who had become the Duchess of Buccleuch in 1829, who was being addressed.³ The majority of the begging letters that she received, during the period 1830-1836, similarly acknowledged her reputation for kindness and benevolence. Both of these Duchesses demonstrated a strong commitment to the bestowing of charity and therefore, this chapter analyses and compares the nature, practice and significance of their informal charity, as it was dispensed to those who applied for assistance. This analysis therefore adds to interpretations of charity, during what was a critical period for the poor, when questions of the most effective and appropriate ways to deal with poverty were being extensively debated.

As outlined in the literature review in Chapter 1 there has been little systematic research on female, informal charity during this period, largely due to the nature of the two parallel historiographies which traditionally underpinned women’s history, that is, the social and economic marginalisation of women and the ideology of ‘separate spheres’.⁴ Based on the theory that the everyday worlds of men and women separated due to industrial capitalism and the emergence of a class society these interpretations devalued women’s activities. Not only were women located firmly in the private sphere, but it was viewed that privileged women abandoned enterprise estate

¹ NRO X8755, Jane Jones, 11 July 1809.

² BHA Walter, 5th Duke of Buccleuch, Petitions, 1830, Mary Stilbland, 5 April 1830.

³ Lady Charlotte Anne Thynne married Walter, 5th Duke of Buccleuch, grandson of Duchess Elizabeth.

⁴ A. Vickery, ‘Golden Age to Separate Spheres? A Review of the Categories and Chronology of English Women’s History’, *The Historical Journal*, 36:2 (1993), pp. 383-414, see p. 383.

management, delegated productive housekeeping to servants and devoted themselves to decorative display.⁵ This was seemingly accompanied by shifts in standards and behaviour implicit in an ideology of female domesticity that deemed women naturally suited to that private sphere.⁶ As Ingrid Tague observes, however, the social position of elite women was never strictly private, nor were their households, and so questions around the changes in their lived experiences remain unanswered.⁷ Furthermore, as the model of ‘separate spheres’ was predicated on the perceived experiences of middle-class women, the complex relationship between rank and gender, particularly, whether social status enabled women to overcome the restrictions of their sex, has not been addressed.⁸ Such an influential model has long had implications for understanding and evaluating female charitable activities.

Simultaneous historiographies of charity that saw private giving superseded by the rise in associational, public charity also account for the neglect of female, informal charity and the further undermining of its significance.⁹ Whilst the charitable activities of aristocratic women were considered safer models for legitimating charitable endeavours, since they were predicated on personal wealth, aristocratic duty and family prestige, they were also deemed ‘not immediately applicable to the new charitable forms that pooled resources and talents’.¹⁰ Thus, the belief in the incompatibility of female passivity with driven philanthropy and the separation of women from public, ‘scientific’ charity, meant that any private benevolence in which women engaged was criticised. It was deemed casual, indiscriminate, trivial or even meddlesome, as

⁵ A. Vickery, *The Gentleman's Daughter: women's lives in Georgian England* (London, 1998), p. 3.

⁶ H. Barker and E. Chalus, *Gender in Eighteenth-Century England: roles, representations and responsibilities* (Harlow, 1997), p. 11.

⁷ I. Tague, *Women of Quality, accepting and contesting ideals of femininity in England, 1690-1760* (Woodbridge, 2002), p. 16.

⁸ *Ibid.*, p. 4.

⁹ Details and views of the implications of this shift are prevalent in much of the historiography of charity including: B. Rodgers, *Cloak of Charity: Studies in Eighteenth-Century Philanthropy* (London, 1949); F. Prochaska, *Women and Philanthropy in Nineteenth Century England* (Oxford, 1980); D. T. Andrew, *Philanthropy and Police: London charity in the eighteenth century* (Princeton, 1989); Alternatively, I. Krausman Ben-Amos, *The Culture of Giving: informal support and gift exchange in early modern England* (Cambridge, 2008), takes the distinctive view of a revitalisation and expansion of informal giving, p. 4.

¹⁰ S. Lloyd, *Charity and Poverty in England, c.1680-1820: Wild and Visionary Schemes* (Manchester, 2009), p. 245.

contemporaries highlighted the inadequacy of individualised reforming efforts.¹¹ Tague even questions whether women may have trivialised their activities to avoid criticism of public visibility.¹²

To challenge these analyses historians focused on female involvement in the public or associational charitable sphere.¹³ Whilst the persistence of informal giving was not denied, Ilana Ben-Amos notes that the notion of the inadequacy of any sort of charitable model based on a paternalistic image of the bountiful upper classes and its existence as a remnant of the past, remained.¹⁴ It was the case too that neglect of the informal activities of women was due in part to their being difficult to assess, having no public face and being recorded only in diaries and letters. As the conceptual usefulness of the models framing women's history has been challenged, calls have been made for research based on manuscript sources created to determine the way in which gender was played out in real life.¹⁵ Yet, this has rarely resulted in studies of women's informal charitable practices in the manner that this thesis does for the first time.

Similarly, the absence of the actual charitable relationship between givers and receivers from the British historiography has largely been due to a paucity of records identifying individual recipients or reactions to charity. The value of examining the charitable interactions between these Duchesses and their recipients as they played out in real life therefore not only provides fresh historical insights into the experiences of female recipients, but also into relations between those up and down the social scale from a female perspective. To further explore gender roles in this period, this chapter's analysis of the female performance of informal charity will be compared to an example of male philanthropic activity in Chapter 4.

¹¹ D. Spratt, 'Denaturalising Lady Bountiful: speaking the silence of poverty in Mary Brunton's *Discipline* and Jane Austen's *Emma*', *The Eighteenth Century*, 56:2 (2015), pp. 193-208, see p. 196. 'Lady Bountiful' became a pejorative term during the early nineteenth century.

¹² Tague, *Women of Quality*, p. 17.

¹³ This generated a range of opposing views such as: Opportunities created for women in L. Davidoff and C. Hall, *Family Fortunes: men and women of the English middle class 1780-1850* (London, 1987), p. 436; Women's exclusion in M. E. Fissell, *Patients, Power and the Poor in Eighteenth-Century Bristol* (Cambridge, 1991), p. 90; An enhanced role for women in Vickery, *The Gentleman's Daughter*, p. 10.

¹⁴ Krausman Ben-Amos, *The Culture of Giving*, p. 3.

¹⁵ Vickery, 'Golden Age to Separate Spheres?', pp. 383-414, see p. 413.

In order to assess the nature, scale and depth of the Duchesses' informal giving a new analysis is constituted of four elements in what follows. In Section 3.2 the form and character of this type of informal giving by the Duchesses is outlined and their charitable methods uncovered via the examination of the process for securing their assistance. The question of whether their charity was indiscriminate and unscientific, in what was a discretionary system, will be addressed. The charitable relationship is then examined in Section 3.3 with a particular focus on the negotiation and the interaction between the Duchesses and their recipients. Chronological variations are identified as motives, influences, generosity and boundaries are revealed through an appraisal of the information on which decisions were based. In Section 3.4 the negotiation process is examined more closely centring on the rhetorical strategies deployed by the poor in conjunction with the responses they received. This reveals the power and agency within those interactions as well as the interplay of rank and gender via the behavioural expectations that each party had of the other. The wider significance of the Duchesses' charity is then assessed in Section 3.5 as it figured in 'makeshift economies', and, in the way individuals combined it, in a 'mixed economy of welfare', with other sources. As such, the degree and impact of the Duchesses' welfare provision will be juxtaposed with criticisms of triviality or meddlesomeness. Together these new approaches will hence address a significant gap in the standard historiography and do so by incorporating original research material.

3.2 Sources: the sample and its historiographical context

Analysis of the substantial amount of surviving begging letters and related materials that belonged to both Duchesses reveals that for Duchess Elizabeth 128 individual petitioners are identifiable from 162 petitions and 18 further documents, including vouchers and letters of reference. A further 34 individuals who petitioned Duchess Charlotte are identified from 40 petitions and seven other documents, including a thank-you letter, inquiry reports and vouchers. To locate this sample in its historiographical context, few studies have been conducted which have utilised begging letters as a major source of evidence.¹⁶ Three such investigations are relevant to this

¹⁶ Five such studies have been conducted thus: N. Zemon Davies, *Fiction in the Archives: Pardon Tales and their Tellers in Sixteenth-century France* (Stanford, 1987); S. D. Mumm, 'Writing for their Lives: Women Applicants to the Royal Literary Fund, 1840-1880', *Publishing History*, 27 (1990), pp. 27-49; D. T. Andrew, 'Noblesse Oblige: Female Charity in an Age of Sentiment' in J. Brewer and S. Staves (eds),

chapter in that they involve female benefactors and/or highlight female recipients.¹⁷ The first of these, as mentioned in Chapter 1, is Donna Andrew's study of Lady Spencer's charity letters from the late 1750s to 1814 which was based on a quantity of 2500 letters.¹⁸ Andrew's sample, however, did not discriminate between draft responses, printed requests for associations, information about the ancestry of individuals, correspondence with philanthropists and charitable organisations, letters from tenants and those seeking positions.¹⁹ Whilst this was therefore a substantial sample, it remains unclear just how many of the actual documents are letters begging for pecuniary assistance. By comparison, this thesis investigation has clearly classified all of the source material according to document type. Furthermore, this chapter neither includes letters from tenants nor those solely requesting patronage as these involve more complex gift-relationships. In contrast to Andrew's categorisation of letters on the basis of those that were written by petitioners for themselves and those that were written on their behalf, this analysis rests on differentiations made according to gender, social position, and the connections that were cited by begging letter writers and their correspondents.

Another comparable study, that by Ruth Crocker, considers the letters received by two exceptionally wealthy female philanthropists in late nineteenth-century America.²⁰ By utilising corroborative *Charity Organisation Society* records she has been able to evidence receipt of such letters in the tens of thousands. Whilst most of these were destroyed, she notes a large collection survives.²¹ Even though Crocker's study concerns women of different rank, in a later period and in an alternative cultural climate, it provides a useful example of the practice of wealthy female donors. The third study acknowledged here is that of S. D. Mumm which is based on 454

Early Modern Conceptions of Property (London, 1995), pp. 275-295; R. Crocker, 'I Only Ask You Kindly to Divide Some of Your Fortune With Me': Begging Letters and the Transformation of Charity in Late Nineteenth-Century America', *Social Politics*, 6:2 (1999), pp. 131-160; M. Van Genderachter, 'If your Majesty would only send me a little money to help buy an elephant: Letters to the Belgian Royal Family (1880-1940)' in M. Lyon (ed.), *Ordinary Writings, Personal Narratives: Writing Practices in 19th and early 20th Century Europe* (Bern, 2007), pp. 69-84.

¹⁷ The studies by M. Genderachter and N. Zemon Davies are discussed in Chapter 4, pp. 141-2.

¹⁸ Andrew, 'Noblesse Oblige', pp. 275-95; L. MacKay, *Respectability and the London Poor, 1780-1870: The Value of Virtue* (London, 2013), p. 108, claimed that there were 28000 letters from the 3rd Earl Spencer to the *Mendicity Society* in uncatalogued material in Althorp MS at the British Library Manuscript Dept. To date these remain unlocated and are an estimate.

¹⁹ Andrew, 'Noblesse Oblige', pp. 275-95.

²⁰ Crocker, 'I Only Ask You Kindly', pp. 131-160.

²¹ *Ibid.*

applications to the *Royal Literary Fund* during the period 1840-1880.²² Significantly, this has a strong emphasis on women applicants, although it focuses on the social background and career paths of British writers rather than their financial needs *per se*. By contrast, this examination takes into account the individual circumstances that led people to petition and the levels of assistance they both requested and received.

Whilst the sample of documents underpinning this examination equates to one-tenth of the quantity of charity letters utilised by Donna Andrew in her study of Lady Spencer's charitable practice, the Duchesses' responses were much more regular than those of Lady Spencer.²³ Duchess Elizabeth corresponded with her Steward regarding 43, or a third, of her petitioners, and Duchess Charlotte wrote notes concerning 31, which was almost all of her appellants. These begging letters, as opposed to Lady Spencer's general in-tray, enable an examination of the period immediately prior to the reform of the Poor Law. When contrasted with the pauper narratives that survive that have been collated by Steven King, this thesis sample of begging letters is comparable to that surviving for single communities and in some instances, whole counties - not just in quantity but also in chronological spread.²⁴ It is noteworthy too that many of the letters received by both Duchesses were from petitioners residing in London, as the capital has been underrepresented in terms of this type of source survival.²⁵

As Martyn Lyon, Steven King and many of those who have worked on epistolary networks of early modern women have argued however, the sheer scale of a sample is only one indicator of its importance and utility.²⁶ They suggest that the depth

²² Mumm, 'Writing for their Lives', pp. 27-49. This was a charity for the relief of destitute authors.

²³ Andrew, 'Noblesse Oblige', pp. 275-95, quote at p. 278.

²⁴ Andrew, 'Noblesse Oblige', pp. 275-95. In this study Andrew utilised a sample of 2500 documents spanning the period from the late 1750s to 1814, with a paucity for the 1750s and 1760s. By contrast, the research underpinning T. Sokoll (ed.), *Essex Pauper Letters 1731-1837* (Oxford, 2001), was based on 758 pauper letters surviving for the whole county of Essex. A total of 667 pauper narratives inform the study of four Lancashire communities in S. King, "'Stop this Overwhelming Torment of Destiny': Negotiating Financial Aid at Times of Sickness Under the English Old Poor Law 1800-1840", *Bulletin of the History of Medicine*, 79:2 (2005), pp. 228-60, see p. 241. A full corpus of 2842 pauper letters and 1862 associated correspondence, from the 1740s (with the majority after 1800) is detailed in, S. King, 'Negotiating the Law of Poor Relief in England, 1800-1840', *History*, 96:324 (2011), pp. 410-35, see p. 414. Professor S. King has advised that this sample of begging letters to the Duchesses is greater in volume than that for a whole county such as Devon.

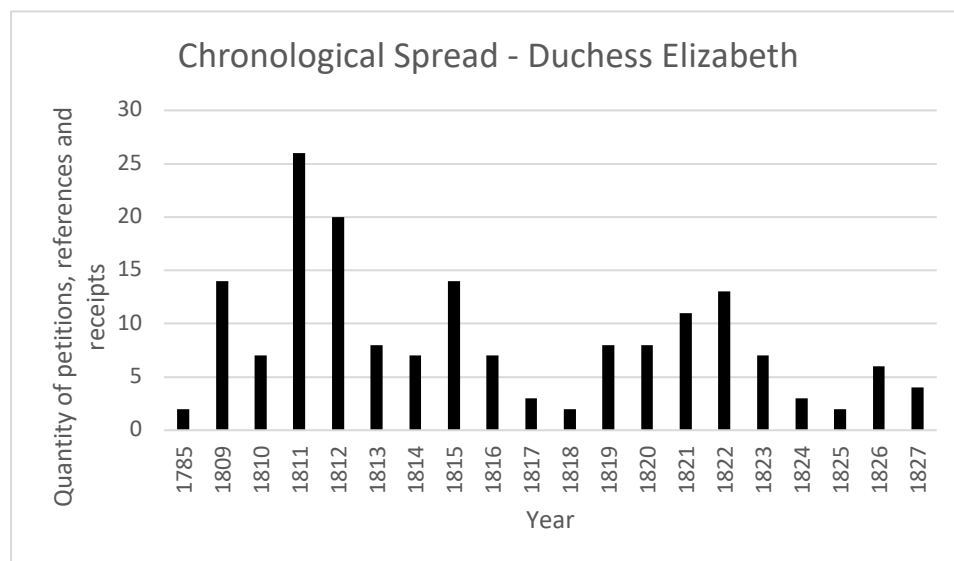
²⁵ King and Jones, 'Testifying for the Poor', pp. 784-807, see p. 790.

²⁶ M. Lyon (ed.), *Ordinary Writings, Personal Narratives: Writing Practices in 19th and early 20th Century Europe* (Bern, 2007), pp. 69-84; C. Brant, *Eighteenth-century letters and British culture* (Basingstoke, 2010), pp. 1-17; P. Jones and S. A. King, 'From Petition to Pauper Letter: the development

and circularity of the correspondence is more important than its extent, and that the key issue is the ability to read more general lessons from focused letter sets. In these respects, the material covered in this chapter is exemplary and has been made available for the first time since it was produced. As an historical prism, it provides a charitable route into an influential aristocratic circle of women in our chosen family archives.

Following the construction of a dataset, the chronological spread of the documents was determined for each of the Duchesses and these are represented in the following *Figures 3.1. and 3.2.*

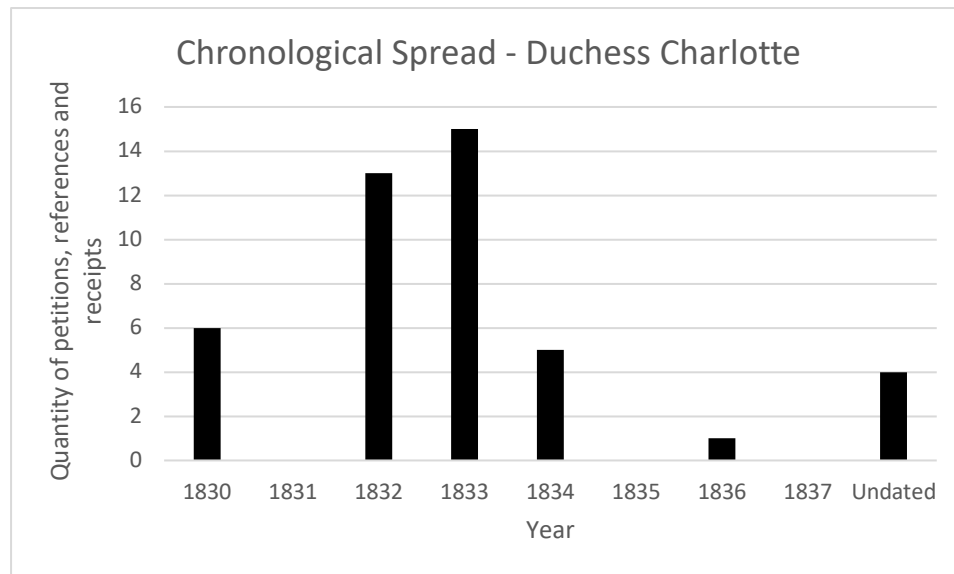
Figure 3.1 Chronological Spread of Petitions and Associated Documents Received by Duchess Elizabeth 1785-1827.



Sources: Petitions and associated correspondence - BHA Henry Hoyle Oddie Correspondence, 1784-1819; BHA House Steward, Letters to John Parker, 1809-1812; BHA House Steward, Papers re. Librarian and Archivist John Stewart, 1812-1834; NRO M (B) X8755-X8764 John Parker Vouchers, 1809-1827.

of an epistolary form' in P. Jones and S. A. King (eds), *Obligation, Entitlement and Dispute under the English Poor Laws* (Newcastle, 2015), pp. 53-77.

Figure 3.2 Chronological Spread of Petitions and Associated Documents Received by Duchess Charlotte 1830-1837.



Sources: Petitions and associated correspondence - NRS GD224/795/1; NRS GD224/795/2; BHA Walter, 5th Duke of Buccleuch, Petitions, 1830.

From these *Figures* it appears that the trend for the receipt of petitions was cyclical suggesting a possible relationship with the fluctuating economic and political conditions of the period. Certainly, the peaks evident in appeals to Duchess Elizabeth in the years 1809, 1811-1812, 1815 and 1821-1822 reflected periods of commercial boom, depression, the economic effects of the Napoleonic Wars, the Corn Laws and a period of discontent and distress.²⁷ The increase during a period of commercial boom may be explained by benefits not immediately being felt by the poorest, in what was a regulated economy with resultant effects on prices and wages. Fewer petitions in the years following a boom suggests either a trickle-down effect and/ or that the needy secured enough relief during the boom period to carry them through the harsher times, whereas economic depression was felt by all. The discontent and distress linked to economic pressures resulting from bad harvests, rising prices, falling wages, an influx of Irish labour, demobilization of soldiers and population pressures in the period might explain the chronological spread of the petitions. Yet, this economic link with models of assistance has been challenged by Sandra Cavallo, so it is pertinent to look for other

²⁷ P. Langford and C. Harvie, *The Eighteenth Century and the Age of Industry*, vol. IV of K. O. Morgan (ed.), *The Oxford History of Britain* (Oxford, 1992).

explanations too.²⁸ Crucially, the fluctuations must also be considered in conjunction with the Duchesses' personal and life-cycle situations. Duchess Elizabeth was widowed in 1812 and died in 1827. It is quite possible that the peak of appeals in 1812 was due to the Duchess's own widowhood attracting more appeals from widows. Duchess Charlotte married Walter, 5th Duke of Buccleuch in 1829 and petitions received by her peaked in the years 1832-1833 arguably when the Old Poor Law had reached its most critical point.²⁹ That timing suggests that any harshness of attitudes towards welfare and the resultant parsimoniousness on the part of Poor Law officials meant that more people turned to sources such as the private charity of the Duchess more often.

3.3 The charitable method and the rules for success

To examine the extent to which the charity practiced by the Duchesses could be judged indiscriminate and unscientific it is necessary to explore the process by which the poor sought their assistance and to understand the requirements for success in receiving donations. By comparing the approaches and methods of the two Duchesses and any chronological variation it is possible to assess whether the Duchesses' practices reflected contemporary changes in attitudes towards the poor. It has been contested that whilst the dichotomy between 'deserving' and 'undeserving' has a long history, such attitudes came to the fore in the late eighteenth-early nineteenth centuries.³⁰ The fear of the harm caused by indiscriminate giving supposedly saw a decline in such private charity and a rise in 'scientific', associational charity concerned with improvement and reform. This largely mirrored the 'crisis' of the Old Poor Law at this time, reflecting its inadequacy in managing the ever-mounting levels of poverty, which ultimately resulted in a reform of the Poor Law system.³¹

Four aspects are thus considered in this section: the process by which people petitioned the Duchesses for assistance, the inquiries to which they were subject, the

²⁸ S. Cavallo, 'The Motivations of Benefactors: An Overview of Approaches to the Study of Charity' in J. Barry and C. Jones (eds), *Medicine and Charity Before the Welfare State* (London, 1991), pp. 46-62, see p. 49.

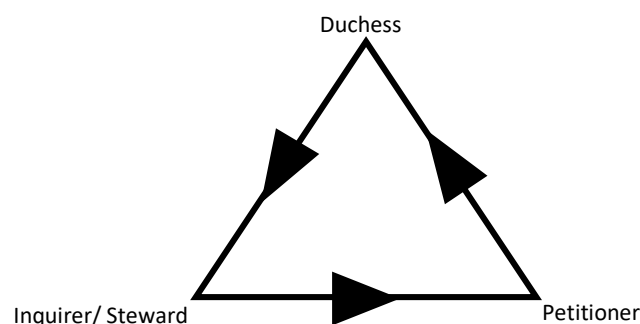
²⁹ S. A. King, *Writing the Lives of the English Poor, 1750s-1830s* (Montreal, 2019), first consulted as a working manuscript, p. 10, subsequently published as p. 12.

³⁰ A. M. Scott (ed.), *Experiences of Poverty in Late Medieval and Early Modern England and France* (Farnham, 2012), p. 6.

³¹ King, *Writing the Lives of the English Poor, 1750s-1830s*, first consulted as a working manuscript, p. 10, subsequently published as p. 12.

level of responsiveness received, and the charitable method employed. An examination of the Duchesses' charitable process shows that, in just the same way as obtaining poor relief, it was rarely a two-way exchange; the process of obtaining assistance from both Duchesses can best be explained by means of a triangular model of social relations shown below in *Illustration 3.1*.³²

Illustration 3.1 The Petitioning Process.



Sources: Author designed.

As demonstrated in *Illustration 3.1*, people wrote to Duchess Elizabeth and then she passed the letter to her Steward, with her directions written on it, which were often to inquire, then relieve, or on occasion just relieve quickly without delay. In practice the absence of an inquiry usually only occurred when one had either been made in the past, or the Duchess, already knew the person and their situation. Within this procedure Duchess Elizabeth's House Steward, John Parker, maintained some discretion as the Duchess often gave him instructions such as, 'If on enquiry the woman is deserving give her a guinea'.³³ Duchess Charlotte's method was similar although she simply wrote 'inquire' on the letter and sent it to her Steward, John Tait, who instructed another person to make the inquiry.³⁴ This was often Mr. Gibson or Mr. Home, from Gibson and

³² See also: the triangular model of pauper, parish and magistrate in Hitchcock, King and Sharpe (eds), *Chronicling Poverty*, p. 11-12. The triangular model of pauper, parish and advocate in King and Jones, 'Testifying for the Poor', pp. 784-807, at p. 793.

³³ NRO X8755, Elizabeth Green, 29 November 1810.

³⁴ The title 'Steward' is used descriptively here for John Tait as those who managed the family's properties and estates were termed differently in Scotland, often as 'Factor' or 'Chamberlain'. There is

Home Solicitors, for the Scottish petitions or in the case of the London petitions, it was sent to the *Mendicity Society* and one of their reporters conducted the inquiries. This raises the question of whether this difference between the Duchesses in the selection of an inquirer was due to a contemporary growing concern to combat fraud, when there were increasing fears about indiscriminate giving fostering feigned distress. The balance of the evidence suggests that it was more likely to have been due to the relative inexperience of Duchess Charlotte in assessing, on the basis of the letter alone, the likelihood that the claimant was deserving. More simply, it may have reflected the different relationship each Duchess had with her Steward, his capability or changing role. For both Duchesses, however, the aim of the inquiry appears to have been not just to investigate the veracity and deservingness of claims but also to ascertain the best course of action to be taken, which would amount to a more 'scientific' charity.

Whilst this triangular social model of enquiry demonstrates the petitioning process, it is evident that there were various pressures being applied at each of the vertices. The client representatives of the two Duchesses – mainly their Stewards who sometimes allocated family solicitors - played a crucial role in the success or failure of the petitioning process and had a responsibility to them, both in the protection of their financial interests and their reputations. One pressure brought to bear by petitioners was to enlist the support of others such as clergy, church wardens, and doctors. This element of advocacy on behalf of the petitioners was of a different nature to that in Steven King and Peter Jones' study of poor relief, as it was unlikely anyone would presume to tell a Duchess what she ought to do, nor was there any route of public appeal.³⁵ Such men with local authority and social standing, however, who were known to the Duchess often recommended individual petitioners apply to the Duchess and permitted them to use their names as character references in the actual petitions. In some circumstances, advocacy of a different character featured in those petitions that aimed to raise more regular funds from subscriptions, in much the same way as the associational charities of the period. These petitions were not only intended for the Duchesses but were sent to a variety of titled and wealthy individuals. There were different levels of formality in the manner of these arrangements, as some individuals attempted to set up their own

some discrepancy over Tait's actual position, but his role mirrored that of John Parker insofar as he handled all of the charity correspondence for Duchess Charlotte.

³⁵ King and Jones, 'Testifying for the Poor', pp. 784-807.

subscription. Others were more formally established being printed and arranged by a committee such as that for James Hogg's widow. This was sent to Duchess Charlotte and stated, 'a few of the private friends of late James Hogg setting up a subs[.] for widow and five children'.³⁶ Perhaps as a matter of etiquette this petition carried a handwritten letter to the Duchess, on the leaf, from the secretary of the committee. The listing of the contributors not only advocated the deservingness of the individual but also meant that the Duchesses' contributions would be publicly visible alongside those of other members of the aristocracy and/or mutual acquaintances and so directly comparable. Both Duchesses received and contributed to these appeals, always matching or donating the highest amount, commensurate with their status. Subscriptions of this kind were therefore much more about the public face of charity-giving for women at the elite of the aristocracy.

Besides these types of advocacy, another pressure that the petitioner could bring to bear was the testimony of referees whose names were used in the begging letters or who sent letters of reference attesting to the deservingness and veracity of their claim. Again, these often came from medical men or clergymen, many of whom were known to the Duchesses, as these were the people who came into direct contact with the poor. Many petitioners however merely testified to their own character, such as Elizabeth Swanston who wrote to Duchess Charlotte: 'my character for honesty and sobriety will bear the strictest inquiry'.³⁷ Some believed that transparency in their letters about their situations would be proof enough. Hence Jane Jones wrote to Duchess Elizabeth: 'I am [...] this explicit to do away any unfavourable opinion of my being an imposter'.³⁸ Despite these testimonies the process almost always included an inquiry and this activity requires closer examination.

In some instances, Duchess Elizabeth gave additional information to Parker (her trusted Steward) to facilitate the inquiry, such as in the case of the French priest Canon Humblet when she informed him:

³⁶ NRS GD244/795/2, 21 December 1835. James Hogg was a Scottish poet and novelist, also known as the 'Ettrick Shepherd'. He was a friend of Walter Scott. His close connections with Charles, 4th Duke of Buccleuch and his wife Duchess Harriet resulted in him being given a farm, in 1815, rent-free for life see: G. Hughes, *James Hogg: a life* (Edinburgh, 2007).

³⁷ BHA Walter, 5th Duke of Buccleuch, Petitions, 28 May 1830.

³⁸ NRO X8755, Jane Jones, 11 July 1809.

sends a book once a year, he has been attacked & robbed and under the surgeons hands in short appears in great distress he teaches Mr Hamley[']s children French I find & from him you may get particulars.³⁹

Even though Duchess Elizabeth made an initial assessment of deservingness based on letters received, she remained shrewd in the identification of fraud. Thus, in the case of Mr. Collins, she wrote to Parker ‘I cannot understand this I thought Miss Collins was a woman by this letter it appears to be a blind man if he is known you may give him a guinea for I suspect he is a cheat’.⁴⁰ For the most part, Duchess Charlotte awaited the outcome of inquiries before saying how much she would give but occasionally left the amount to the discretion of the inquirer. Thus, in 1833 she allocated an amount of £6 2s 6d as: ‘from the Duchess to be divided according to the discretion of Messrs. Gibson and Home among the petitions marked X’.⁴¹ Unlike Duchess Elizabeth she was less experienced in dealing with petitioners and seems to have relied heavily on the judgment of her Steward and solicitors, not just whether to give but also with regard to suitable amounts. Michael Roberts saw this use of professional inquirers as professionalising relations between giver and receiver, enabling donors to balance concern for the distressed with a more calculated approach, thereby tightening the criteria of charitable deservingness and enabling discrimination to be made.⁴² It is likely however that Duchess Charlotte’s reliance on her solicitors was not merely to protect herself from fraud or out of concern that her charity was ‘scientifically’ bestowed, but the need to have someone both trustworthy and discrete to ensure that her charitable practice was beyond reproach.

It is apparent too that when a request warranted a longer-term commitment than a single donation a more detailed inquiry was made. This is evident in the case of John Clark of whom Duchess Elizabeth instructed Parker:

I wish you would enquire about a man whose name is John Clark he writes to me to say he lived 3 years with Lady Mary Coke left her service last Feb[ruar]y to go

³⁹ BHA House Steward, Letters to John Parker, 25 January, retained with 1811.

⁴⁰ NRO X8763a, John Collins, 18 August 1825.

⁴¹ NRS GD224/795/1, 17 January 1833.

⁴² M. J. D. Roberts, ‘Re-Shaping the Gift Relationship: the London Mendicity Society and the suppression of begging in England 1818-1869’, *International Review of Social History*, 36:2 (1991), pp. 201-31, see pp. 201-1.

into some kind of business but was very unsuccessful & is now in extreme distress & he adds Lady Mary had promised to get him something in the India House just before she was taken ill. I have written to Lady Douglas about him and she desires I will try to find the truth of all this & why he left her & in short what kind of man he is ⁴³

Consequently, John Clark received an annuity from both Duchess Elizabeth and her sister-in-law, Lady Douglas, which was later carried on to his widow.

A few appeals did not nevertheless elicit an inquiry and it is apparent that Duchess Elizabeth had previously assisted in the majority of these cases. Whilst they may have been subject to an earlier inquiry none of Duchess Elizabeth's correspondence to her Steward refers to any earlier assessments. Quite simply, she may have retained a keen awareness of peoples' situations and expected to have to give further assistance at a later date. For Duchess Charlotte there appears to have been a greater optimism that situations might improve even before she donated. Certainly, this would echo the hopefulness about humankind and the improvability of society reminiscent of the age. This was borne out in the case of Mrs. McClaren where the inquirer reported:

one might safely assist if she were in the same circumstances as when she wrote the letter, but as her health and her husband[']s prospects are improved it seems desirable that they should be preserved as long as possible from touching charitable donations.⁴⁴

It is noteworthy that Duchess Charlotte kept these inquiry reports for future reference, as she informed John Tait: 'I send you the reports [...] on begging petitions [...] that you must keep them with the other reports that you have [...] for the Duke and myself can then refer to you when the petitioners write to us again'.⁴⁵ This may therefore have enabled the Duchess to monitor the effects of her support, a characteristic of 'scientific' giving.

⁴³ BHA House Steward, Letters to John Parker, 1809-1812, 27 October, retained with 1809. Lady Mary Coke was Duchess Elizabeth's aunt by marriage, being the sister of her mother-in-law, Baroness Greenwich.

⁴⁴ NRS GD224/795/1, 31 December 1832.

⁴⁵ NRS GD224/795/2, 25 March 1837.

From petitioners' perspectives, many were well aware of the donor's fears of imposters. Most expected to have their claims investigated and several welcomed an inquiry, as in the case of Mary Nelson. She wrote to Duchess Elizabeth that if she were to: 'take the trouble of sending to the place where I live you would find [...] true', undoubtedly feeling confident that the inquirer would find her deserving.⁴⁶ Yet, some were concerned to avoid the shame and embarrassment such inquiries might bring like J. J. Hinxman who stated: 'I am persuaded Your Grace will not suffer my feelings to be wounded through any intermediate channel' asking instead for a personal interview with the Duchess.⁴⁷ There is no evidence that any of these were granted; the Steward or the solicitor was always the intermediary, and public face, in negotiations. In reality, the majority of the petitioners to both Duchesses accepted that the inquiry was essential. Indeed, none of those petitioning Duchess Charlotte showed any desire to avoid it, suggesting that they were aware that the donation was fully contingent on its outcome.

Consequently, the findings of these inquiries further reveal the 'rules' for successfully securing a donation. When Duchess Elizabeth's Steward visited a petitioner to make a donation he occasionally made a brief note on the petition. In the case of Mary Summers who had written in her letter that ten of her thirteen children had died, Parker noted: 'a true case 3 children alive and [b]uried 10'.⁴⁸ On balance, this evidence suggests that what was important to secure assistance was both truth and need. The detailed reports received by Duchess Charlotte, as a result of her employment of a person or a society to inquire on her behalf, contained information about peoples' circumstances and also recommendations of appropriate action. These bear many similarities to Parker's notes to Duchess Elizabeth in respect of truth and need. Their main difference however is the estimation of the expected effect of the assistance, as well as what the petitioner should do in order to help themselves. Thus, of Elizabeth Swanston, who was found to be deserving, it was reported that any assistance given 'should be on the condition of [...] applying for parish relief which her age & infirmities render indispensable'.⁴⁹ This recommendation may have been due to the likelihood of her becoming dependent on any source of support. For Mrs Lunn,

⁴⁶ NRO X8756, retained with 1811.

⁴⁷ BHA House Steward, Papers re. Librarian John Stewart, 1812-1834, 12 December 1821.

⁴⁸ NRO X8756, Mary Summers, 30 June 1811.

⁴⁹ BHA Walter, 5th Duke of Buccleuch, Petitions, 28 May 1830.

however, it appears the most important factor in the decision to relieve her came when the inquirer identified that: ‘she received from the late Duchess of Buccleuch a donation of 5 guineas’.⁵⁰ Never did Duchess Charlotte deem a petitioner unworthy when her predecessor had found otherwise and made such a generous donation.

These reports also reflect the circumstances in which petitioners to Duchess Charlotte might be denied her support and four detail instances where assistance was not recommended. In the case of Mr. Oliphant, the reporter was informed that ‘he gave way to habits which [impoverished?] himself & his family’, [These were gambling habits].⁵¹ This did not preclude a donation, however, as his wife was judged to be:

a worthy person; and ‘there can be no doubt the family have suffered many deprivations, [...] If any aid should be continuing [...] the reporter has been advised that it sh[oul]d not be sent to Mr. Oliphant but to his wife’.⁵²

Similarly, for Elizabeth McClaren, who was supporting herself and three children as a laundress, without any mention of husband, the reporter wrote that ‘if any assistance be given to her it might be expedient that someone attended to its application’. Consequently, she was paid for ‘meal, bread and furniture weekly to the amount of 17/6’.⁵³ These cases then involved a ‘scientific’ approach to charity in the tailoring of support to individual circumstances.

On the whole, whilst both Duchesses considered how charity might best be given, Duchess Charlotte demonstrated a much greater concern with how such donations might be used, refusing aid that could be misspent.⁵⁴ Yet, this was a contrast between a new, young Duchess and one who was a wealthy, mature heiress in her own right. As King has reminded us, personality too must be considered as an important variable in the character of welfare.⁵⁵ Alan Kidd likewise has stated that the ‘roots of the altruistic personality’ are to be found in the ‘role-modelling and social learning of

⁵⁰ NRS GD224/795/1, 8 February 1834.

⁵¹ *Ibid.*, 13 October 1832.

⁵² NRS GD224/795/1, 13 October 1832.

⁵³ *Ibid.*, 31 December 1832.

⁵⁴ NRS GD224/795/1, Andrew Pirie, 14 January 1833.

⁵⁵ S. A. King and G. Gear (eds), *A Caring County?: Social Welfare in Hertfordshire from 1600* (Hatfield, 2013), p. 8.

childhood'.⁵⁶ Certainly, Duchess Elizabeth was raised in a 'benevolent environment' and Danielle Spratt has suggested that 'mothers served as models of munificent behaviour'.⁵⁷ There is evidence that Duchess Elizabeth accompanied her daughter-in-law, Duchess Harriet, on charitable visits.⁵⁸ Yet, both had died before Duchess Charlotte married into the family, thereby depriving her of such role models. It must also be recognised that Duchess Charlotte's approach was a reflection of a desire to better account for benevolence across the early nineteenth-century charitable sector.

Another contrasting feature was the level of responsiveness displayed by the two Duchesses. Duchess Elizabeth regularly instructed her Steward within a few days of receiving a petition and within a couple of days he had made the visit, conducted the inquiry and paid the donation. This meant that those who applied often received assistance in little more than a week and rarely longer than a month. Such responsiveness in the face of desperation most likely contributed to Duchess Elizabeth's reputation for benevolence reflecting too her awareness of the real urgency of people's situations. By comparison, Duchess Charlotte's process was much slower. From the instructing of her Steward, through the arranging of someone to make the inquiry, the inquiry being made and the receiving of the report, then the sending of the donation, it could be a couple of months before the charity was received. This is not to say that Duchess Charlotte was any less aware of the urgency of people's situations but there was a matter of logistics. Both Duchesses divided their time between Scotland and London and Duchess Elizabeth may simply have been more adept, along with her Stewards, at managing her business in both places at once. It is possible however that Duchess Charlotte may have used her slower inquiry process as a tactic to lessen welfare dependency, forcing people to seek to help themselves in other ways while they waited. Yet, in reality, it seems to have led people to write earlier before their situation became too bad. These human impact issues will be further addressed in the examination of the 'economy of makeshifts' later in this chapter.

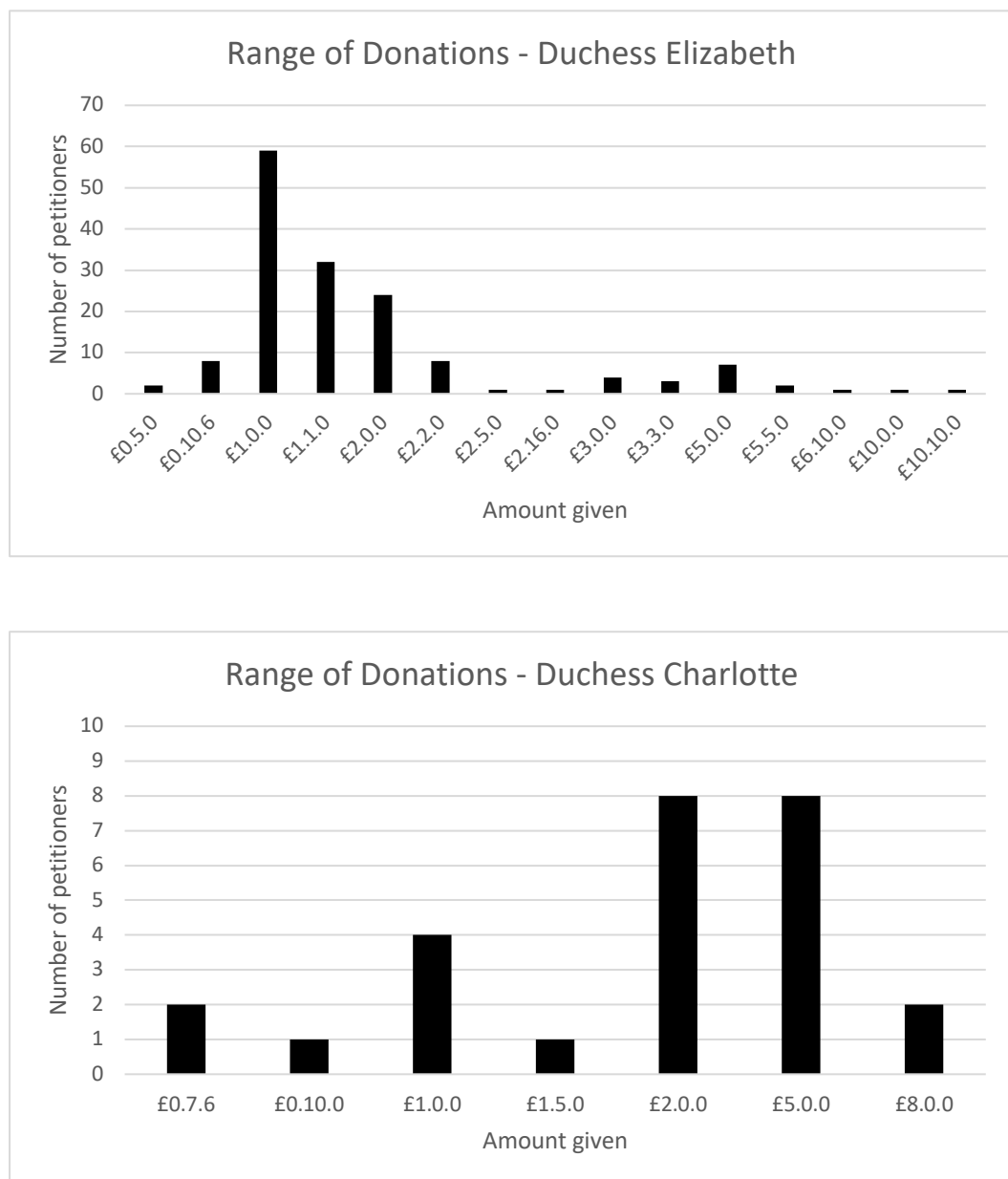
⁵⁶ Kidd, 'Philanthropy and the 'Social History Paradigm'', *Social History*, 21:2 (1996), pp. 180-192, quote at p. 185.

⁵⁷ Spratt, 'Denaturalising Lady Bountiful', pp. 193-208, quote at p. 195.

⁵⁸ William Bonnar, a Scottish painter, painted *The Benefactresses* depicting an elderly Duchess Elizabeth, with her daughter-in-law Harriet, Countess of Dalkeith, visiting a widow and children in their cottage.

Lastly, it is necessary to look in some detail at the charitable method of both of the Duchesses. Once the decision was made to donate, the Duchesses decided on the amount that was to be given. During the period 1785-1827 Duchess Elizabeth made 154 donations totalling £261 2s 0d and Duchess Charlotte made 26 donations during the period 1829-1837 totalling £78 4s 2d. The ranges of these donations are shown in *Figure 3.3* below.

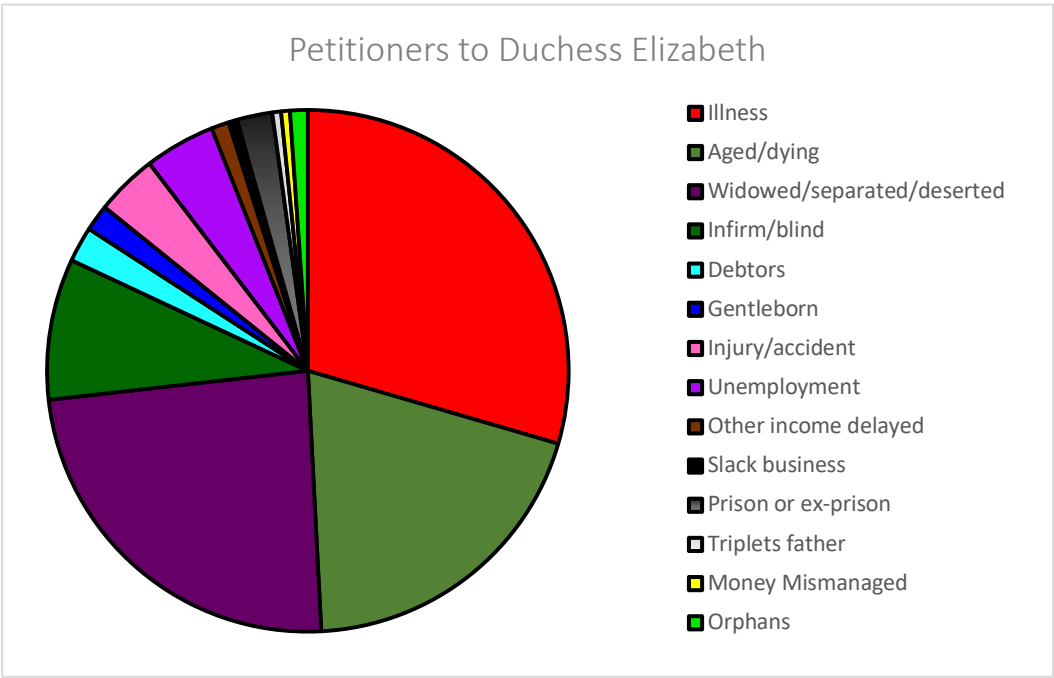
Figure 3.3 Ranges of Donations 1785-1827 and 1830-1837.



Sources: See, *Figures 3.1* and *3.2*.

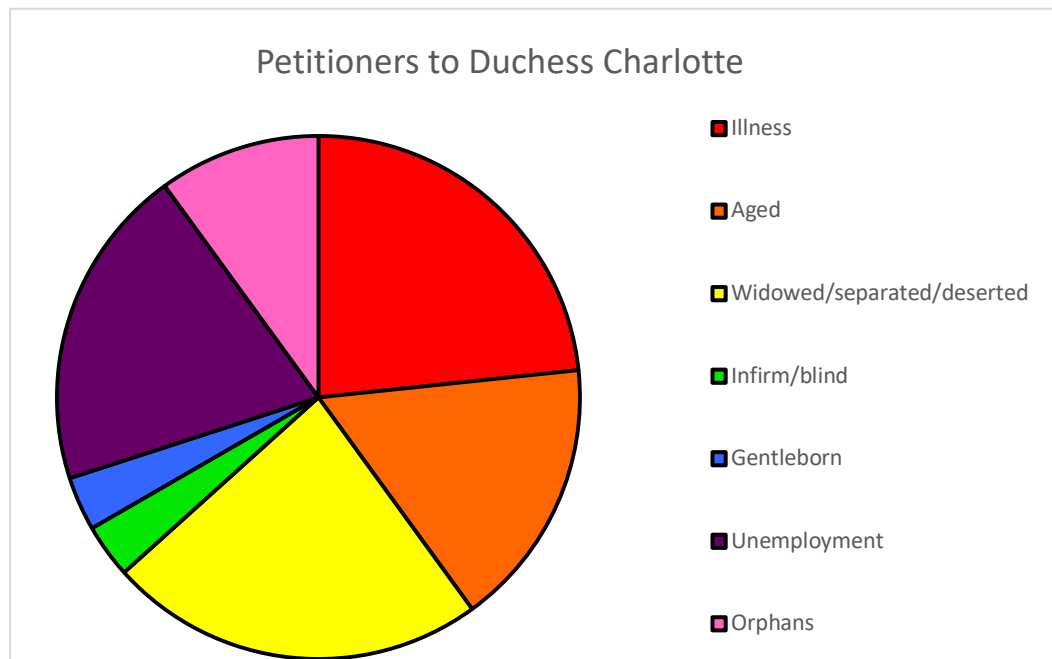
As shown in *Figure 3.3* it is evident that Duchess Elizabeth usually gave one pound or one guinea, followed by two pounds or two guineas, as well as often giving half a guinea. Duchess Charlotte generally gave five pounds or two pounds and slightly less often, the sum of one pound. To appreciate this donation impact and its human variables, it is necessary to explore who was receiving these donations. Therefore, the petitioners, categorized by their own descriptions, are shown in the *Charts 3.1* and *3.2* below.

Chart 3.1 Petitioners to Duchess Elizabeth by Category 1785-1827.



Sources: See, *Figure 3.1*.

Chart 3.2 Petitioners to Duchess Charlotte by Category 1830-1837.



Sources: See, *Figure 3.2*.

As shown, by far the most common reason for petitioning Duchess Elizabeth was illness, followed by women who found themselves single, either having been widowed, separated, or deserted. The third largest group was those who were aged or dying. For Duchess Charlotte, the proportions were similar, but unemployment featured slightly more frequently than being aged. For both Duchesses, those who received the highest amounts (£10, £8 and £5) were men and women of gentle-birth who were known to them, some of whom were also distantly related. The middle amounts of £2 or 2 guineas were given to men and women who were either known to the Duchesses or connected to another person, charity, institution or cause that they were known to favour.⁵⁹ Public appeals for assistance for individuals via printed subscription leaflets also feature in this category. The lower amounts given by both Duchesses appear to have been received by those lowest on the social scale, which is evident in the handwriting and construction of their petitions as well as in the content. These petitioners were unknown or had no connection to the Duchesses and there were almost two times as many women as men. The majority of petitioners in this category were

⁵⁹ Besides the support of hospitals, Duchess Elizabeth regularly subscribed to funds for the assistance of musicians, French émigrés and the deaf and blind, see Chapter 5.

receiving assistance for the first time, suggesting that Duchess Elizabeth may have given a lower amount to see if it was a short-term solution that was required. This leads to the question of whether people became aware that repeated requests might draw higher levels of assistance and this is explored in Section 3.5. This analysis has shown that there were two broad rules for success, authenticity and need but that there was also a spectrum of responses on the part of the Duchesses that reflected the complex nature of poverty and the complicated question of the personal agency of the petitioner. It is this question of agency that is addressed in the following two sections - the first exploring the negotiation and interaction between the Duchesses and their petitioners - and the second examining the rhetorical strategies brought to bear in appeals for assistance.

3.4 Negotiating charity and the charitable relationship.

The differentiation and character of the Duchesses' informal giving can be further uncovered through an examination of their charitable relationships with their petitioners. The Duchesses arguably had great scope for discretion as those who petitioned for assistance did so within a customary and moral framework as opposed to a statutory one. Consequently, the strategies and agency evident in negotiations, whilst echoing some of those employed by poor relief applicants, were specific to the process of securing the charitable assistance of these Duchesses. They may also have reflected the wider procedure of accessing the charity of wealthy individuals during this period. Appraising the information on which their decisions about deservingness were based, has the potential to construct a picture of this benevolence and its limits. This section then considers three aspects of the negotiation: that is, the connections and claims that made people believe they could or should apply to the Duchesses, the substantive strategies they used, and the boundaries to the Duchesses' benevolence.

In consideration of being known or knowable it has been shown that this strengthened claims for assistance. Where Donna Andrew found that this was essential for a successful claim to Lady Spencer, for Duchess Elizabeth and Duchess Charlotte, however, the securing of assistance was not contingent on the same level of personal connection- though it did affect the level of the donation.⁶⁰ Both Duchess Elizabeth's

⁶⁰ Andrew, 'Noblesse Oblige', pp. 275-95, see p. 283.

and Duchess Charlotte's petitioners marshalled a wide range of connections in the expectation of gaining a proverbial 'foot in the door'. One of the types of connection that led people to petition the Duchesses in times of need was that of ex-servants. Even if their service was many years previous - as in the case of James McGill, who stated that: 'it is now 50 years since I worked for your Grace at your Palace there [Dalkeith]' the bond endured.⁶¹ So, not surprisingly, Duchess Elizabeth often could not remember ex-servants and typically, for such as Sarah Constable she wrote to her Steward: 'It appears by this letter the writer is known to me – but I do not remember her if she is deserving give her a guinea'.⁶² In terms of the amount given here, not being remembered was tantamount to being unknown. The overriding criterion therefore for securing a donation was not prior knowledge, but deservingness. It was not just ex-servants (which included ex-military men) but also ex-tenants, as well as a variety of their relatives, mostly their widows and children, who utilised these connections in their petitions. By extension, ex-servants and ex-tenants and their relatives who were connected to deceased relatives of the Dukes and Duchesses were also amongst the petitioners. The links claimed could be quite tenuous such as for Christiana Gray who wrote to Duchess Charlotte that her husband's uncle had worked for the Duke's grandmother.⁶³ One innovative strategy was to state in such petitions that the last words of the dying relative had included an assurance that the Duchess would always support them.⁶⁴ As Donna Andrew found, it was the claims based on paid service that were often the most powerful and most certain of success and this proved to be the case for Duchess Elizabeth.⁶⁵ Even an arbitrary connection could be an opening for a claim such as that of Widow Lawson who, on inquiry, 'repeated the circumstances which occurred on the occasion when the late Duke of Buccleuch rested in her house owing to sudden indisposition'.⁶⁶ There was therefore, amongst individuals seeking a donation, an expectation that providing a service to, or being a tenant of, any of the Dukes or Duchesses, or being related to such a kin, meant that they could legitimately appeal for assistance, at any point in their lifetime, of the current Duke or Duchess.

⁶¹ NRO X8760, 26 February 1820.

⁶² NRO X8756, 7 June 1811.

⁶³ NRS GD224/795/2, retained with 1835-7.

⁶⁴ NRO X8756, Ann Smith, 2 October 1812.

⁶⁵ Andrew, 'Noblesse Oblige', pp. 275-95, see p.283.

⁶⁶ NRS GD224/795/1, 6 November 1833.

A further significant connection was that of people who were being, or who had been supported by, a society or institution that was subscribed to by the Duchesses. These petitioners not only secured a public version of the Duchesses' charity but also attempted to access it directly on a private basis. By contrast, many of the claims for Duchess Charlotte's assistance were Scottish ones, either from ex-residents of Bowhill or Dalkeith estates, or any place in Scotland, or from Scottish tradesmen. Residents in Scotland at this time were subject to a different type of poor relief, a ramshackle system of charity-based payments and Scots living in London had no parish and were reliant on charitable giving. This may explain why Scottish pauper narratives have been identified as being towards the more simplistic, petition-like end of a typological spectrum.⁶⁷ A lower level of negotiation was required in a system based on charitable giving as opposed to public relief. Both Duchesses were as much Scottish as they were English and so undoubtedly influenced by Scottish connections. Having gained the Duchesses' attention, petitioners aimed to further maximise their chances of success and the key strategies employed are next examined.

The most frequent of these was the appeal to the Duchesses' 'inherited obligations.' Many petitioners reminded the Duchesses not only of the past benevolence of themselves but also their ancestors. Thus, Mary Summers wrote: 'in consideration of the great estimation and credit in which my father was held in Your Grace's family we mercifully plead to look with an eye of pitty [*sic*] on our honest suffering and affliction'.⁶⁸ The same strategy was also evident in the petitions to Duchess Charlotte such as that of Mary Noble who claimed 'I'm the granddaughter of Hugh Fraser portrait painter'.⁶⁹ Military obligations entered into by earlier Dukes also saw petitioners such as Robert Logan write to Duchess Elizabeth stating that he [Duke Henry, who had been Colonel of his Regiment] had said 'that he would befriend those who remained longest in the Regiment while under his command'.⁷⁰ The family to which the Duchesses belonged thus had a long, established tradition of benevolence with each generation meeting the obligations of previous generations. To this they added their own, resulting

⁶⁷ King and Stringer, 'I have once more taken the Liberty', pp. 69-92, see p. 72.

⁶⁸ NRO X8756, 30 June 1811. Mary's father had been a cook to George, 1st Duke of Montagu, (2nd creation), Duchess Elizabeth's father.

⁶⁹ GD224/795/1, 20 February 1834. Hugh Fraser had produced paintings for the Charles, 4th Duke of Buccleuch and Duchess Harriet.

⁷⁰ NRO X8757a, 5 September 1814.

in an ever-burgeoning benevolence. Therefore, customary notions of reputation carried an expectation to which petitioners could and did strategically appeal.

Two further ways in which people sought to persuade the Duchess to give their assistance was to offer both assurances as well as explanations. Four main types of assurance, given in a formulaic manner, feature in the begging letters. The first of these was usually incorporated in deferential statements such as seeking of the Duchesses' pardon for applying. It was an assurance that 'nothing but the most pressing want could compel me', as not only were petitioners aware of the impropriety of asking for money but they also hoped to convey the gravity of their situation.⁷¹ Many 'submitted their case' but appealed to the Duchesses' 'humanity' rather than justice, which evidently involved an element of altruism. The second assurance typically given was 'it will be the last time'. In petitions to Duchess Elizabeth it was often because their situation was such that they were not expecting to live much longer. As Margaret Bell wrote: 'I am very ill and very poor and do not think I shall trouble you another year'.⁷² Duchess Charlotte was also reassured in this manner though it occasionally proved hollow as in the case of Wilhemina Denovan who wrote in a second appeal: 'I solemnly promised never to intrude again, but, this only once, deign in your goodness to give me a little relief'.⁷³ Whilst Duchess Elizabeth's petitioners used this strategy to inform the Duchess of their hopeless circumstances, Duchess Charlotte's petitioners appeared more optimistic that their situations would improve as a result of her assistance. Thirdly, people assured both Duchesses that they had never solicited charity before, like Margaret Robinson who wrote to Duchess Charlotte: 'believe me it is the first time I ever craved pecuniary aid'.⁷⁴ Petitioners were aware of the imperative to make it clear that they were not making their living from petitioning nor were they dependent on it. The last type of assurance that featured only in petitions to Duchess Elizabeth was that their cases were by far the worst. As Mary Mann claimed: 'probably a case of more real distress never came before your Ladyship'.⁷⁵ This suggests that there was a notion of competition in securing Duchess Elizabeth's charitable assistance in which there would be winners and losers. Petitioners were no doubt aware that whilst social expectations

⁷¹ NRO X8758, Mrs. Thoms, retained with 1816.

⁷² NRO X8755, 8 November 1809.

⁷³ NRS GD224/795/1, 23 December 1833.

⁷⁴ NRS GD224/795/1, 7 December 1833

⁷⁵ NRO X8757a, 5 September 1814.

and religious obligations meant that some would never be refused, the Biblical belief that ‘the poor are always with us’, meant that choices, based on deservingness, would have to be made.⁷⁶

By far the most frequent types of explanation offered to both Duchesses focused on why the petitioners were unable to help themselves and also why others were unable to help them. The main reason given, usually by able-bodied men, related to why they were unable to work. As James McGill wrote to Duchess Elizabeth: ‘work got so bad as young men can find no employ and hundreds is now starving for want of employ’.⁷⁷ As to why others from their extended families could not support them, petitioners such as Margaret Wilson wrote to say that she had one dead and one ill son.⁷⁸ This loss of sons regularly appears in petitions to Duchess Elizabeth. Whether petitioners were aware that she had also lost an infant son earlier in her life cannot be known. Yet, it seems unlikely to have been a strategical ploy more a statement of fact. Another common reason for the lack of support of others was having no friends. This reality was a major obstacle in times of dearth. Elizabeth Fielding thus wrote to Duchess Elizabeth: ‘being in a place where I am a stranger I can’t get work sufficient [...] I am very willing to work had I friends to recommend me’.⁷⁹ All the petitions made clear that their situation was due to unavoidable misfortune. In these circumstances, ‘blameless’ and without other sources of support, petitioners ensured that it was more difficult for the Duchesses to justify a refusal.

Whether petitioners successfully secured a donation or not, they rarely attempted to re-negotiate the initial decision which corresponds to King’s findings in relation to poor relief.⁸⁰ In effect, people tended to write for a small donation as an entry point into charity. They would then write again later for another small amount and hope by a drip-drip process to be a beneficiary for longer. No petitioner openly requested ongoing assistance or a regular arrangement. One of the ways in which this process can be understood is through an analysis of the letters of those who wrote more than once,

⁷⁶ *The Bible*, Matthew 26:11.

⁷⁷ NRO X8760, 26 February 1820.

⁷⁸ NRO X8756, retained with 1811.

⁷⁹ NRO X8755, 17 June 1809.

⁸⁰ King, *Writing the Lives of the English Poor, 1750s-1830s*, first consulted as a working manuscript, p. 1, subsequently published as p. 21. Notes that the parish poor rarely appealed against decisions, preferring to apply again and again.

‘repeaters.’ Due to ‘misfortunes’ J. Williams wrote two appeals to Duchess Elizabeth. He described himself as a gentleman and sent his first letter when his wife was desperately ill as the costs involved in her treatment had impoverished him.⁸¹ Within six months he wrote again as his wife was hours from death. This time he sought the Duchess’s assistance to ‘commit her to the mother earth and perform the last of all friendly acts.’⁸² Both petitions were successful because genuine illness and burial costs were seen as legitimate appeals in ‘repeaters’ letters. Further ‘repeaters’ whose letters had short intervals between them reveal that they were engaged in more detailed negotiations with additional information or proofs sent in their subsequent letters. These kinds of speculative appeals for more, however, do not appear in petitions to Duchess Charlotte suggesting that petitioners understood that the decision made on the basis of inquiry was both full and final by the later period.⁸³

It is important then to delineate the boundaries to the Duchesses’ benevolence. Notes made by them regarding petitions show that in circumstances when there was an ability to work or close relatives were potentially able to work Duchess Elizabeth donated more cautiously. In the case of Maria Ivory, she asked Parker, ‘where is the husband? & is he unable to earn anything for himself & family.’⁸⁴ The Duchess was much more reluctant to continue assisting Miss Barrett and explicitly instructed Parker:

You may give Miss Barrett two guineas but I wish she would endeavour to get some permanent situation which she certainly may if she tries [...] in short she must be made to understand that now she has no incumbrance she must maintain herself & not hang upon me forever.⁸⁵

Similarly, Duchess Elizabeth made it clear that she was not always making a regular or long-term arrangement as in the case of Mr. Collins when she wrote to Parker:

I suppose I must go on giving this yearly £1 to this poor old blind man - who appears to be immortal. It might be as well to ascertain that he is alive - for I shall not wish to continue it on to his heirs’.⁸⁶

⁸¹ NRO X8756, retained with 1811. This petition mentions an apothecary at the Smallpox Hospital indicating that Mrs. William’s illness was smallpox.

⁸² NRO X8756, 19 July 1811.

⁸³ Any further support would be contingent on another inquiry.

⁸⁴ BHA House Steward, Letters to John Parker, 7 July retained with 1809.

⁸⁵ NRO X8756, 13 February 1811.

⁸⁶ NRO X8763a, 18 August 1825.

Likewise, her charity was carefully given as in the case of the Ivory family, when Duchess Elizabeth made it clear to Parker:

You may get a few things for them but as it is but too likely in their present state of distress they may be induced to part with their cloaths [*sic*] if they have more than is absolutely necessary. I would not wish you to give them more at present.⁸⁷

On one occasion Duchess Elizabeth demonstrated a rare instance of ‘charity fatigue’ in correspondence about a Miss. Ingham who wrote three times in 1809. Following her first letter Duchess Elizabeth wrote: ‘I desire you will make her understand she must not depend on me for support. I know too well that when once afforded it produces idleness’.⁸⁸ This suggests that the Duchess was writing from personal experience, rather than just merely reflecting contemporary opinion. By the petitioner’s third letter however, Duchess Elizabeth’s impatience was clear when she wrote: ‘I have heard again from Miss. Ingham [...] I am tired of her & she must do without money till she gets her wages’.⁸⁹ Even rarer are potential refusals including a mysterious note on a begging letter from John Haines, which read ‘£2 Mr Parker if not a N_____’.⁹⁰ It is likely that the missing word was ‘Nigger’ as Duchess Elizabeth would not have written such a derogatory term in full. Whilst there is no evidence that the petitioner was black-skinned and he did receive one pound, it is perplexing as to why the Duchess would refuse a person of colour when she and her ancestors had already assisted others of Caribbean origin that were connected to the family.⁹¹ She may simply have made a distinction between those who were known and those who were strangers.⁹² For Duchess Charlotte there were some outright refusals too based on the recommendations of the inquiries that were made on her behalf. This demonstrates that, as Alan Kidd states, giving in this period was made dependent upon the return gift expected from the recipient, which was the status of being deserving.⁹³ Besides the strategies thus far

⁸⁷ BHA House Steward, Letters to John Parker, 7 July retained with 1809.

⁸⁸ BHA House Steward, Letters to John Parker, retained with 1809.

⁸⁹ *Ibid.*

⁹⁰ NRO X8756, 5 March 1811.

⁹¹ Duchess Elizabeth and her ancestors gave extended support to Ignatius Sancho, a former slave and his family.

⁹² Duchess Elizabeth also shared a contemporary interest in physiognomy, (determining character from physical appearance), purchasing Johann Kaspar Lavater’s writings on the subject. BHA John Reynolds Accounts, 20 January 1791.

⁹³ Kidd, ‘Philanthropy and the ‘Social History Paradigm’’, pp. 180-92, see p. 187.

discussed, petitioners sought to further establish their deservingness and influence the Duchesses' decisions via the strategic deployment of rhetoric, which is next examined.

3.5 Rhetoric and its strategic deployment

This analysis of the use of rhetoric by petitioners, in conjunction with the responses that they received, further reveals the agency of the poor in negotiating the discretionary, customary and moral charity of the Duchesses. For those negotiating poor relief it has been determined that agency varied according to the social group to which they belonged. Assessments of the experience of such vulnerable groups of the poor are fundamental to evaluations of the Duchesses' benevolence.⁹⁴ Furthermore, identifying successful rhetorical devices, as well as the behavioural expectations that each party had of the other, not only reveals the motives of the Duchesses but also gives an indication of the nature of social relations in this period. The types of rhetoric evident in the letters, the rhetorical strategies deployed by different sub-groups of the poor and their function in achieving a shared understanding with the Duchesses are thus now examined.

The most abundant type of rhetoric deployed, though to varying degrees, was the deferential language used, as well as the imagery it evoked. Most petitioners wrote submissively describing themselves as 'humble' or acting 'humbly'. Some were more expressive such as Mary Arnold, who wrote to Duchess Elizabeth and described casting herself 'at Your Grace's feet'.⁹⁵ The level of deferential language and imagery was distinctly different in petitions to Duchess Charlotte, however, which were, on the whole, much less eloquent and more plainly stated. Her petitioners now threw themselves on her generosity, or her clemency. It is difficult to know whether this amounted to a lessening of deference or just a change in the expression of it. Both Duchesses donated regardless of the level of deference communicated in the letters. Yet, the favouring of facts over sentiment in petitions to Duchess Charlotte indicate that

⁹⁴ For women and the gentle-born poor see: Andrew, 'Noblesse Oblige', pp. 275-95, see p. 290; For the elderly see: T. Sokoll, 'Old Age in Poverty: The record of Essex pauper letters, 1780-1834' in Hitchcock, King and Sharpe (eds), *Chronicling Poverty*, pp. 127-54; For the sick poor see: King, *Writing the Lives of the English Poor, 1750s-1830s*, first consulted as a working manuscript, p. 10, subsequently published as pp. 155-7.

⁹⁵ NRO X8758, 22 November 1816.

the expectations in reciprocity had changed from being deferential and deserving to just deserving.

The second most frequently used rhetoric was that of illness. Many petitioners wrote of their poverty as though it were in fact an illness. They often described themselves as ‘afflicted’ by poverty, such as Frances Floyd who wrote stating that: ‘the debt is a great affliction to my mind’.⁹⁶ Similarly, petitioners also wrote of the pain involved in being poor and several explained that they were suffering physical symptoms as a result of their impoverishment. Ann Abercromby wrote that her situation had resulted in the ‘most violent cramps all over me’ and for Jacqueline Thoms, her circumstances had led to ‘a sore heart’.⁹⁷ These sentiments were echoed too in letters to Duchess Charlotte thus, Jean Ramsay wrote: ‘my poor head [...] tis more than I can bear’.⁹⁸ This eliding of poverty and illness in the experience of being poor, that is, sick and vulnerable to economic vagaries, is instructive. As John McCallum notes it is misleading to distinguish too closely between the sick and the poor, sickness would mean poverty and poverty would make illness likely.⁹⁹ Such petitioners displayed optimism that their situation was merely temporary, seeking relief from poverty in the same way as they sought relief from pain or suffering. This view of assistance as a remedy appears to have been shared, as the Duchesses’ accounts carry examples of doctors receiving donations on behalf of poor patients, with instructions to dispense it weekly.¹⁰⁰ Duchess Charlotte was advised of this particular course of action by her inquirer who wrote of Miss. Farquarson Ramsay Campbell, a lady who had written an incoherent letter and who was subject to a nervous complaint, that ‘should your Grace be disposed to give her any little aid, it might be administered through that gentleman [one Dr. Abercrombie]’.¹⁰¹ It is feasible that this rhetoric and its rhetorical response generated the perception that the Duchesses’ actions ‘treated’ or ‘cured’ poverty. If, as has been contested, the sick poor had the strongest claims to relief, then the deployment

⁹⁶ NRO X8755, 22 July 1809.

⁹⁷ NRO X8756, Ann Abercromby, 3 September 1811; NRO X8759a, Jacqueline Thoms, 3 July 1817.

⁹⁸ NRS GD224/795/1, 7 January 1833.

⁹⁹ J. McCallum, ‘Nurseries of the Poore: Hospitals and Almshouses in Early Modern Scotland’, *Journal of Social History*, 48:2 (2014), pp. 427-49, see p. 428.

¹⁰⁰ NRS GD224/1093/2, 23 November 1810, entry reads: ‘Dr. Graham for a soldier’s wife to be given out per week’.

¹⁰¹ NRS GD224/795/1, retained with 1834. Dr. Abercrombie was reported as being in attendance of the petitioner.

of this rhetoric, even in the absence of illness, was an effective strategy to establish deservingness and secure assistance.¹⁰²

A further strategy was the use of religious rhetoric that had the specific purpose of reminding the Duchesses of their moral obligations. These religious justifications echoed traditional ideas of the rich being blessed with wealth, and charity as a means to salvation. Enterprisingly, people moulded religious validations to fit their own circumstances. Thus, James McGill, also hinting at Duchess Elizabeth's long life, wrote: 'God as for his own wise purposes spared you as an ornament to the nation, an honour to Scotland; and a benefactor to the poor and distressed tradesman and many others'.¹⁰³ One particular feature in the petitions of widows was reference to the *Parable of the Widow's Mite* such as that of Elizabeth Sims who asked Duchess Elizabeth to: 'grant me a small mite'.¹⁰⁴ With the exception of one extremely religious letter, those to Duchess Charlotte were distinctly secular by comparison. The religious rhetoric had either diminished to closing statements such as 'duty bound, ever pray', or, had disappeared altogether by the later period.¹⁰⁵

This shift was further evident when the concept of reciprocity is examined. Overwhelmingly, for Duchess Elizabeth, it was prayers that petitioners offered in return for the charity they hoped to receive. They assured the Duchess that rewards would be of varying magnitudes, as Catherine Legg wrote, the Duchess would: 'have your reward at that tribunal, where every dot of mercy and benevolence will be returned fourfold to you again' in heaven.¹⁰⁶ Couched within these prayers, people reminded that both illness and death were great levellers. Thus, Maria Ivory prayed: 'that the wise disposer of all may reward your virtuous actions'.¹⁰⁷ Once more only remnants of this religious rhetoric were to be found in the petitions to Duchess Charlotte which placed greater emphasis on the secular benefits that she would accrue. These had been emerging in the letters to Duchess Elizabeth in statements such as: 'you will have satisfaction in return',

¹⁰² King, *Writing the Lives of the English Poor, 1750s-1830s*, first consulted as a working manuscript, p. 10, subsequently published as pp. 155-7.

¹⁰³ NRO X8760, 26 February 1820

¹⁰⁴ NRO X8756, retained with 1811; *The Bible*, Mark 12:41-44.

¹⁰⁵ BHA Walter, 5th Duke of Buccleuch, Petitions, Amelia Richards, retained with 1830.

¹⁰⁶ NRO X8761a, 18 January 1822.

¹⁰⁷ NRO X8757a, 27 July 1813.

but petitioners writing to Duchess Charlotte simply offered promises of gratitude.¹⁰⁸ The increasingly secular nature of the petitions would suggest that people became aware of changing attitudes towards the bestowing of charity during this period, specifically that veracity and deservingness were the only conditions under which the Duchesses donated. As such, religious rhetoric lost its value as a strategy for persuasion. This reflects the research conducted by Andrew who found that begging letters demonstrated the continuing influence of Christian charity but also a new emerging view in which only the deserving were to be aided.¹⁰⁹

Other types of rhetoric were linked to bereavement or grief, as well as imprisonment. Whilst people used language such as ‘misery’, ‘gloom’ ‘despair’ and ‘melancholy’ most wrote of ‘distress’. Several petitioners used this term when writing about both poverty and death such as Catherine Tate when she described the death of one of her children as: ‘the greatest distress’ and her poverty as a: ‘most distressed situation’.¹¹⁰ Even though many of the petitions received by Duchess Charlotte were much less eloquent, they still commonly included both ‘distress’ and ‘misery’ in descriptions of circumstances. This use of emotive terms evidently remained a way to embellish the gravity of their situations in appealing to the Duchesses’ sensibility. Many of the petitions to Duchess Elizabeth are full of emotive language, particularly where the situation included the deaths of relatives, the loss of children being a regular feature in women’s petitions. This rhetoric, though not exclusively in petitions from women, was mostly likely because they were the ones left alone, usually with children and no means of support. Such widows wrote of the plight of their now fatherless children, such as Mary Mann who movingly described the funeral scene to Duchess Elizabeth thus: ‘it would have pierced the most flinty heart to see my four helpless children, with myself, follow his corpse [...] drowned in tears, and all overwhelmed with sorrow, stood like weeping statues at his grave’.¹¹¹ These examples give some weight to the contention that contemporary men feared that women donors would be duped as a consequence of their emotional susceptibility to such emotive appeals.¹¹²

¹⁰⁸ BHA House Steward, Papers re. Librarian John Stewart, J. J. Hinxman, 12 December 1821.

¹⁰⁹ Andrew, ‘Noblesse Oblige’, pp. 275-95, see p. 294.

¹¹⁰ NRO X8757a, 13 December 1814.

¹¹¹ *Ibid.*, 5 September 1814.

¹¹² M. J. D. Roberts, ‘Head versus Heart? Voluntary Associations and Charity Organization in England c.1700-1850’ in H. Cunningham and J. Innes (eds), *Charity, Philanthropy and Reform: from the 1690s to 1850* (Basingstoke, 1998), pp. 66-86, see p. 71.

Whilst the Duchesses' feelings may have influenced their initial reactions, inquiry reports were a counter-balance, ensuring that reason guided actions. The strategies that different groups deployed in their negotiations with the Duchesses self-evidently require closer investigation. For, as Andreas Gestrich states, those utilised by different categories of the poor differed substantially in terms of rhetoric.¹¹³

The *Charts 3.1* and *3.2* (seen above on pages 103-4), represented the proportions of petitioners to Duchess Elizabeth and Duchess Charlotte respectively according to what they stated about their circumstances. This then indicates their basic rhetorical positions in terms of both social group and gender. Certainly, women feature strongly amongst the petitioners as 58% of Duchess Elizabeth's petitioners, and 82% of Duchess Charlotte's petitioners, were female. This in turn reflected the contemporary gender composition of the poor, as it has been suggested that 80% were women.¹¹⁴ For Duchess Elizabeth, however, the more even proportions might be explained by the fact that from 1819 to her death in 1827 there was no adult Duke of Buccleuch. Her grandson, Walter, did not reach maturity until aged 21 in 1827. Therefore, some of the men may have petitioned him direct once the heir came-of-age.¹¹⁵ In the meantime, they petitioned his widowed grandmother. That said, it has been contended that the seeking of relief was a female role and Andrew has stated that women were the natural agents of appeal.¹¹⁶ This may be due in part to two specific tools of persuasion that they had at their disposal - children and shared maternity. As stated, children featured powerfully in the petitions to both Duchesses and, as previously indicated their existence at inquiry was always noted. They proved a significant advantage in negotiations and their conditions were exploited effectively via the use of emotive language and descriptions such as 'starving', 'helpless' and 'naked'. For example, Elizabeth Green's petition to Duchess Elizabeth stated that her children: 'in piteous accents crave the necessities of life'.¹¹⁷ Though more succinct, Christian Gray wrote to Duchess Charlotte: 'it is fit to break my heart when the children ask me for a piece of bread and I have it not to give

¹¹³ A. Gestrich, S. A. King and L. Raphael (eds), *Being Poor in Modern Europe: historical perspectives 1800-1940*, (Oxford, 2006), p. 21.

¹¹⁴ H. Barker and E. Chalus, *Gender in Eighteenth-Century England*, p. 129.

¹¹⁵ Walter, 5th Duke of Buccleuch attained 21 years of age on 25 November 1827, 4 days after the death of Duchess Elizabeth.

¹¹⁶ Andrew, 'Noblesse Oblige', pp. 275-95, see p. 290.

¹¹⁷ NRO X8755, 29 November 1810.

them and they have not sense to understand the reason'.¹¹⁸ Not only were children a highly persuasive factor in petitioning but one plea, which could 'bridge ranks at a single bound', was to a shared maternity.¹¹⁹ One of these was from Mary Reeves who may have been aware of Duchess Elizabeth's (and even her family's) long support of lying-in hospitals.¹²⁰ She wrote that her confinement was due and that she would have to: 'lay in - without any one thing [...] for me or my child to put on'.¹²¹ Perhaps one of the most persuasive pleas came from Wilhelmina Denovan, who wrote to Duchess Charlotte; 'I still beseech you to feel for me, as one female would for another, in my present situation near a confinement'.¹²² She continued, 'Your Grace has so lately undergone those dreadful pains of childbed, that I am sure you will feel for me, who has that to go through and not the smallest comfort to alleviate that event'.¹²³ The Duchesses' favourable responses to these types of appeals may also have reflected contemporary concerns for the physical and moral health of the nation, which translated into support for women and children. Yet, men too appealed to the Duchesses' maternalism. In one particular plea, J. A. Dahmen began his letter to Duchess Elizabeth, 'as a mother yourself' and requested that she 'feel and consider for a son in my melancholy and unparalleled situation'.¹²⁴ There can be little doubt that these claims, providing they were true, were almost guaranteed to receive assistance from two compassionate Duchesses.

Other social groups could also capitalise on the strategic particulars of their situation. For the gentle-born poor, their gentility was certainly a compelling claim, not just for assistance, but also for the higher levels of donation. As Andrew has noted this was a matter of manners as well as birth.¹²⁵ Being gently-born was a tremendous handicap to those in need as they were less able to help themselves through their own labours and their experience of poverty was arguably more severe. They had to keep up appearances, keep their distress from the lower sort, whilst evading and fooling

¹¹⁸ NRS GD224/795/2, retained with 1835-7.

¹¹⁹ Andrew, 'Noblesse Oblige', pp. 275-95, quote at p. 288.

¹²⁰ Both Duchess Elizabeth and her mother Duchess Mary paid regular subscriptions to the British Lying-in Hospital in Brownlow Street, Holborn see Chapter 5.

¹²¹ NRO X8756, retained with 1812.

¹²² NRS GD224/795/1, 17 November 1832. Duchess Charlotte had given birth to her son on 5 November 1832.

¹²³ *Ibid.*

¹²⁴ NRO X8757a, retained with 1814.

¹²⁵ Andrew, 'Noblesse Oblige', pp. 275-95, see p. 290.

creditors. Both Duchesses, who paid the highest amounts to those who were either known to them, or could prove their descent, recognized these constraints. Such claims were effective not least because they reminded them of their own more fortunate situation. Another group of poor who regularly occur in the petitions are the elderly, that is, those who blamed their poverty on their age alone. They too have been recognized as using rhetorical strategies with high success rates and maintaining legitimacy for much longer than other groups in the closing decades of the Old Poor Law.¹²⁶ Yet, Thomas Sokoll found, age alone was not a basis for successfully gaining relief and this may explain why they are a smaller group among the Duchesses' petitioners.¹²⁷ Generally, those who were ill dwelt on their illness in their letters, rather than their old age resulting in their categorization as the sick poor.¹²⁸ The aged were less prominent among Duchess Charlotte's petitioners, which may indicate that they were being assisted by other means such as hospitals and associated institutions. Additionally, more of their own children may have survived to adulthood and were able to support them as by the early nineteenth century mortality rates began to slightly improve.

By far the most represented group in the petitions was the sick poor, those whose poverty was a direct result of illness or accident. This group also made significant use of emotive language to describe their physical condition. For example, a cough was invariably described as a 'violent cough' or 'a most tremendous cough'.¹²⁹ Many petitioners were reduced to 'a mere skeleton' or 'shadow'.¹³⁰ Often such descriptions of illness came either in the context of why people were not able to work or, in their need for the nourishment necessary for recovery. In the growing literature on the sick poor it has been found that under the Old Poor Law they were able to apply an agency far greater than any other paupers.¹³¹ It has been suggested that their treatment at the individual and collective level can and should be used as the 'key yardstick by

¹²⁶ L. Hollen Lees, *The Solidarities of Strangers: The English Poor Laws and the People, 1700-1948* (Cambridge, 1998), pp. 58-60.

¹²⁷ T. Sokoll, 'Old Age in Poverty', pp. 127-54, see pp. 143-7.

¹²⁸ As 'deservingness' was judged on the ability to work rather than old age.

¹²⁹ NRO X8756, 19 July 1811.

¹³⁰ NRO X8763b, 5 July 1826.

¹³¹ King, *Writing the Lives of the English Poor, 1750s-1830s*, first consulted as a working manuscript, p. 10, subsequently published as p. 157.

which one might judge the sentiment of the Old Poor Law in its final crisis period'.¹³² By the same measure, the Duchesses' responses to this group can enable an evaluation of their benevolence *per se*.

Undoubtedly, the goal for petitioners was to achieve a shared understanding with the Duchesses as to the gravity and deservingness of their situation. As seen, Duchess Elizabeth assessed some of her petitioners on the basis of their letters alone; such as that from Mrs Morand which she annotated, 'it appears she has been very ill and is in particular distress'. Yet, she also requested some confirmation of her judgment asking Parker to 'let me know in what state you find her'.¹³³ Similarly, of Harriet Whitehead, Duchess Elizabeth noted, she 'seems in great distress'.¹³⁴ Harriet's letter was brief, with phonetic spelling, idiosyncratic phrasing and influenced by oral speech forms and so clearly conveyed her low social position.¹³⁵ It has been found that those of the lower strata made less use of strategies.¹³⁶ Certainly, Harriet described the situation of herself and her husband quite simply as 'now reduced to lowest ebb of poverty'. Her aged husband had broken his leg and so he was 'not able to git his bread and our distress is beyond discription [*sic*]'.¹³⁷ This letter was judged deserving. Whilst Duchess Elizabeth may have based her decision on assumptions or experience, it is more likely that she simply comprehended the hopelessness of their human situation.

Notably, those appeals that aligned with the Duchesses' own life circumstances and experiences probably stood the highest chances of success. Duchess Elizabeth was herself widowed in 1812 and there is an abundance of widows amongst her petitioners. The Duchess had lost all her siblings, and an infant son early in her married life, which might also go some way to explaining her benevolence to those who had lost children.¹³⁸ There were also specific causes that she and her ancestors had favoured such as music, smallpox inoculation, French émigrés and hospitals. Any knowledge of these

¹³² S. A. King, *Sickness, medical welfare and the English poor, 1750-1834* (Manchester, 2018), p. 17.

¹³³ NRO X8756, 4 January 1811.

¹³⁴ BHA House Steward, Letters to John Parker, 26 December 1809.

¹³⁵ NRO X8755, donation was paid on 6 January 1810; Lyon (ed.), *Ordinary Writings*, p. 16. This level of orality might also indicate that the letter was dictated.

¹³⁶ Lyon, (ed.), *Ordinary Writings*, p. 16.

¹³⁷ NRO X8755, donation was paid on 6 January 1810.

¹³⁸ Two younger sisters died, Mary in 1761 at age 10 and Harriet in 1766 at age 13. Elder brother, John, Marquis of Monthermer, died in 1770 aged 35. Duchess Elizabeth lost her first-born son when he was 2 months old in 1768.

predispositions could be valuable for prospective petitioners and the most publicly accessible was her support for hospitals, which may well explain why this connection is claimed by several of her petitioners. Whilst the motives for benevolence were complex, it seems probable that in aiding the poor, Duchess Elizabeth may have considered herself ‘useful’. In a note to Parker regarding being past the date for a subscription to Ann Bradley she wrote, ‘if I can still be of any use towards her [...] give her £5’.¹³⁹ Whilst Andrew has stated that helping others, or, being seen to have the power to help others, was one way for women to proclaim their status and to exercise real power there is no evidence that the Duchesses courted or even welcomed public recognition of their benevolence.¹⁴⁰ Their only concerns appear to have been to act in a manner commensurate with their status and to protect the inherited familial tradition of benevolence. Evidently, petitioners did everything they could to maximise their chances of success. As Peter Mandler states, social knowledge (of the rules) was essential to survival.¹⁴¹ To explore this observation in greater detail the following section considers the wider significance of the Duchesses’ charity to those assisted.

3.6 The combination of welfare sources.

To test the welfare provision made by the Duchesses against criticisms of inadequacy, triviality and meddlesomeness that have been levelled at informal giving in this period its situation in ‘makeshift economies’ and its combination with other welfare sources are observed.¹⁴² This analysis is thus constituted of: the reasons given by those who wrote repeatedly, either regularly or over longer intervals; the overriding concerns of petitioners at the point of writing, that is, the critical point which prompted the petition; the place of the Duchesses’ charity in ‘economies of makeshifts’ according to the survival strategies people had already employed; and the combining of sources of welfare.

¹³⁹ NRO X8756, 2 January 1811.

¹⁴⁰ Andrew, ‘Noblesse Oblige’, pp. 275-95, see p. 280

¹⁴¹ P. Mandler (ed.), *The Uses of Charity: The Poor on Relief in the Nineteenth Century Metropolis* (Philadelphia, 1990), p. 228.

¹⁴² Spratt, ‘Denaturalising Lady Bountiful’, pp. 193-208, see p. 196. ‘Lady Bountiful’ became a pejorative term during the early nineteenth century due to the meddlesome work of female caregivers.

Those petitioners who repeatedly sought assistance from the Duchesses at regular intervals and those with much larger intervals between their appeals are first considered.¹⁴³ To place these ‘repeaters’ in a statistical context, five petitioners wrote regularly to Duchess Elizabeth and a further 13 wrote with longer, irregular intervals between their letters. The petitions to Duchess Charlotte cover a much shorter time period and there was only one person in the sample who wrote more regularly, with long intervals between letters. Of those who wrote regularly to Duchess Elizabeth, Tryphena Olivier wrote annually across a period of four years up to the time of the Duchess’s death.¹⁴⁴ She was of gentle-birth and Duchess Elizabeth had supported her father before her with a regular annual payment so it seems likely that Tryphena may have been trying to secure a similar arrangement for herself.¹⁴⁵ Her letters contain little detail of her situation apart from her ‘delicate health’ and were in effect reminders to the Duchess. These were rewarded with the sum of £5 annually as a donation. By contrast, Ann Hill, called almost every six months over a period of twelve years at the London residence of the Duchess with a brief letter of reference from a physician, which noted her increasing age, growing infirmity and that ‘Her appearance strongly bespeaks her poverty’.¹⁴⁶ There can be little doubt that she was dependent on the Duchess’s assistance. It provided her, however, with little more than subsistence, even though, as will be later explained, she combined it with poor relief. It is through the annual begging letters sent by William Roff over a period of ten years, however, that the use of the Duchess’s annual donations as a safety-net can be viewed.¹⁴⁷ These letters catalogue a series of ‘misfortunes’ including being turned out of his house, to losing his school (likely a music school as he had been a musician), illnesses both himself, his wife, as well as his daughter and also his encroaching old age and infirmity. He had been supported previously by Lady Mary Coke of Holkham Hall in Norfolk (ancestral home of the Earls of Leicester) and was a ‘decayed musician’, aided in part by the

¹⁴³ It is possible that those who wrote only once turned to another source of welfare in later times of need.

¹⁴⁴ NRO X8762, 8 July 1824; NRO X8763a, 26 June 1825; NRO X8763b, 25 June 1826; NRO X8765, 25 June 1827.

¹⁴⁵ NRO X8760, Nicholas Olivier, June 1819.

¹⁴⁶ NRO X8760, 14 August 1819; NRO X8760, 28 July 1820; NRO X8763b, 20 November 1821; NRO X8761b, 25 July 1822; NRO X8761a, 13 December 1822; NRO X8762, 8 December 1824; NRO X8764, 9 June 1826; NRO X8762, 10 December 1833.

¹⁴⁷ NRO X8757a, retained with 1813; NRO X8757a, 11 February 1813; NRO X8757a, 8 September 1814; NRO X8758, 12 November 1815; NRO X8758, 22 November 1815; NRO X8760, 25 March 1819; NRO X8761b, 4 October 1821; NRO X8761a, 14 April 1822; NRO X8761b, retained with 1822.

charity supported by both Duchess Elizabeth and her father before her.¹⁴⁸ It would appear that some 'repeaters' may have been precluded from poor relief either not having a parish of settlement, or, being unwilling to seek it due to their gentle-birth, which left them dependent on the charity of Duchess Elizabeth.

Other 'repeaters' that wrote to Duchess Elizabeth were obviously less dependent on her support, leaving longer intervals between their letters. Two petitioners sent letters with intervals of at least eighteen months. In their first letters Mrs. Thoms was struggling to manage on a military widow's pension and John Baxter was in poverty as a result of his age.¹⁴⁹ On the occasion of their second letters both were at the end of their lives.¹⁵⁰ Each of these petitioners wrote again when they were in risk phases in their life-cycles which had worsened their already precarious situations. It was not only the particular life-cycle stage that saw people become poorer, however, but the addition of illness that compounded their situations. Easter Farrell wrote the first time that she had small children and was breast-feeding and when she wrote again five years later all her seven children had 'Whooping Cough'.¹⁵¹ With or without a husband, the period of life covering pregnancy, impending birth and breast-feeding was a critical stage, when want was more keenly felt and need was greater. The impact of illness on the mother and/or young children at this point could indefinitely extend a period of impoverishment. Another main reason for petitioning repeatedly was on the occasion of accidents or need for medical treatment. When Mary Summers wrote to Duchess Elizabeth ten years after her first letter it was because she had broken her ribs.¹⁵² At this point she began to petition regularly and became dependent on the Duchess. These examples appear to support the view that the eighteenth-century understanding of poverty was that it was a natural social condition only to be relieved when aggravated or complicated by other factors such as illness or infirm old age. Yet, it may also be the case that petitioners felt that in order to ask and be successful again they needed new 'deserving' reasons to do so. It is important then to consider in detail why people wrote to the Duchesses at a particular point in their lives.

¹⁴⁸ This was the 'New Musical Fund' for decayed musicians see Chapter 5.

¹⁴⁹ NRO X8758, Mrs. Thoms, February 1816; NRO X8760, John Baxter, 5 August 1820.

¹⁵⁰ NRO X8759a, Mrs. Thoms, 3 July 1817; NRO X8761a, John Baxter, retained with 1822.

¹⁵¹ NRO X8756, 8 March 1811; NRO X8758, 23 November 1816.

¹⁵² NRO X8761b, (dated as) 31 November 1821.

The overriding concerns that petitioners expressed at the point of writing have been determined from the begging letters and are next examined. For the majority of the petitioners it was rarely just one pressing issue, as Maria Ivory wrote, it was because of ‘accumulated distress’.¹⁵³ Certain trends are evident however and these are shown in the *Tables, 3.1 and 3.2* which follow.

Table 3.1 Duchess Elizabeth’s Petitioners 1785-1827.

Factor	Number
Rent	22
Food/nourishment	11
Clothing/shoes/tailor	7
Discharge debts	7
Linen and child bed linen	2
Relocate	2
Funeral expense	2
Mortgage	1
School costs	1
Last days of life	1
Surgeon/medical bills	1
Prison expenses	1
Replace stolen possessions	1
Start business	1
Triplets	1

Sources: See, *Figure 3.1*.

¹⁵³ NRO X8757a, 27 July 1813.

Table 3.2 Duchess Charlotte's Petitioners 1830-1837.

Factor	Number
Rent	5
Discharge debts	2
Clothing	1
Food/nourishment	1
School costs	1
Start business	1

Sources: See, *Figure 3.2*.

For petitioners to both Duchesses the most pressing worry was their rent, often being already in arrears with no hope of paying the debt. Many people feared losing their furniture, which was often under threat of sequestration and sale by landlords. Several only had their bed left at the time of writing – essential if sick and bed-ridden. The second most pressing concern expressed in letters to Duchess Elizabeth was a lack of food, indicating a state of absolute poverty. This was often described by sick petitioners as ‘nourishment’, at a time when food, considered to have the properties of medicine, was vital to recovery.¹⁵⁴ The next two categories of concern were general debt, which was not surprising given the very real fear of imprisonment, and also a lack of clothing. The rhetoric of clothing has been taken as a yardstick for poverty, recognised as such by both the givers and receivers of assistance, evident in the rhetorical links between clothing and deservingness.¹⁵⁵ Clothing was relatively expensive in this period and was a form of currency, it could be rented, pawned or sold, as well as being essential to gain employment.¹⁵⁶ For Duchess Charlotte’s petitioners, rent and debt remained major concerns but the main difference was that food featured in one petition only. This may have been due to rising standards of living and a more relative conception of poverty, or, could suggest that petitioners wrote to her before their situations got as desperate as those of Duchess Elizabeth’s petitioners. After all, it

¹⁵⁴ The provision of assistance for food would also support a perception of relief as medical treatment.

¹⁵⁵ S. King, ‘I Fear You Will Think Me Too Presumptuous In My Demands but Necessity Has No Law’: Clothing in English Pauper Letters, 1800-1834’, *International Review of Social History*, 54:2 (2009), pp. 207-36.

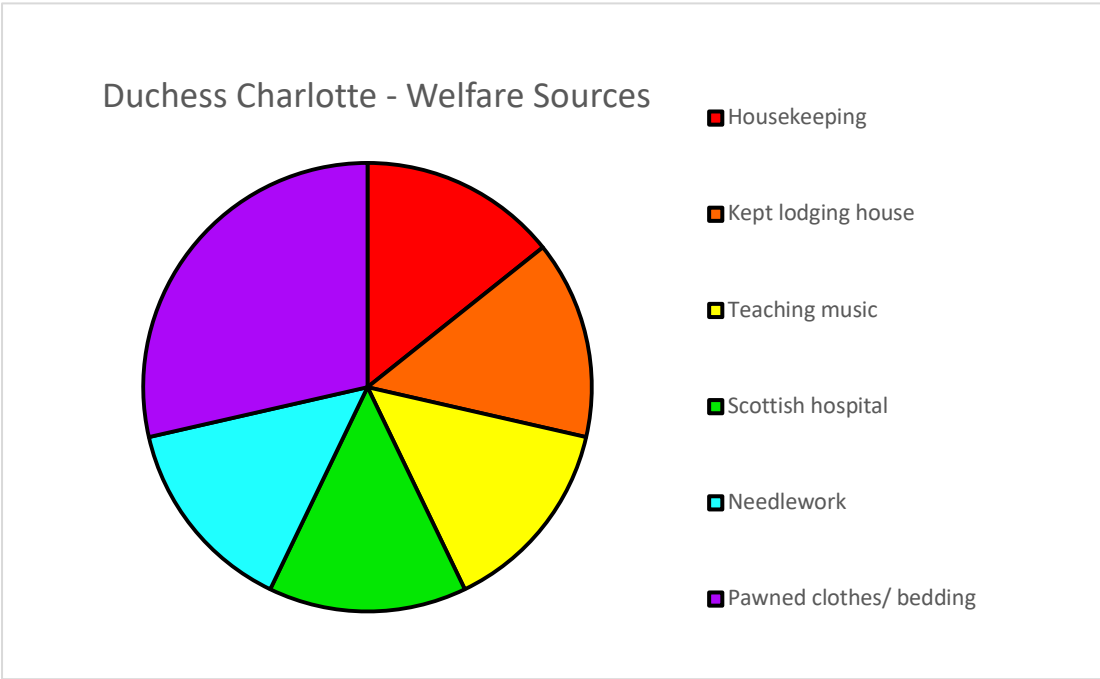
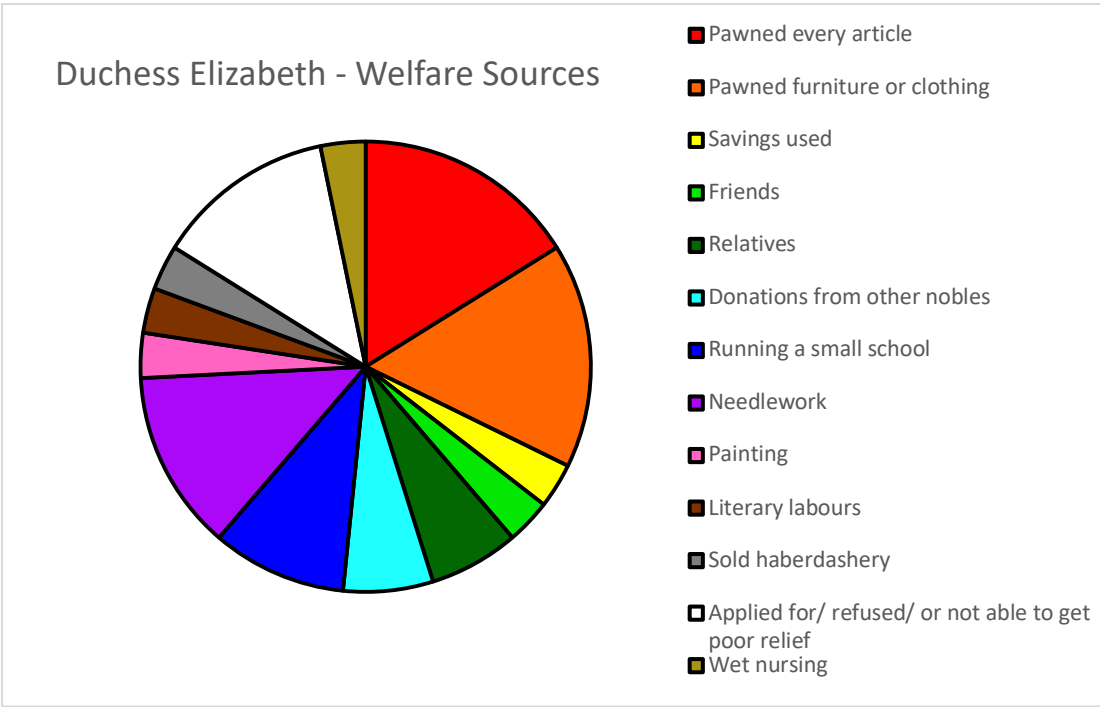
¹⁵⁶ V. Richmond, *Clothing the Poor in Nineteenth Century England* (Cambridge, 2013), p. 3

has been recognised that she was relatively slow to respond. Many petitions reveal the ‘crisis’ points at which people wrote for urgent assistance. The most common precipitators were children starving, harsh weather, the expense of medical treatment, and, the death or incarceration of a husband. At these points the Duchesses’ charity was imperative.

It is therefore crucial to understand where this spectrum of charity fitted into petitioners’ ‘makeshift economies.’ This can be achieved by exploring what petitioners had already done in terms of their survival and these welfare sources are shown in the *Chart 3.3* on the following page. As shown, pawning was the most common type of ‘shift’ mentioned by Duchess Elizabeth’s petitioners, either ‘every article’ or furniture, or clothing. Following this, those ‘shifts’ which come under the category of ‘own labours’ such as needlework, running a small school, producing literary works or selling haberdashery were next most often employed for survival. These endeavours equalled, in number, those who had applied, both successfully and unsuccessfully, for poor relief. The support of friends and relatives was less common among the petitioners, possibly because many petitions came from people who had moved into London. Lastly, donations from other nobles were mentioned but it was unlikely that unless a petitioner was aiming to establish a subscription, or their benefactor had died, they would make this known to the Duchess. The proportions of ‘shifts’ that Duchess Charlotte’s petitioners had already attempted were similar but where pawning was used it was for clothing and bedding only and no longer ‘every article’. There was one instance of support from the *Scottish Hospital* but no assistance from friends and relatives; again, this may have been due to the number of Scots who petitioned the Duchess from their new residence in London.¹⁵⁷ Above all, there was little variation over time in ‘making shift’ between both sets of petitioners.

¹⁵⁷ BHA Walter, 5th Duke of Buccleuch, Petitions, John Thompson, 27 April 1830.

Chart 3.3 Welfare Sources Employed by the Duchesses' Petitioners 1785-1827 and 1830-1837.



Sources: See, *Figures 3.1 and 3.2.*

Very few people appeared to have been able to make real provision in advance for times of need, many mentioned using all their savings, but they appear to have been quickly depleted in the absence of any other support suggesting that they were minimal. Some of those who had a pension found that even this proved inadequate at keeping poverty at bay and also excluded them from poor relief. Thus, Jacqueline Thoms wrote:

my situation in life [...] debars me from the publick donations so liberly granted at this merry period, to the poor, by the good and the great, tho alas, none needs it more than the widow of an officer who died in his country's cause, who barely exists on a very slender pension [*sic*].¹⁵⁸

By contrast, Duchess Charlotte's petitioners did not mention any savings and only one petitioner, Mr. Oliphant wrote of annuities received when he stated, 'I have but a small annuity to live on granted me by the Earl of Haddington [...] my wife has ten pounds from the exchequer per annum'.¹⁵⁹ As seen, it appears that the most common way women felt they had ensured future support was the having and educating of sons. In the case of Widow Lawson who had lost seven sons the inquirer was of the same opinion that, 'had they been spared Mrs. Lawson c[oul]d have been comfortable'.¹⁶⁰

In reality, survival strategies only become apparent in such sources when they failed or proved inadequate, so provoking an application to another source. Within the types of 'shifts' it is obvious that pawning items was a survival strategy that would ultimately fail once the petitioner was unable to redeem anything more. Similarly, the selling of small items would also be little more than a short-term strategy, dependent on the ability to continually purchase more. Several of the petitioners had been supporting themselves by their own labours in seasonal, casual or self-employment, which had failed. As Henrietta Bruce explained to Duchess Charlotte she had 'been struggling to support my child and myself by teaching music, but there are so many in that way that I have not been successful'.¹⁶¹ Some attempted to support this precarious income from another source, which was usually pawning items.

¹⁵⁸ NRO X8759a, 3 July 1817.

¹⁵⁹ NRS GD224/795/1, 13 October 1832.

¹⁶⁰ NRS GD224/795/1, 6 November 1833.

¹⁶¹ *Ibid.*, 22 November 1832.

To further analyse the ‘economy of makeshifts,’ Alyssa Levene has separated it into formal and informal frameworks, that is, poor relief and charity as opposed to the aid of community, kin and friends.¹⁶² These were the two modes in which it operated, vertically, in one direction only, to the largesse and charity of the richer sorts and horizontally, to the support of peers, with reciprocity expected and community ties reinforced. In making a distinction between outside help and self-help she has contended that outside help was called on at a later stage of need and that certain groups, such as the unsettled poor, were less able to source horizontal aid and needed to rely on vertical forms.¹⁶³ It would therefore follow that those unable to secure poor relief would be reliant on the private charity of the Duchesses. These issues are next examined, using Levene’s model, to test how the Duchesses’ petitioners experienced them across their life-cycles.

The support of kin was distinctly lacking among all the petitioners and it has been stated that paupers in this position were seen as particularly deserving of help from the parish especially with the presence or absence of kin often noted.¹⁶⁴ This is mirrored in the petitions. Only one petitioner stated that he had been supported by friends, which suggests that, as Levene has identified, the majority of the Duchesses’ petitioners were unsettled or incomers.¹⁶⁵ In the absence of friends, however, for some petitioners who had received donations, the Duchess took the rhetorical place of friend in subsequent petitions. This was the case of Jane MacDonald who wrote to Duchess Elizabeth: ‘Your Grace having been a great friend to me at all times, has made me take so great a liberty’.¹⁶⁶ In reality, the ‘economy of makeshifts’ that operated horizontally was either inaccessible to a large proportion of the Duchesses’ petitioners, or, was contingent on others who were also in precarious situations, or, involved a finite resource that was quickly expunged. Consequently, it is essential to explore in more detail the ways in which petitioners combined sources of public and private welfare.

¹⁶² A. Levene, *The Childhood of the Poor: welfare in eighteenth-century London* (Basingstoke, 2012), p. 131.

¹⁶³ *Ibid.*, p. 132.

¹⁶⁴ J. Boulton, ‘It Is Extreme Necessity That Makes Me Do This’: Some ‘Survival Strategies’ Of Pauper Households In London’s West End During The Early Eighteenth Century’, *International Review of Social History*, 45:Supp.8 (2000), pp. 47-69, see p. 63.

¹⁶⁵ Levene, *The Childhood of the Poor*, p. 155

¹⁶⁶ NRO X8758, 26 July 1815.

The representative sample size means it is not possible to observe broad trends within the ‘mixed economy of welfare’. Yet, there are elements that do appear in the spectrum of charitable information and can provide insights into some of the key aspects that were essential for the needy and their life-cycle point of crisis. Analysing individual experiences through their letters means that glimpses can be gained of the needs of those on the threshold of relative to absolute poverty. Among Duchess Elizabeth’s petitioners, five detailed the way in which they combined welfare sources. Four of these included poor relief and all had sought it prior to their petitions to the Duchess. One was a widow who had pawned items and received an inadequate offer from the parish of 3s per week or go to the workhouse.¹⁶⁷ The remaining three of these petitioners were elderly and extremely impoverished due to either ill-health or injuries.¹⁶⁸ Three combined the Duchess’s donations with parish relief and one was seeking her assistance whilst living in the poorhouse.¹⁶⁹ The remaining petitioner was the aforementioned William Roff who, as seen, became dependent on the assistance of Duchess Elizabeth in the latter part of his life following the death of Lady Mary Coke.¹⁷⁰ For these petitioners, Duchess Elizabeth’s charity either subsidised their poor relief, replaced it, or replaced another formal welfare source that had been lost.

By contrast, five of Duchess Charlotte’s petitioners also gave details of the welfare sources that they combined.¹⁷¹ Only one of them stated that they had applied for, or received poor relief and as previously demonstrated, the majority were likely to have been ineligible. Two of these petitioners were mothers with young children and one was a widow whose sons had died.¹⁷² These petitioners had tried to ‘make shift’ by

¹⁶⁷ NRO X8757a, Mary Mann, 5 September 1814.

¹⁶⁸ NRO X8759a, Mary Connolly, retained with 1817; NRO X8761b, Mary Summers, (dated as) 31 November 1821; NRO X8762, No.6, Ann Hill, 10 December 1823.

¹⁶⁹ BHA Chief Steward, Correspondence of Henry Hoyle Oddie 1784-1819, Jane Mead, undated, ‘living in the poor house’; NRO X8759a, Mary Connolly, 1817; NRO X8762, Ann Hill, 10 December 1823.

¹⁷⁰ NRO X8757a, retained with 1813; NRO X8757a, 11 February 1813; NRO X8757a, 8 September 1814; NRO X8758, 12 November 1815; NRO X8758, 22 November 1815; NRO X8760, 25 March 1819; NRO X8761b, 4 October 1821; NRO X8761a, 14 April 1822; NRO X8761b, retained with 1822.

¹⁷¹ BHA Walter, 5th Duke of Buccleuch, Petitions, Amelia Richards, retained with 1830; NRS GD224/795/1, Ann Lunn, 8 February 1834; NRS GD224/795/1, Mr Oliphant, 13 October 1832; NRS GD224/795/1, Agnes McNeill, 24 March 1833; NRS GD224/795/2, Christianna Storrie, 7 December 1832.

¹⁷² BHA Walter, 5th Duke of Buccleuch, Petitions, Amelia Richards, retained with 1830, applied for parish relief but ‘the officers [...] are willing to receive into the house will afford no relief out’; NRS GD224/795/1, Ann Lunn, 8 February 1834, five sons died; NRS GD224/795/1, Agnes McNeill, 24 March 1833, young children; NRS GD224/795/2, Christianna Storrie, 7 December 1832; NRS

their own labours, used savings and pawned items.¹⁷³ The widow had received assistance earlier from Duchess Elizabeth though it is not known when.¹⁷⁴ All these options had been tried before the petitioners applied to Duchess Charlotte. Thus, when people did not have recourse to poor relief, the informal framework of ‘makeshifts’ was so precarious or short-term that they were compelled to seek a more formal source. This could be an associational charity, or informal giving by an individual such as Duchess Charlotte, or both. Therefore, for these petitioners the private charity of both Duchesses either subsidised or replaced poor relief (usually for those gently-born or Scottish) at the point at which the informal sources of ‘making shift’ had failed or been exhausted.

3.7 Conclusion

This analysis has demonstrated that the poor quickly learned to navigate the process by which they could secure a donation from the Duchesses adapting their petitions over time to meet requirements. The balance of the evidence suggests that it was the inquiry itself, that is, the face-to-face contact with the Duchesses representatives, that was the critical point at which crucial knowledge of the criteria for success was gained, in what for many, was a matter of life or death. As Peter Mandler states, the places where rich and poor interacted was where social knowledge was acquired and deployed.¹⁷⁵ There was however little change over time in the factors that the Duchesses used to make their decisions. Authenticity and deservingness – usually assessed on the basis of genuine need - were quite simply the only stipulations. Knowledge of these might account for Duchess Elizabeth’s wider reputation for assisting purely under those conditions, meaning that it was further reinforced by the Steward’s inquiry. Both Duchesses demonstrated strong similarities in terms of their charitable decisions and methods. For Duchess Charlotte and her representatives, the concern with veracity and factual details reflected in the letters became more pronounced. They contained remarkably fewer persuasive strategies and so may mirror the contemporary shift to a more ‘scientific’

GD224/795/1, Mr Oliphant, 13 October 1832, this was the remaining petitioner who had an annuity and his three daughters had a little dressmaking.

¹⁷³ NRS GD224/795/1, Ann Lunn, 8 February 1834, had let lodgings; NRS GD224/795/1, Agnes McNeill, 24 March 1833, sewing and pawning clothes; NRS GD224/795/2, Christianna Storrie, 7 December 1832, savings and pawned ‘moveables’.

¹⁷⁴ NRS GD224/795/1, Ann Lunn, 8 February 1834, ‘received from the late Duchess a donation of five guineas’.

¹⁷⁵ Mandler (ed.), *The Uses of Charity*, p. 1.

charity. The Duchesses retained similar attitudes to poverty and the general manner in which it should be treated throughout the period. Even though Duchess Charlotte's was a more formal approach, in the use of a solicitor or the *Mendicity Office* to conduct enquiries, this does not suggest a sterner attitude to the poor. Rather her relative inexperience shaped her actions and concern that her practice was beyond reproach. Thus, far from being casual and indiscriminate, the private charity of both Duchesses was formal in its process and always discriminately given. As the differentiation between petitioners, evident in the charitable method, demonstrates, it involved individualised responses. There is no indication that the motive for this was to avoid people becoming dependent on their charity as even those who were likely to become reliant on the Duchesses received personalised assistance. Thus, in their methods of inquiry, their tailored responses and being ever mindful of the effects of their private charity, the Duchesses practice was comparable to that of the associational philanthropy of the period.

If the period in question saw a shift in attitudes, a crisis for the Old Poor Law and so a greater concentration on strategies by the poor to secure relief, this was not evident in this analysis of the Duchesses' private charity.¹⁷⁶ Decisions within this discretionary system required veracity and deservingness as the only conditions and so over time, people became more focused on facts about their circumstances and sent proofs rather than employing substantive and rhetorical strategies. Any re-negotiation was inappropriate, people simply wrote again no doubt emboldened by their earlier success. Those who wrote repeatedly would continue to be successful as long as they remained deserving. This was probably due, in part, to the Duchesses' own need to have those they assisted thrive in order to protect their, and the family's traditional reputation for benevolence. Certainly, the agency of the poor was facilitated by this reputation, which could be maintained or enhanced by generosity but risked by any parsimoniousness. This finding suggests that this inherited familial tradition of benevolence went beyond a strictly traditional aristocratic performance of benevolence.

¹⁷⁶ S. King, 'Friendship, Kinship and Belonging in the Letters of Urban Paupers 1800-1840', *Historical Social Research*, 33:3 (2008), pp. 249-77, see p. 251.

Similarly, the ability to influence the level of charity given was aided by the myriad of connections that petitioners could claim to the Duchesses or their families. Yet, it was never about asserting 'rights' only subtle reminders of moral and Christian obligations. The agency of some social groups may have been stronger than others and not just because of the nature of their specific situation but also because the Duchesses were more receptive as a result of their own life experiences. Additional knowledge of these could be valuable to secure a higher level of assistance. As strategies became less important, agency may have reduced but this did not necessarily equate to less successful appeals. Petitioners to Duchess Charlotte seemed to apply earlier than those to Duchess Elizabeth and their circumstances appear to have been less desperate. This might suggest a less severe attitude to those in need as people were able to gain assistance sooner. Yet, rather than more relative conceptions of poverty, this may simply have been due to an awareness of Duchess Charlotte's lengthier enquiry process, or even a desire to avoid the distress of earlier generations. Taking action earlier may also account for the greater optimism displayed by both Duchess Charlotte and her petitioners that their situations could be improved and carries an element of prevention, in halting the decline from relative to absolute poverty. It is likely that Duchess Elizabeth, with many years of extensive experience of assisting the poor, was more realistic about what could be achieved even when people were also in receipt of poor relief. In both cases, the ultimate decision about whether to assist and how much to give belonged to each Duchess and the evidence shows that whilst they could refuse they rarely did so. Instead assistance was sometimes cautiously or even reluctantly given as a result of the reality of people's situations. Yet, there was little evidence of the imposition of any real conditions, or of the increasing interventionism that characterised this period.¹⁷⁷ Therefore, the Duchesses' benevolence only contracted when genuine need was not established or fraud suspected, rather than as a result of any changing perspectives of the role or purpose of charity.

Examinations of negotiations for poor relief found that the rhetoric and tone changed 'from pleading, placatory and justificatory to determined, analytical, and rights-based'.¹⁷⁸ This examination has found that appeals to the Duchesses changed

¹⁷⁷ Cunningham and Innes (eds), *Charity, Philanthropy and Reform*, p. 4.

¹⁷⁸ Jones and King, 'From Petition to Pauper Letter', pp. 53-77, first consulted as a working manuscript, quote at p. 9, subsequently published as p. 64.

from eloquent, full of subtle reminders of obligations, and substantive and rhetorical strategies, to those consisting of only the bare essentials for success that is, facts and proofs of truth and genuine need. The rights-based appeals evident in poor relief studies do not feature in the Duchesses' letters, although their obligations were again implied through the petitioners' use of subtle reminders of Christian or moral duty. The only right that petitioners felt they had was to receive a reply to their appeal. Several wrote to say they had not received one but always excused the oversight, being certain that it must have escaped the Duke or Duchess's memory or that they were away from home. This examination of the charitable relationships between the Duchesses and their petitioners has thus demonstrated the influences that the poor, particularly individual females, could bring to bear in their appeals. In addition, the consideration of the expectations that each party had of the other has given fresh historical insights into the experience of recipients and also of the social relations between them and the Duchesses. In contrast to Anne Borsay and Peter Shapely's subjects who came to see generosity as a right rather than a gift with gratitude expected, the Duchesses' petitioners merely anticipated a favourable hearing.¹⁷⁹ Whilst there was a shift from reminders of obligations to a focus on proving deservingness, all expressed thankfulness for past and future donations.

Even though the paternalistic benevolence of the aristocracy was believed no longer relevant in this period with any that remained merely a residue of the past, this study has shown that the Duchesses' charity continued to be vital in the lives of the poor.¹⁸⁰ Many of them were in absolute poverty or on the threshold of becoming so, often as a result of sickness. Their ability to help themselves rested on an 'economy of makeshifts' where the options were either unavailable to them or were at best short-term and usually precarious. With little hope of changes in circumstances, most individuals and their families had to combine informal options with the more formal elements of poor relief and private charity. This became most critical at certain phases in the life-cycle, stages which could be greatly extended by the illness or incapacity of the provider. Often at these points people sought more stable or longer-term sources of welfare and the private charity of the Duchesses could act as a safety-net. Those whose

¹⁷⁹ A. Borsay and P. Shapely, *Medicine, Charity and Mutual Aid: the consumption of health and welfare in Britain, c1550-1950* (Aldershot, 2007), p. 9.

¹⁸⁰ Krausman Ben-Amos, *The Culture of Giving*, p. 3.

life-cycle stage was so compounded by other misfortunes that they had no future prospect of helping themselves become dependent. Several petitioners combined the informal elements of the 'makeshift economy' with the private charity of the Duchesses and poor relief throughout their lifetimes, whereas others required both poor relief and charity at the same time. Thus, the private charity of the Duchesses was an essential source of welfare for the poor and whilst it was discretionary, the rules were simple and knowledge of them accessible, and once given it was largely unconditional. Therefore, it proved a deeper and more resilient resource than poor relief at this time for many people. Consequently, it is erroneous to discount or devalue the informal giving by aristocratic women for this period if a full understanding of the experiences of welfare is to be gained: the novel focus of this third chapter and its new contribution to the historiography. We turn next to the male charity-giving activities in the family

Chapter 4: The Private Benevolence of Walter, 5th Duke of Buccleuch: gender, rank and the gift-relationship, 1819-1838.

4.1 Introduction

In a speech in 1839 Walter, 5th Duke of Buccleuch, publicly expressed what he saw as his duty as a wealthy, aristocratic landowner stating,

what has been entrusted to me has not been given that it might be wasted in idle or frivolous amusements; nor would I be justified in wasting the hard earnings of the tillers of the soil by carrying them away and spending them in foreign countries, but I wish to see them employed as the means of producing good to them and to the country at large.¹

Following his death forty-five years later he was considered to have fulfilled this duty with his works of a public character lauded and his life deemed ‘usefully spent for the benefit of others’.² Such assessments were ostensibly based on the public face of his benevolence, that is, his visible actions which were seen to have produced collective benefits to many. Whilst this type of philanthropy was significant it was not the only charitable practice in which the Duke engaged. Duke Walter also gave privately to individuals, many of whom solicited his assistance by letter. In fact, it was the public reporting of the Duke’s philanthropic activities that fuelled some individual hopes of securing assistance. This was the case for P. MacDermott who wrote, ‘the thought of applying to your Grace struck me while I was reading in the newspapers some pleasing anecdotes of your generosity so well becoming the heir of a splendid fortune’.³ This chapter therefore analyses the informal charity of Duke Walter during the period 1819-1838. By comparing and contrasting it with that of Duchess Elizabeth and Duchess Charlotte, as analysed in Chapter 3, the effects of rank, gender and generational difference on the nature of the gift-relationship are considered from a male perspective - a significant gap in the historiography outlined in Chapter 1.

¹ ‘Obituary. Walter Francis Montagu Douglas Scott, Fifth Duke of Buccleuch and Seventh Duke of Queensberry, K.G., P.C., D.C.L., LL.D., F.R.S., 1806-1884’ *Minutes of the Proceedings of the Institute of Civil Engineers* Vol. 77 Issue 1884 Part 3, pp. 347-350 (authors unknown), quote at p. 347.

² *Ibid.*, p. 350.

³ NRS GD224/588/1, P. MacDermott, 28 July 1828.

Whilst the inconspicuous nature of the Duke's private giving might account for the privileging of his public benevolence in contemporary evaluations it is also possible that his informal giving was considered less worthy of commendation. Unlike judgments of triviality or inadequacy however that stemmed from historiographies which traditionally underpinned women's history and the development of charity, private giving by men has tended to be disregarded.⁴ Thus far, this is also reflected in research into assistance sought via begging letters which has centred on the charitable activities of wealthy females, Royalty, and a charitable fund.⁵ Understanding of men's charitable experiences remains reliant on studies of their public activities alone.⁶ This situation has been further exacerbated by the persistence of fixed ideas about gender roles. In consequence, Ruth Crocker states older forms of giving to individuals were feminised, being personal, relational, intuitive and based on sentimentality.⁷ This contrasts with the newer type, the institution-focused, impersonal, principle-ruled, fact-based, scientific charity that was male-dominated. In the last decade the development of gender history, where gender is socially constructed, has now widened the historical focus to incorporate the male experience. Historians of masculinity have thus challenged the 'separate spheres' model too, particularly the view of a more sharply defined masculinity that was formed from studies whose basis was prescriptive literature.⁸ As women's activity in the public sphere has been uncovered so men's private roles are now being reclaimed.⁹ Challenges to the 'ideology of separate spheres'

⁴ A. Vickery, 'Golden Age to Separate Spheres? A Review of the Categories and Chronology of English Women's History', *The Historical Journal*, 36:2 (1993), pp. 383-414, see p. 383.

⁵ Non-pecuniary assistance evidenced in letters of remission stating cases for pardon to the King see: N. Zemon Davies, *Fiction in the Archives: Pardon Tales and their Tellers in Sixteenth-century France* (Stanford, 1987); S. D. Mumm, 'Writing for their Lives: Women Applicants to the Royal Literary Fund, 1840-1880', *Publishing History*, 27 (1990), pp. 27-49; The charity of Lady Spencer see: D. T. Andrew, 'Noblesse Oblige: Female Charity in an Age of Sentiment' in J. Brewer and S. Staves (eds), *Early Modern Conceptions of Property* (London, 1995), pp. 275-95; On the philanthropy of two American Females, Olivia, Mrs. Russell Sage and Helen Miller Gould see: R. Crocker, 'I Only Ask You Kindly to Divide Some of Your Fortune With Me': Begging Letters and the Transformation of Charity in Late Nineteenth-Century America', *Social Politics*, 6:2 (1999), pp. 131-160; M. Van Genderachter, 'If your Majesty would only send me a little money to help buy an elephant: Letters to the Belgian Royal Family (1880-1940)' in M. Lyon (ed.) *Ordinary Writings, Personal Narratives: Writing Practices in 19th and early 20th Century Europe* (Bern, 2007), pp. 69-84.

⁶ Usually worthy men such as: J. S. Taylor, 'Philanthropy and Empire: Jonas Hanway and the Infant Poor of London', *Eighteenth-Century Studies*, 12:3 (1979), pp. 285-305.

⁷ Crocker, 'I Only Ask You Kindly to Divide Some of Your Fortune With Me', pp. 131-160, see p. 137.

⁸ T. Hitchcock and M. Cohen (eds), *English Masculinities 1660-1800* (London, 1999), p. 17.

⁹ J. Tosh, 'The Old Adam and the New Man: Emerging Themes in the History of English Masculinities, 1750-1850' in T. Hitchcock and M. Cohen (eds), *English Masculinities 1660-1800* (London, 1999), pp. 217-38.

have concentrated on the period 1780-1840, thus placing this assessment of the private charity of Duke Walter firmly within it.

Notwithstanding an acknowledgement of continuities within gender relations, emphasis in the literature was overwhelmingly placed on the changes to masculinities in this period.¹⁰ These were attributed to the transition from landed to commercial society and the growing polarization of sexual difference resulting from concepts of the two-sex model.¹¹ Histories of gender and masculinity in the long eighteenth century have now however moved to focus on the cultural and intellectual changes of the period. This has given rise to two important factors critical to this chapter. The first of these is the locating of benevolence in ideals of masculinity as a result of both the impact of religion and the culture of sensibility. Thus, true manliness was associated with Christian principles including benevolence and the dual belief that men possessed the basic desire to act benevolently, with sympathy one of the most powerful sentiments possessed by humanity.¹² This attitude of mind was expressed in the obituary that opened this chapter. The antithesis to this was effeminacy in the form of vanity, decadence and luxury, being self-centred as opposed to involving consideration for others.¹³ And this from a religious standpoint was reprehensible, for in the Bible contemporaries were reminded that ‘vanity of vanities, all is vanity’.¹⁴ Secondly, a large body of literature concerned with honour and reputation has been generated.¹⁵ This mostly concentrates on the transformation of sixteenth-century honour into eighteenth-

¹⁰ T. Hitchcock and M. Cohen (eds), *English Masculinities 1660-1800* (London, 1999), p. 17.

¹¹ The two-sex model for understanding the body in: T. Laqueur, *Making Sex, Body and Gender from the Greeks to Freud* (London, 1990), pp. 63-112. In this, the bodies of males and females are radically different from one another and unrelated. This was opposed to the traditional one-sex view of just one body, a male one, with the (lesser) female having the same reproductive organs only inside rather than outside; Hitchcock and Cohen (eds), *English Masculinities*, p. 17.

¹² J. Bailey, ‘“Think Wot a Mother Must Feel”: Parenting in English Pauper Letters c.1760-1834’, *Family and Community History*, 13:1 (2010), pp. 5-19.

¹³ J. Gregory, ‘Homo religiosus: masculinity and religion in the long eighteenth-century’ in Hitchcock and Cohen (eds), *English Masculinities 1660-1800*, pp. 85-110, see p. 94.

¹⁴ *The Bible*, Book of Ecclesiastes 1:2.

¹⁵ For example: M. James, *English Politics and the Concept of Honour 1485-1642* (Oxford, 1978); D. T. Andrew, ‘The Code of Honour and its Critics: The opposition to duelling in England 1700-1850’, *Social History*, 5:3 (1980), pp. 409-34; F. Diabhoiwala, ‘The Construction of Honour, Reputation and Status in Late Seventeenth-and Early Eighteenth-Century England’, *Transactions of the Royal Historical Society*, 6 (1996), pp. 201-213; C. Herrup, ‘“To Pluck Bright Honour from the Pale-Faced Moon”: Gender and Honour in the Castlehaven Story’, *Transactions of the Royal Historical Society*, 6 (1996), pp. 137-159; A. Bray and M. Rey, ‘The body of the friend: continuity and change in masculine friendship in the seventeenth century’ in Hitchcock and Cohen (eds), *English Masculinities*, pp. 65-84; R. Shoemaker, ‘Male Honour and the Decline of Public Violence in Eighteenth-Century London’, *Social History*, 26:2 (2001), pp. 190-208.

century civility, which continued through ideals of politeness and sensibility.¹⁶ Correspondingly, a transition from masculinity as expressions of reputation to masculinity as an interiorised sense of personal identity, in which reputation and honour depended on solid inner qualities, has been identified.¹⁷ John Tosh states, therefore, there is a requirement to consider individual male experiences in order to explore the terms in which individual men internalised the various discourses in circulation from 1780-1840: the timeline of this chapter's novel contribution.¹⁸

It must be acknowledged however that ideals of masculinity were made more complex by rank and this assessment of the informal charity of a Duke examines how status and gender combined to influence the benevolence of an aristocratic man. The essential nature of philanthropy is its paternalism, both in protecting and meeting need, and traditionally good lordship which had rested on the giving of such support.¹⁹ Thus, aristocratic honour, rooted in lineage and protocol, incorporated a paternalistic and Christian duty of responsibility towards the well-being of the lower orders.²⁰ Philanthropy then justified both social position and masculinity. It is apparent that some of these issues were pertinent to Duke Walter as evidenced in his speech at the beginning of this chapter.²¹ The Duke stated that his wealth was 'entrusted to me' so reflecting the religious idea that he was a steward of his wealth with an obligation to distribute to the needy. He also denounced 'luxury' in his rejection of 'idle and frivolous amusements' in favour of self-restraint. As Tosh reiterates, 'a man who would have authority over others must first master himself'.²² Shifting concepts of honour are thus reflected (as identified by Donna Andrew) from the gentleman as a man of honour, characterised by self-regard and the satisfaction of his passions, to the good citizen, characterised by social usefulness, providing a service to the community.²³ For Duke Walter then, his publicly displayed benevolence was verified as evidence of that of a

¹⁶ Hitchcock and Cohen (eds), *English Masculinities*, p. 14.

¹⁷ Tosh, 'The Old Adam and the New Man', pp. 217-38, see p. 230.

¹⁸ *Ibid.*

¹⁹ J. Bailey, 'A Very Sensible Man': Imagining Fatherhood in England c.1750-1830', *History*, 95:319 (2010), pp. 267-292.

²⁰ Herrup, 'To Pluck Bright Honour from the Pale-Faced Moon', pp. 137-159.

²¹ 'Obituary. Walter Francis Montagu Douglas Scott, Fifth Duke of Buccleuch and Seventh Duke of Queensberry', p. 347.

²² Tosh, 'The Old Adam and the New Man', pp. 217-38, quote at p. 233.

²³ Andrew, 'The Code of Honour and its Critics', pp. 409-34. A concern to be useful had also featured in Duchess Elizabeth's correspondence with her steward, see: Chapter 3, p. 120.

virtuous, Christian man. But he was also a man of character, virtue and personal honour. This chapter therefore aims to balance a public general evaluation of his reputation for generosity of spirit embedded in the historiography with an analysis of his actual private giving.

Contemporary beliefs regarding the suitable manner of relieving the poor must also be taken into account. Studies of the charitable relationship have long been influenced by the presumption of a decline over time in informal support systems and a rise in more calculating selfish norms.²⁴ In examinations of the motives for charitable giving both sociology and anthropology have influenced historical thinking. The seminal study by Marcel Mauss, introduced in Chapter 1, remains influential, particularly his view of the power and role of gifts in the creation and maintenance of binding commitments and social ties.²⁵ Thus, Alan Kidd theorises that gift-exchange was essential for the securing or sustenance of high rank.²⁶ Nevertheless, one of the persistent criticisms of Mauss' study was its emphasis on male transactions and its failure to consider gift-giving between the genders.²⁷ The absence of studies of the male experience of informal giving means that only female-to-female or female-to-male donations have so far been explored. Yet, cultural histories have tended to view men and women with increasingly shared emotions, values and experiences.²⁸ Recent re-evaluations of male and female actual experiences have therefore questioned whether male and female giving was really different in practice.²⁹ Thus, Mary Martin, who found evidence of both male and female involvement in all charitable activities in two London districts, contends that their philanthropic worlds did not remain substantially different.³⁰ For men, however, comparative assessments of their benevolence to-date have been based solely on their public associational involvement and have not

²⁴ I. Krausman Ben-Amos, *The Culture of Giving: informal support and gift-exchange in early modern England* (Cambridge, 2008), p. 2

²⁵ M. Mauss, 'Essai sur le don. Forme et raison de l'échange dans le société archaïques', *Sociologie et Anthropologie*, (Paris, 1950), pp. 145-279. *The Gift: The Form and Reason for Exchange in Archaic Societies* trans. W. D. Halls (New York, 1990) in Krausman Ben-Amos, *The Culture of Giving*, p. 5.

²⁶ A. J. Kidd, 'Philanthropy and the 'Social History Paradigm'', *Social History*, 21:2 (1996), pp. 180-192, see p. 183.

²⁷ M. Mauss, 'Essai sur le don. Forme et raison de l'échange dans le société archaïques', *Sociologie et Anthropologie*, (Paris, 1950), pp. 145-279. *The Gift: The Form and Reason for Exchange in Archaic Societies* trans. W. D. Halls (New York, 1990) in Krausman Ben-Amos, *The Culture of Giving*, pp. 5-6.

²⁸ Hitchcock and Cohen (eds), *English Masculinities*, p. 17.

²⁹ M. C. Martin, 'Women and Philanthropy in Walthamstow and Leyton 1740-1870', *The London Journal*, 19:2 (1994), pp. 119-50.

³⁰ *Ibid.*

recognised private giving to individuals, in the way that this chapter does. Therefore, this chapter's assessment of the informal charitable practices and relationships in which the Duke engaged with men and women, explores more widely the influences of rank, gender and generation on the gift-relationship during the timeframe of this thesis.

In order to appraise Duke Walter's informal giving and contrast it with that of the Duchesses, this comparative analysis of their charitable practices is conducted from three standpoints. In Section 4.2 the petitioning process of the Duke is examined by revisiting the triangular model of social relations outlined in Chapter 3.³¹ This is revised in light of further evidence of the procedure for securing his assistance. Any disparities between the Duke and the Duchesses' methods are then accounted for in terms of either their gender, generation or both. Whether there was a corresponding change in the nature of the gift-relationship is also addressed. Duke Walter's responses to petitions, in conjunction with the information on which they were based, are examined in Section 4.3. The Duke's part in delineating the gift-relationship is then assessed in view of his informed reactions to poverty. When compared with the Duchesses practices, the role of gender in the gift-relationship is appraised in terms of the experience of the giver. Section 4.4 examines the charitable interaction from the perspective of both male and female petitioners to assess their influences on the shaping of the gift-relationship. Their strategies, rhetorical stances and the reciprocity evident in their petitions to the Duke are contrasted with those received by the Duchesses. This in-depth examination of power and agency in the gift-relationship of the Duke and his petitioners with its comparison to that of the Duchesses thus constitutes an historical lens through which to view the nature and development of informal charity. By taking into account the interplay of the rank and gender of both donors and recipients it also provides a glimpse of evolving social relations as they were reflected in the informal charitable practice of the family during the period 1785-1838. Since they were trend-setters at the apex of society, the findings could have important implications for wider studies of the aristocracy and charitable world conducted in private.

³¹ Chapter 3, p. 94.

4.2 Sources: the sample and its historiographical context

Analysis of the source sample has identified 169 individual petitioners to Duke Walter both from letters and associated documents. These supplementary documents, in addition to 27 letters from individuals sending repeat requests, include 11 letters of reference, three certificates of discharge from military service, one invoice to be paid and 14 inquiry reports.³² In the indexed book of donations paid between April 1829 and September 1833, discussed in Chapter 1, 167 individual petitioners have been identified, with 58 of them also having at least one petition in the sample. In sum then, of the total 278 individual petitioners identified, 135 were men and 123 were women, a similar balance to those who petitioned Duchess Elizabeth.³³ In terms of the different inquiry routes taken, 47 petitions were forwarded to John Parker, House Steward, of which he made six inquiries. A further 40 petitions were sent to the *Begging Letter Department* of the *Mendicity Society* and 20 of the subsequent reports exist in the sample. Of the 37 Scottish petitions in the group, Gibson and Home Solicitors inquired of 12 petitioners, and nine of these reports survive. As demonstrated in Chapter 3, Duchess Elizabeth relied solely on John Parker to make inquiries and Duchess Charlotte mostly employed Gibson and Home Solicitors whilst sending some to the *Mendicity Society*. Even though the sample of petitions for Duchess Charlotte is relatively small by comparison, some reports from both the solicitors and the *Mendicity Society* contained information regarding petitioners to both Duke Walter and Duchess Charlotte. This suggests that husband and wife followed the same method when allocating them to an inquirer.

To set this source material in its wider historiographical context, five studies have utilised begging letters as a major source of evidence, three of which have been discussed in Chapter 3. The remaining two are relevant to this chapter as the person being appealed to in each case was a male of the highest status - a King. The first of

³² These repeat petitions include 3 letters that were sent to Duchess Charlotte following refusal from Duke Walter and are discussed below in Smith and Glass petitions pp. 150-1. It must be noted that five petitioners do not have a surviving letter in the sample and are identifiable from the supplementary material alone. In addition, petitioners who included references with their letters often sent more than one. The reports are quantified here as individual documents but most carry information about more than one petitioner. Many petitions have references or inquiry reports written directly on them and these have been counted as a petition only. The certificates of discharge were written in 1778 (2) and 1783 but have been counted here as the date of the corresponding petition.

³³ In the remainder the gender of the petitioner is unclear.

these, that by Maarten Van Genderachter, analysed petitions received by the Belgian Royal Family focusing on the period 1880-1940.³⁴ Court inventories show that tens of thousands of these were received but only a few hundred of them have survived. Genderachter differentiated these petitions according to the class of the petitioner to consider the way in which ordinary people publicly addressed the monarchy, that is, the public transcript of Royalism. He recognises, however, the difficulty in accessing the hidden transcript, that is, the thoughts that each party actually had of the other.³⁵ Even though the correspondence between Duke Walter and his representatives cannot claim to provide evidence of his innermost thoughts and feelings, it can give an indication of the concepts and beliefs with which he operated, not least that of ‘deservingness’. It therefore allows for the consideration of another layer of transcript, between public and hidden, termed in this analysis as ‘private’. Apart from observing that the Queen was more human and approachable, Genderachter paid little attention to gender in his analysis in the way that this chapter and its novel findings foreground.³⁶

The second study predominantly based on petitions is that by Natalie Zemon Davies.³⁷ The size of the sample of letters utilised is unclear but appears to be substantial, as she notes, ‘the archives are full of them’.³⁸ This study, however, was not one in which petitioners were seeking pecuniary assistance but whose appeals were letters of remission that were sent in hope of obtaining the (French) King’s pardon. Thus, no comparable British study of charity letters to a male donor for this critical period has yet been undertaken. This may partially be due to the geographically scattered nature of the begging letters that survive, as well as the added obstacle of access to those in private family archives. Furthermore, despite the large numbers of surviving pauper narratives and the growing scholarship arising from them significant comparisons have yet to be made between the different genres of appeal-writing.³⁹ Such

³⁴ Van Genderachter, ‘If your Majesty would only send me a little money’, pp. 69-84.

³⁵ For this theory of public and hidden transcripts see: J. C. Scott, *Domination and the Arts of Resistance Hidden Transcripts* (Yale University, 2008).

³⁶ Van Genderachter, ‘If your Majesty would only send me a little money’, pp. 69-84, see p. 83.

³⁷ N. Zemon Davies, *Fiction in the Archives: Pardon Tales and their Tellers in Sixteenth-century France* (Stanford, 1987).

³⁸ *Ibid.*, p. 2.

³⁹ For scholarship on pauper narratives see for example: M. Levine-Clark, ‘Engendering Relief: Women, Able-bodiedness and the New Poor Law in Early Victorian England’, *Journal of Women’s History*, 11:4 (2000), pp. 107-130; T. Sokoll (ed.), *Essex Pauper Letters 1731-1837* (Oxford, 2001); P. D. Jones, ‘I Cannot Keep my Place Without Being Deascent’, *Pauper Letters, Parish Clothing and Pragmatism in the South of England, 1750-1830*, *Rural History*, 20 (2009), pp. 31-49; S. King, ‘I Fear You Will Think Me

comparative studies would enable the identification of common and specific discourses when petitioning in statutory and customary frameworks as well as in terms of gender, social status and culture. This thesis analysis, therefore, in recognising some of the similarities between the begging letters and pauper narratives, begins to demonstrate this potential. The sample the surviving corpus is one of the largest assembled for male charity-giving in a personal capacity. In this respect, therefore, its analysis makes a new and important contribution to the rather scattered historical literature on this relatively neglected subject.

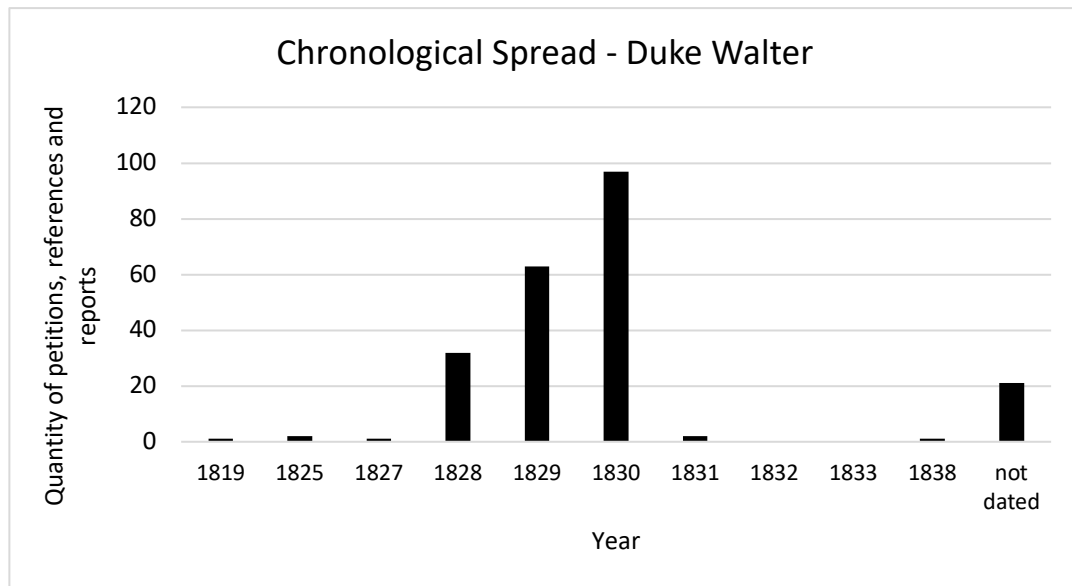
In order to conduct this examination, firstly a dataset was constructed for both the documents and the donations book and the chronological spread of the surviving evidence is represented separately in *Figures 4.1a* and *4.1b* on the next page. Comparing the pattern of record survival as shown in these charts indicates that further petitions were likely received by the Duke in the years 1831-1833 that have not survived. This may be because once the action taken was recorded in the donations book there was no further need for them and so they were destroyed or filed in a place yet to be located. It appears that the peak of petitions surviving for 1830 may be explained by the archival location of one bundle for this year, that is, amongst John Parker's letters. By comparison, the remainder of the petitions that were received at the London residence survive amongst John Parker's vouchers for the years 1828-1830.⁴⁰ Thus, Parker's archiving of these petitions would seem to have ensured their survival and this would further explain the absence of documents for 1831-1833 by which time Parker had ceased his family service. The peaks for donations in the years 1832-1833 mirror those in petitions received by Duchess Charlotte. As this sample covers a relatively short period of time however it does not lend itself to an assessment of chronological variation. Nonetheless, it does provide opportunities for an in-depth analysis of what was a critical period for the Old Poor Law.⁴¹

Too Presumptuous in My Demands but Necessity Has No Law": Clothing in English Pauper Letters, 1800–1834', *International Review of Social History*, 54:2 (2009), pp. 207-36.

⁴⁰ Duchess Elizabeth's petitions were also retained in this manner by Parker.

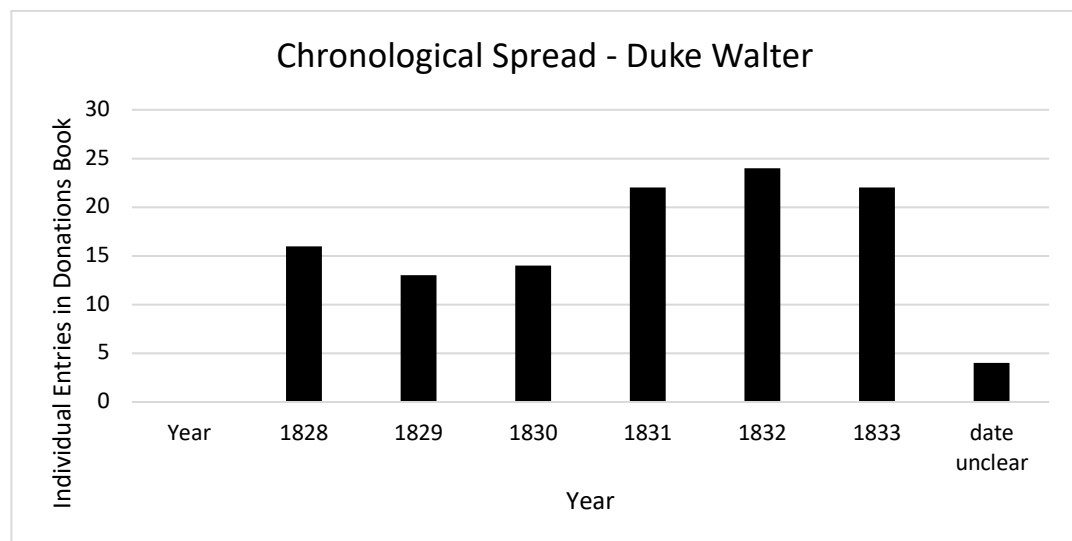
⁴¹ The rising cost of alleviating poverty in the late eighteenth century saw mounting criticism of the Poor Laws amid fears they were creating paupers. This intensified during the period 1800-1830 leading to their reform in 1834.

Figure 4.1a Chronological Spread of Petitions and Associated Documents Received by Duke Walter 1819-1838.



Sources: Petitions, associated correspondence including inquiry reports. BHA Walter, 5th Duke of Buccleuch, Petitions, 1830; BHA House Steward, Letters to John Parker, 1828-1830; BHA House Steward, John Parker's vouchers, 1828-1831; NRS GD224/588/1.

Figure 4.1b Chronological Spread of Entries in the Donations Book 1828-1833.



Sources: BHA 5th Duke of Buccleuch, Record of requests for charity by individuals.

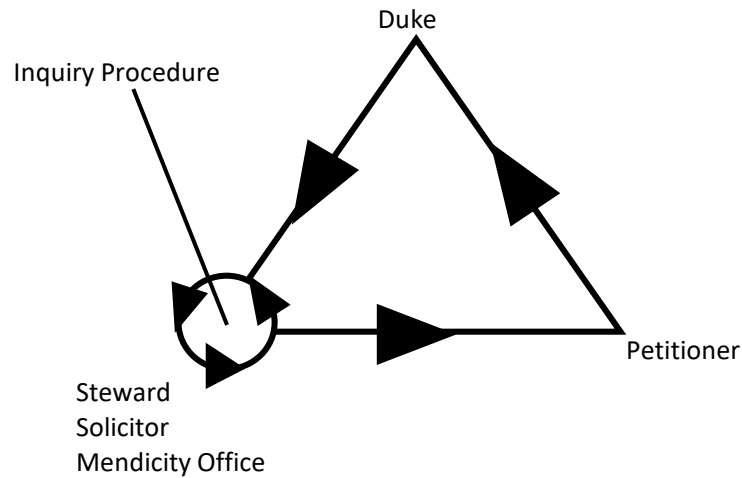
It must also be noted that Duke Walter married in 1829 and his first two children were born in 1831 and 1832. Each of these events may have raised his public profile as an affluent husband and father bringing his charitable potential to the attention of prospective petitioners. Again, whilst there are no petitions or donations recorded for the years following 1833 there is a possibility that, if archived differently, they are still to be discovered. This sample then, constitutes a concentrated number of petitions for the period 1829-1831 that is rich in personal detail. It reflects more broadly the Duke's charitable giving from 1828-1833 in the surviving record-keeping. As a representative sample therefore, it acts as an historical prism for a larger scale of charity in a family well-known for its male and female philanthropy by 1800.

4.3 The petitioning process: revising the triangular model

To compare and contrast the process of securing assistance from Duke Walter with that of his wife and grandmother, Duchess Charlotte and Duchess Elizabeth, it is necessary to revisit the triangular model employed in Chapter 3, which illustrated the process from petition to donation, or refusal.⁴² This model is also directly applicable to the charitable process of petitioning Duke Walter in that, letters were received from petitioners then passed to the family steward or inquirer for an inquiry to be made before any donation was paid. As a consequence of analysing both the larger quantity of begging letters and the supporting correspondence, however, the inquiry procedure can be further reconstructed. Therefore, the model has been revised as shown in *Illustration 4.1* on the following page.

⁴² Chapter 3, p. 94.

Illustration 4.1 The Petitioning Process Revised.



Sources: Author designed.

As this model demonstrates, the inquiry procedure propelled the whole petitioning process. Duke Walter utilized three different methods of acquiring the information on which he could base his charitable decisions. The first of these did not involve an external representative. It occurred when petitioners wrote stating that they had previously received assistance from Duchess Elizabeth, such as Widow Webb who wrote that she was: ‘grateful [...] for the many favours received from her late worthy patroness the noble and humane Duchess of Buccleuch’ and requested a continuance.⁴³ Such petitions were passed to the same John Parker who had been the Duchess’s House Steward and who had made similar inquiries on her behalf. It appears that he may have either recalled the previous donations or checked his accounts before confirming the earlier support. In the case of Lady Perrott, Parker thus noted, ‘has been relieved many times by her late Grace’.⁴⁴ Just as Duchess Charlotte would not have turned down a petitioner previously deemed ‘deserving’ by Duchess Elizabeth, neither would Duke Walter. It was perhaps for this reason that care was always taken to check that the reference to previous assistance was truthful. Another common circumstance in which

⁴³ BHA House Steward, John Parker’s vouchers, Widow Webb, 30 April 1828. This particular letter was written a mere five months after the Duchess’s death suggesting that the widow was dependent on the regular assistance. It was continued on the part of Duke Walter.

⁴⁴ BHA House Steward, John Parker’s vouchers, Plaichard du Fertre on behalf of Lady Perrott, 18 September 1828. Potentially this is the same Lady Perrott who was relieved by Lady Spencer and had described herself as ‘related to some of the first families in Scotland’ see Andrew, ‘Noblesse Oblige’, pp. 275-95 quote at p. 288.

letters were sent to Parker to make the initial inquiries occurred when petitioners named other titled people to whom they were connected and/or as referees in their petitions. This was the case for Mary Hassall and on this occasion, Duke Walter wrote to Parker: 'I send a letter from Mary Hassall [...] You had better enquire of the Dowager Countess of Bradford if it is true'.⁴⁵ Thus, relying on Parker to provide the initial information on which to base his decisions, as well as to dispense the donations, meant that Duke Walter's charitable practice echoed that of Duchess Elizabeth.

The second method of inquiry employed by the Duke transpired when the letter was passed to Parker, but the petitioner was unknown to him and no known referees or connections were named in the petition. These letters were then forwarded to the *Begging Letter Department* of the *Mendicity Society*. Further petitions from unknown London residents too were sent directly to the *Society*.⁴⁶ In total, Parker made inquiries of 12 petitioners whilst 40 petitions in the sample were sent to the *Begging Letter Department*. This had opened in 1820 and Duke Walter's regular subscription to the *Society* entitled him to send in letters that he had received soliciting his assistance.⁴⁷ Reporters for the *Society* then made investigations. Dressed as gentlemen, to give them authority, they visited petitioner's homes and interviewed them, asking questions about family life, employment history, settlement, and rent paid.⁴⁸ They also asked whether poor relief was being received, about belongings that were in pawn and any debt, as well as to why the applicant had resorted to begging assistance from the Duke. Petitioners also had to provide a personal character reference, which would be checked. The home visit could then be repeated unexpectedly. Once the investigation process was completed the Duke was notified as to the applicant's worthiness. In all, the whole process could be lengthy even when 'worthiness' seemed apparent on the first visit as in the case of Susannah Holmes who wrote to the Duke on 23 March 1829.⁴⁹ At the first visit by a reporter on 13 April 1829 she was judged 'exceedingly distressed' to the point of being suicidal, having had no food for two days for herself and her child, and of

⁴⁵ BHA House Steward, John Parker's vouchers, Mary Hassall, 25 April 1833. The Dowager Countess of Bradford was distantly related to the Duke. She was Lucy Elizabeth Byng whose sister Isabella Elizabeth Byng was married to Thomas Thynne, 2nd Marquis of Bath, the Duke's brother-in-law.

⁴⁶ These petitioners had either stated they were strangers or gave no referees or information about any connections.

⁴⁷ BoHA (viewed at BHA) Bank books with Coutts, 1828-1841.

⁴⁸ MacKay, *Respectability and the London Poor*, p. 108.

⁴⁹ BHA House Steward, John Parker's vouchers, Susannah Holmes, 23 March 1829.

‘good character’.⁵⁰ By the second visit on 19 May 1829, more than one month later and six weeks after she had written the initial begging letter, it was found that having been pressed for rent she had left the address and her whereabouts were unknown.⁵¹ This was in sharp contrast, in terms of basic timings, to when Parker personally made the inquiries for both Duke Walter and Duchess Elizabeth where donations were received in little more than one week. Furthermore, the deployment of someone, such as a Steward, from the Duke or Duchess’s service, as opposed to an external representative, when coupled with this fast response, would likely lead a petitioner to perceive that this constituted a ‘personal’ gift-relationship. So, the impersonal nature of more scientific methods could undermine the reputation of the Duke’s private benevolence – a factor we will consider later in this chapter.

For petitioners who were Scottish residents, Duke Walter, like Duchess Charlotte, utilised a third method for making inquiries into their circumstances passing 37 of their letters to Gibson and Home Solicitors. Whilst there was a Scottish equivalent of the *Mendicity Society*, of which the Duke was President, it did not however have a begging letter department.⁵² Begging letters were thus simply annotated ‘inquire’ and passed to Gibson and Home who then carried out the investigations. They checked references and contacted other ‘trusted’ people who could confirm details of the petitioner’s character and circumstances. Thus, of Mrs. Captain Smith, John Gibson wrote, ‘is reported by a respectable lady, a friend of my own, to be an extravagant woman’.⁵³ Where no referees were given, and no contacts named to provide information Gibson and Home also used reporters to make inquiries in person.⁵⁴ Following these inquiries, the solicitors wrote reports, which were sent to the Duke. He then noted amounts or refusals on them before returning them to Gibson and Home to either make payments or notify petitioners of the refusal.

Just as petitioners who wrote to the Duchesses expected to be subjected to an inquiry and, even welcomed it, so did those to Duke Walter. Euphemia Scott appeared

⁵⁰ BHA Walter, 5th Duke of Buccleuch, Petitions, Susannah Holmes, 13 April 1829.

⁵¹ *Ibid.* This *Mendicity Report* carries details of both visits.

⁵² See Chapter 5, pp. 196; J. McGowan, *Policing the Metropolis of Scotland: A history of the police and systems of police in Edinburgh and Edinburghshire, 1770-1833* (East Lothian, 2012), p. 208.

⁵³ NRS GD224/588/1, 3 January 1829.

⁵⁴ NRS GD224/795/1, Mr Oliphant, 13 October 1833.

to request one writing, ‘if your Grace would be so kind as to look into my situation’.⁵⁵ Such petitioners undoubtedly expected that as they had truthfully represented their situations in their letters the inquiry was an opportunity to demonstrate their eligibility and would result in a favourable outcome. It is not known however whether they expected the inquiry to be made by representatives of the *Mendicity Society* or not.⁵⁶ The reporters from the *Society* certainly spoke to neighbours, landlords and shopkeepers and were highly visible to such an extent that some petitioners like William Brakey feared exposure.⁵⁷ He was reported to the Duke, by the *Mendicity Society*, as ‘declining to have his case investigated’, despite reassurances. He had requested that instead ‘application be made to the Duchess of Beaufor[t] who knows of his case’.⁵⁸ It appears that, to the Duke, it was the information rather than the manner in which it was obtained that was important as Parker then took this course of action and contacted the Duchess.⁵⁹ When the Duke decided to give a donation based on the reporter’s recommendation, the amount was paid to the *Society* to be passed to the petitioner.⁶⁰ Gareth Stedman-Jones has contended that such interposing of officials between giver and receiver amounted to a de-personalising of the gift–relationship.⁶¹ Petitioners, in their letters, however, showed awareness that the Duke would be notified of the inquiry outcome and that any subsequent donation would come from him.⁶² In this respect, the Duke’s charity was never anonymous. It is clear that petitioners expected inquiries to be made by a third party and it seems unlikely that they would have made much of a distinction between ‘gentlemen’ reporters sent by the family’s solicitor or a Chief, or House Steward of the Duke or Duchess. They amounted to an inquiry coming from the circle of trusted staff or a client-intermediary recognised as legitimately representing the family. Both the *Mendicity Society* and Gibson and Home may have conducted more rigorous inquiries than John Parker but as a gentleman acting

⁵⁵ NRS GD224/588/1, Euphemia Scott, 12 December 1829.

⁵⁶ It seems likely that petitioners were aware that others would read the correspondence and so wrote with this in mind.

⁵⁷ BHA Walter, 5th Duke of Buccleuch, Petitions, William Breaky/Brakey, undated, retained with 1830.

⁵⁸ BHA House Steward, John Parker’s vouchers, William Breaky/Brakey, 16 November 1830.

⁵⁹ *Ibid.* Annotated on the report in Parker’s hand ‘answer from her Grace, she thinks they are of good character’.

⁶⁰ BHA House Steward, John Parker’s vouchers, George Winter, Receipt from *Mendicity Society*, 23 February 1829.

⁶¹ G. Stedman Jones, *Outcast London: A study in the relationship between classes in Victorian Society* (Oxford, 1974), p. 252.

⁶² BHA Walter, 5th Duke of Buccleuch, Petitions, Elizabeth Anderson, 5 May 1830.

on the Duchess's instruction, his demeanour may not have been too dissimilar.⁶³ In terms of Parker's general tone, one petitioner, Sarah Barragrass, was inquired of by him and judged 'a true case'.⁶⁴ When the same petitioner wrote a year later her letter was marked 're-investigation' and sent to the *Mendicity Society* which following inquiry was recommended.⁶⁵ Two petitions in the sample mentioning previous assistance by, or a connection to, Duchess Elizabeth that were sent to the *Begging Letter Department* were also recommended.⁶⁶ This suggests that truthful representation of situations and genuine need were the overriding criteria for recommendation by the *Society*, just as they were in Parker's and Duchess Elizabeth's assessments. Continuing to use Parker's services to make inquiries and dispense donations meant that for several petitioners the experience of such informal giving was little different from that of Duchess Elizabeth.

During the period April 1828-July 1831, Parker also kept an alphabetical record of responses to petitioners that were resident in England. This record was undoubtedly for future reference probably to identify duplicate requests made by those who had been refused.⁶⁷ This was the case of Josiah Dean who had not been recommended by the *Mendicity Society* in May 1830 and when he wrote again in November of the same year Parker wrote 'not true' on the petition.⁶⁸ This practice of retaining records mirrored the methods of the *Mendicity Society*, which kept reports to identify people who supported themselves by begging alone, or who had been judged as 'undeserving' or 'impostors [*sic*]'.⁶⁹ For both Duke Walter and Duchess Charlotte, however, the intention may also have been to avoid forwarding duplicate requests to the *Mendicity Society* for inquiry. Significantly, it would also have allowed the monitoring of the frequency or duration of repeated requests in a period when there were concerns about such giving encouraging welfare dependence. To further explore these trends Duke Walter's actions, in

⁶³ The balance of the evidence would suggest that Parker was probably the younger son of a landed gentry.

⁶⁴ BHA House Steward, John Parker's vouchers, Sarah Barragrass, 15 April 1829

⁶⁵ BHA House Steward, Letters to John Parker, Sarah Barragrass, 7 May 1830 and *Mendicity Report* 26 May 1830.

⁶⁶ BHA Walter, 5th Duke of Buccleuch, Petitions, Sarah Poole, 25 March 1830; BHA House Steward, John Parker's vouchers, Ann Bray, 12 May 1829.

⁶⁷ BHA Walter, 5th Duke of Buccleuch, Record of requests for charity by individuals, 1828-1833.

⁶⁸ BHA Walter, 5th Duke of Buccleuch, Petitions, Josiah Dean, 10 May 1830 and 11 November 1830. Dean had tried to conceal the parish relief he was receiving, in addition, his wife was working, and he had some casual employment.

⁶⁹ BHA Walter, 5th Duke of Buccleuch, Record of requests for charity by individuals, 1828-1833. Mary Ann Dyer was recorded as a 'professional begging letter writer' in 1830 and Margaret Mitchell recorded as one of several 'impostors' on 8 April 1828.

conjunction with the information that he received as a consequence of the inquiries, are next examined.

4.4 The donor: delineating the gift-relationship

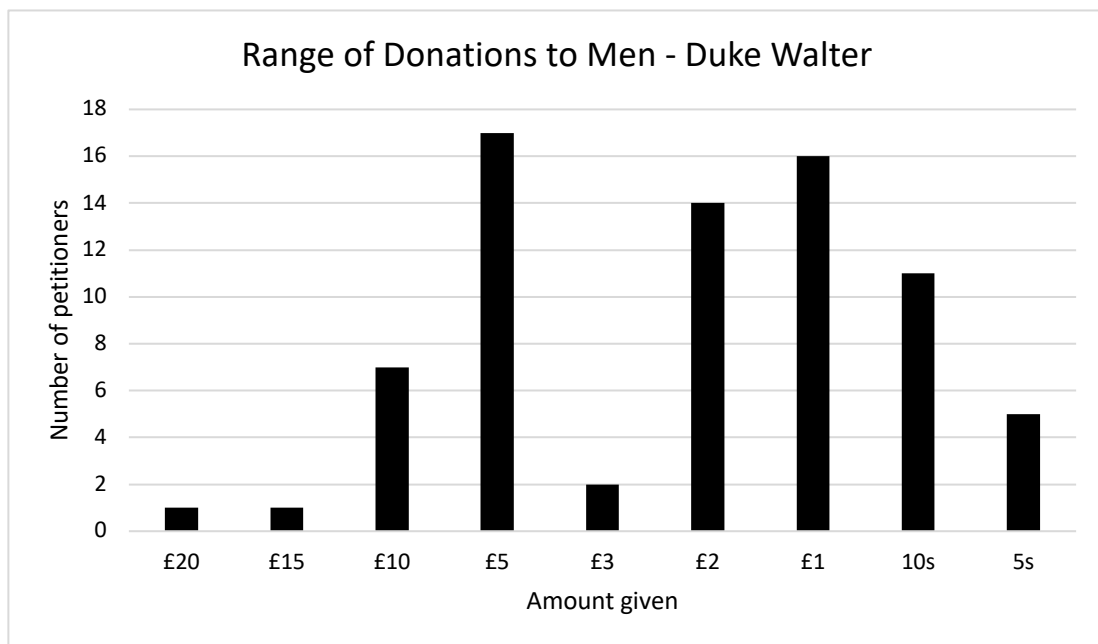
On receipt of the results of inquiries Duke Walter decided whether to donate to the petitioner or refuse assistance, and in several instances annotated his decision on the reports or letters themselves. As Mauss has noted, gift and calculation were part of a continuum rather than representing different modes of action.⁷⁰ By identifying patterns in the Duke's responses in light of the information on which they were based it is possible to recover the calculations that he made. These reveal his concept of deservingness as well as his principles in relieving individual circumstances of poverty, that is, his private transcript. The main aim is to assess the extent to which he delineated the gift-relationship. Thus, the Duke's charitable practice can inform debates about historical interpretations of philanthropy which saw either 'a rapid transition from gentle paternalism to hard-nosed social control or those which viewed a non-linear diversity of systems of relief, continuities and shared values.'⁷¹ This section thus considers three interrelated aspects of Duke Walter's charity commencing with an outline of his charitable method. An examination of his positive and his negative responses in accordance with the knowledge that was obtained by inquiry then follows. By making comparisons with the Duchesses' experience the role of gender in the gift-relationship can also be appraised in-so-far as it related to the experience of the giver.

To explain Duke Walter's charitable method *Graphs 4.1a* and *4.1b* which follow on the next page show the ranges of donations that he made to male and female petitioners.

⁷⁰ M. Mauss, 'Essai sur le don' in Crocker, 'I Only Ask You Kindly', pp. 131-160, see p. 146.

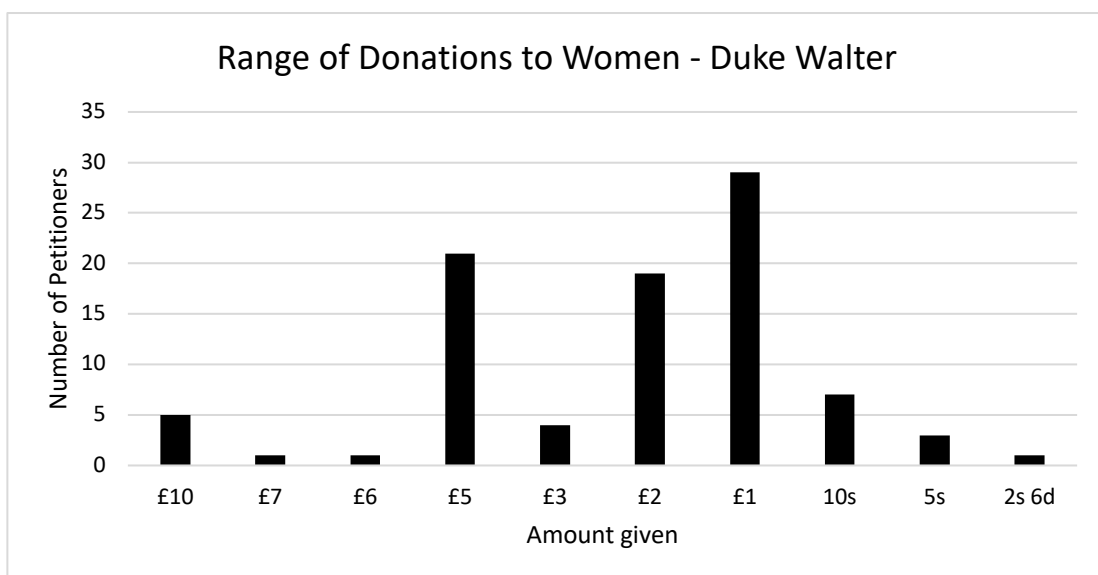
⁷¹ M. Gorsky, *Patterns of Philanthropy: charity and philanthropy in nineteenth-century Bristol* (London, 1999), p. 178.

Graph 4.1a Ranges of Donations to Men 1819-1838.



Sources: See, *Figures 4.1a* and *4.1b*.

Graph 4.1b Ranges of Donations to Women 1819-1838.



Sources: See, *Figures 4.1a* and *4.1b*.

During the period in question, Duke Walter made donations totalling £529 2s 6d which amounts to an average of £3 5d per petitioner. When divided according to male and female recipients, men received on average £3 6s and women £2 16s. Whilst this figure

is higher for men than women *Graphs 4.2a* and *4.2b* show that there was little difference in the general proportions of amounts given. There is a similarity too with the amounts dispensed by Duchess Elizabeth. The Duchess gave, on average, £1 12s 6d to her petitioners with the most common sums being £1 or £1 1s. This was followed by £2, half a guinea and £5. By contrast, Duke Walter's average donation was £3 5d. and £1 was most frequently given followed by £5 and £2. For further comparison it is necessary to consider just who was receiving which sums. Duke Walter gave the two highest amounts to men. Thus, J. C. Neale received £15.⁷² Neale had recently qualified as a surgeon and was about to commence a career when his father died leaving him responsible for the support of his mother and younger siblings. He declared that he was 'determined to exert [himself] manfully'.⁷³ Whilst this high sum may have reflected the contemporary value placed on self-help and the masculine ideal of independence, such an appeal must have resonated with a Duke who had himself lost his father at a young age.

Moving down the scale, petitioners who received the amount of £10 included some who had received the same annual amount from Duchess Elizabeth. In all cases her commitments and donations were continued at the same level as before her death in accordance with intergenerational family traditions.⁷⁴ Typically, a medical practitioner and the wife of a man who had held the rank of 'Ensign' received this amount suggesting that the social status of the petitioner influenced the level of donation given.⁷⁵ In the case of R. Bishop, a petitioner aiming to set up an individual subscription, the Duke donated the sum of £10.⁷⁶ Bishop had enclosed a receipt with his petition, which showed that the Marquis of Bath had already given £10 even though a note made by the Duke of Bedford indicated his refusal to give assistance.⁷⁷ As Alan Kidd has contended, charitable giving was often about sustaining rank and politics between elites and this might explain the Duke's action.⁷⁸ It seems likely that this

⁷² BHA House Steward, John Parker's vouchers, J. C. Neale, 14 March 1830. Presumably the £15 was a hospital fee charged for his five-year apprenticeship to a surgeon registered with the Royal College of Surgeons. It was a set fee and with qualifications he could then support his extended family.

⁷³ BHA House Steward, John Parker's vouchers, J. C. Neale, 14 March 1830.

⁷⁴ This is further explained in Chapter 5, p. 213.

⁷⁵ BHA House Steward, John Parker's vouchers, C. Hamilton, 1 February 1830; BHA House Steward, John Parker's vouchers, Mary Fitzgerald, 7 October 1828.

⁷⁶ BHA Walter, 5th Duke of Buccleuch, Petitions, R. Bishop, retained with 1830.

⁷⁷ *Ibid.*

⁷⁸ Kidd, 'Philanthropy and the 'Social History Paradigm'', pp. 180-92, see p. 183.

donation was less about the circumstances of the petitioner, a clerk in poor health wanting to start a bookselling business, and more about the different family connections or degrees of affinity to the donors.⁷⁹ There appears to have been some understanding of the ranks of nobility and concepts of charity in certain families on the part of petitioners that could be strategically manipulated. Gaining (or failing to gain) a donation from an elite man could be all the leverage required in a petition to secure assistance from his rivals, allies or higher-ranking relatives.

Where Duchess Elizabeth and Duchess Charlotte had regularly given £5 to petitioners of gentle-birth, Duke Walter also followed this method as all those receiving £5 from him, both men and women, were of gentle-birth. Gentility therefore continued to be a compelling claim for assistance and remained, what John Bourne has deemed, ‘influential poverty’.⁸⁰ By contrast, the sum of £2 was mostly dispensed to widows of businessmen or tradesmen and to a man who had served under the Duke’s grandfather in the Dumfriesshire Militia.⁸¹ The same sum was also paid to another petitioner who had already received subscriptions (amounts unknown) from the Marquis of Blandford and the Duke of Norfolk.⁸² This was a lower amount than that given to Bishop, as described above, possibly because Duke Walter had no contemporary family connections to these noblemen and so made his decision on the basis of the petitioner’s circumstances alone. For unknown petitioners, including the elderly, widows and widowers, deserted women and unemployed men who were able to work but could not find employment the amount given was £1.⁸³ This would indicate that the Duke was influenced by the contemporary belief that assistance must not encourage idleness but enable people to become independent. Even so, this demonstrates his due recognition for the part that petty cash had in the ‘makeshift economies’ of those falling from relative to absolute poverty (a theme introduced at the end of the previous Chapter 3).

⁷⁹ The Marquis of Bath was Thomas Thynne, the Duke’s brother-in-law. The Marquis was married to Isabella Elizabeth Byng, and her sister Georgiana Elizabeth Byng was married to the Duke of Bedford.

⁸⁰ J. M. Bourne, *Patronage and Society in Nineteenth-Century England* (London, 1986), p. 80.

⁸¹ BHA House Steward, John Parker’s vouchers, Arthur Duffric, 1 June 1830.

⁸² *Ibid.*, John Pashley, 21 July 1830.

⁸³ BHA House Steward, John Parker’s vouchers, James Currie, 9 June 1830; BHA House Steward, John Parker’s vouchers, J. Mandy, 11 May 1829. James Currie was a stonemason and J. Mandy was a miniature portrait painter.

The smallest amounts given by the Duke, that is, those of 10s or less, were mostly given to Scottish petitioners generally reflecting the relative cost of living in Scotland as opposed to London. Yet, Duke Walter may have been influenced by the stricter Scottish ideological climate surrounding attitudes to poverty and the manner in which it should be addressed.⁸⁴ Many of those receiving these small sums had skills and were able to work. In the case of John Wilson, the donation of 10s appears to be characteristically ungenerous when his circumstances are compared to those of the English petitioners.⁸⁵ Wilson had served in the Dumfriesshire Militia under the Duke's father and uncle, he was now going blind, suffering from his wounds, with a sick wife and five children and was in need of bread. The response he received thus reflected the parsimony of the Scottish Poor Law and its Kirk and Presbyterian attitudes. Whilst the relief given may have been temporary in the belief that his circumstances were better suited to a different form of assistance, tellingly there is no evidence of any further action on his behalf. Certainly, the Duke engaged in much public benevolence in Scotland including support of the Dalkeith Workhouse and 'make-work' schemes on his own estates.⁸⁶ This would indicate that he concurred that the most efficient way to alleviate different types of poverty was not by giving sums to individuals but through larger-scale philanthropic schemes, particularly given his declaration of producing good to 'the country at large'.⁸⁷

This examination of pecuniary responses has demonstrated that there was a hierarchy of donations, which directly correlated with the social status and/or gender of the petitioner. This could be slightly skewed either by being known or knowable, especially to other members of the aristocracy, or, by the potential to support oneself in the future. Whilst the differentiation between various categories of petitioners reflects that practised by the Duchesses, the main distinction lay in the higher average amount given by the Duke. This might be explained by a variation in the types of his petitioners, with more of gentle-birth and the higher amounts given to men. A method of block payments to men may have been adopted as it mirrored the manner in which

⁸⁴ This was a more parsimonious approach to relief with strong emphasis on independence see: R. Mitchison, *The Old Poor Law in Scotland: the experience of poverty, 1574-1845* (Edinburgh, 2000).

⁸⁵ BHA House Steward, John Parker's vouchers, John Wilson, 26 May 1829.

⁸⁶ BHA Chief Steward, Henry Hoyle Oddie junior's accounts for the 5th Duke, 1829-1833; BoHA Dalkeith Estate Accounts 1831.

⁸⁷ 'Obituary. Walter Francis Montagu Douglas Scott, Fifth Duke of Buccleuch and Seventh Duke of Queensberry', p. 347.

men typically received wages such as military salary payments or instalments paid at business quarters. These greater sums might also reflect the Duke's mentality of the male role as provider to his household. In the same way, the petty cash, frequent payments made by Duchess Elizabeth, seems to have reflected her knowledge of the way in which women 'made shift'. Usually working outside the formal sectors of employment, women combined work and other 'makeshifts', including poor relief or working for the parish, in a piecemeal way.⁸⁸ Yet, the Duchess also appeared to have been less concerned than Duke Walter about avoiding repeated requests in the face of genuine need. Altogether therefore the Duke gave more and larger amounts – the Duchess less, but for longer.

To further account for the Duke's charitable decisions it is necessary to more closely examine his responses in conjunction with the information that was reported to him. Michael Roberts has contended that not only was this collection of information intended to enable a discrimination to be made but that for the *Mendicity Society* the aim was to 'tighten the criteria of charitable deservingness'.⁸⁹ Thus, the conditions for receiving assistance from the Duke are next revealed in light of his positive responses. Of those who successfully received a donation from Duke Walter, twelve petitioners had mentioned, in their letters, previous support from Duchess Elizabeth.⁹⁰ As shown above, these petitioners could expect to have assistance continued by Duke Walter providing that Parker could confirm the earlier support. Whilst Duke Walter may have simply been honouring the Duchess's commitments, he may also have feared being unfavourably compared to her, given her benevolent reputation, should he refuse them. Just as for the Duchesses, being known or knowable did not determine whether the Duke would give support, but it did affect the level of the donation. Many connections were verified, and references requested, before a donation was given as in the case of Arthur Duffric.⁹¹ Thus, Parker contacted Lt. Col. Montagu who wrote: 'I remember Arthur Duffric when serving in the Dumfriesshire Militia, he bore a good character as

⁸⁸ S. King, '“Meer pennies for my baskitt will be enough” women, work and welfare 1770-1830' in P. Lane, N. Raven and K. D. M. Snell (eds), *Women, Work and Wages in England, 1600-1850* (Suffolk, 2004), pp. 119-140, see p. 124.

⁸⁹ M. J. D. Roberts, 'Re-shaping the Gift Relationship', *International Review of Social History*, 36:2 (1991), pp. 201-31, quote at p. 202.

⁹⁰ Others also made this claim, but no response is recorded.

⁹¹ BHA House Steward, John Parker's vouchers, Arthur Duffric, 1 June 1830.

was probably certified on his discharge'.⁹² For these petitioners it may not so much 'being known' that elicited the donation but that the connection itself could provide a (likely satisfactory) reference, so facilitating a positive inquiry. It is clear then that favourable outcomes occurred when the findings of inquiries matched the reported circumstances in the petitions. Examining these instances uncovers the rules for success and reveal the Duke's private transcript in more detail.

It is clear from the extant evidence that reporters from Gibson and Home and the *Mendicity Society* had a particular notion of what constituted poverty, with the recording of 'great poverty' or being 'in distress' forming part of the evidence presented to potential donors.⁹³ In addition, for Gibson and Home, applicants had to be 'worthy' or 'decent' and for the *Mendicity Society* it was necessary to have a 'good' or 'respectable character'. Thus, Sarah McCann was reported to be 'a very decent well-behaved woman' of 'good conduct and character'.⁹⁴ These reports support the view of Lynn Mackay that charity became increasingly discriminating on the basis of moral status.⁹⁵ In relation to women, such judgments seem to have been influenced by appearance as Mary Chartres was reported to be, 'a respectable looking widow'.⁹⁶ This was reminiscent of the Biblical archetypes whereby all unchaste women were recognisable through their conduct and appearance.⁹⁷ For one man, William Finch, the *Mendicity* report elaborated on his 'good character' stating that his was 'for industry' and 'sobriety' and that 'a few pounds to [...] make a respectable appearance would [...] lead to his securing employment'.⁹⁸ It was therefore his disposition towards working, and hence that the donation would help him to gain employment, rather than purchase alcohol, that deemed him suitable for assistance. This calculation of likely consequences, rather than just knowledge of character, Roberts states, acted as a counter-balance to sentimental impulse on the part of the donor.⁹⁹ A concern with character was applied to both male and female petitioners, indicating that it was not a

⁹² *Ibid.*

⁹³ NRS GD224/588/1, 3 January 1829, Gibson and Home reported that Mrs. Hull was in 'great poverty'; BHA 5th Duke of Buccleuch, Petitions, Hugh Jeffrey, 8 April 1830, was noted as 'in distress'.

⁹⁴ BHA Walter, 5th Duke of Buccleuch, Petitions, Sarah McCann retained with 1830.

⁹⁵ MacKay, *Respectability and the London Poor*, p. 110.

⁹⁶ BHA Walter, 5th Duke of Buccleuch, Petitions, Mary Chartres, 14 July 1830.

⁹⁷ Diabhoiwala, 'The Construction of Honour', p. 207.

⁹⁸ BHA Walter, 5th Duke of Buccleuch, Petitions, William Finch, 27 April 1830.

⁹⁹ Roberts, 'Re-shaping the Gift Relationship', pp. 201-231.

masculine ideal but a shared value, even though it might involve different criteria. Yet, when Duke Walter wrote his directions to Parker of Mary Fitzgerald and her 'Ensign' husband he simply wished to know 'what sort of people they are'.¹⁰⁰ His subsequent large donation to the husband of £10 suggests that the inquiry was to ascertain their social status and hence to donate an appropriate amount rather than to calculate its likely effect. Additionally, the Duke's directions to Gibson and Home of Col. Ormsby were 'to inquire and if found deserving to give him five pounds'.¹⁰¹ As both these men had undertaken military service this in itself made them potentially 'deserving' in the Duke's estimation. He seems to have taken into account military rank, not only when determining the level of assistance to give, but also when considering the petitioner's capacity to return to independence. Just as for Duchess Elizabeth, truth and deservingness alone appeared to be the overriding criteria for success with little attention paid as to what the effects of the aid might be. Thus, comparing the information sought by the Duke with that reported by the *Mendicity Society* suggests that it was the *Society* that promoted this contemporary concern for the impact of charity-giving.

Despite the Duke's lengthier inquiry processes, the chances of successfully making an urgent appeal were not hampered, with some receiving immediate attention. Ann Reid, requesting funds to enable her to go to Scotland following the death of her husband, wrote: 'should I lose my passage on Sunday I shall be without food for my children'.¹⁰² She was given the sum of £1 directly, without investigation. It was a relatively small amount and was expected to resolve her situation.¹⁰³ In this respect, the Duke's relief, without inquiry, reflected the shift to preventive charity evident from the late eighteenth century.¹⁰⁴ Like the Duchesses, Duke Walter had a clear method to his charity. Yet, contrary to Duchess Elizabeth who sometimes gave cautiously or hesitantly, with petitioners told they must try to support themselves Duke Walter *expected* some petitioners to become self-supporting or seek alternative means of

¹⁰⁰ BHA House Steward, John Parker's vouchers, Mary Fitzgerald, 7 October 1828.

¹⁰¹ *Ibid.*, Col. Ormsby, 7 July 1828.

¹⁰² BHA House Steward, John Parker's vouchers, Ann Reid, 4 April 1829. She called at the London residence with a letter and waited at the Porter's Lodge for a reply.

¹⁰³ BHA Walter, 5th Duke of Buccleuch, Record of requests for charity by individuals, 1828-1833, she was recorded on the same day as 'gone to Scotland'.

¹⁰⁴ H. Cunningham and J. Innes (eds), *Charity, Philanthropy and Reform: from the 1690s to 1850* (Basingstoke, 1998), p. 47.

support. This was evident in the cases of Robert Gaied and Captain Carrington who were given their donations by Gibson and Home and informed, respectively, that they ‘need never expect more from the Duke’ and ‘need never apply again’.¹⁰⁵ The Duke’s expectation may have been influenced by the petitioners’ potential to become self-supporting. Wanting to avoid dependency and not entering into any further negotiations might be another reason for the higher levels of donations paid by the Duke, should he have judged them to be at a level that would resolve the petitioner’s immediate difficulties. This would hence explain the absence of petitioners regularly receiving the smaller amounts of less than one pound that featured in Duchess Elizabeth’s donations. In religiously following the recommendations that were made by his inquirers the Duke’s charity, given to foster independence and the capacity for self-help, thus mirrored the goals of the *Mendicity Society*. Such recommendations not only enabled him to make an informed decision and so set the level of donation accordingly but also gave him a basis for refusing assistance. Close analysis of these refusals further delineates the Duke’s role in the gift-relationship and is next conducted.

Evidence survives for refusals of assistance for fifteen of the Duke’s petitioners. Those who were not truthful, either in their letters or at interview were always refused. This was the case for Josiah Dean who was reported by the *Mendicity Society* thus, ‘he receives 2/6 a week from the parish a fact which he at first endeavoured to withhold from the visitor’.¹⁰⁶ In this instance, Duke Walter did not donate and when Dean petitioned again six months later Parker annotated this petition as ‘not true’.¹⁰⁷ The refusal was not just due to falsehoods but because of deliberate attempts to conceal information. It is clear that such petitioners feared that receipt of parish relief would preclude them from receiving a donation from the Duke. Where Parker reported either ‘true’ or ‘not true’ as a result of his inquiries, Gibson and Home gave more detailed judgments of petitioners’ deservingness. Thus, of Mrs Elizabeth Henderson, Gibson reported, ‘She maintains herself by letting furnished lodgings, and is, not therefore in abject poverty’.¹⁰⁸ In this respect, Gibson and Home operated according to a yardstick

¹⁰⁵ NRS GD224/588/1 Gibson and Home Report, 3 January 1829.

¹⁰⁶ BHA Walter, 5th Duke of Buccleuch, Petitions, Josiah Dean, 10 May 1830.

¹⁰⁷ *Ibid.*, Josiah Dean, 11 November 1830.

¹⁰⁸ NRS GD224/588/1 Gibson and Home Report, 3 January 1829.

of poverty that informed their concept of deservingness, of which a capacity for self-help was a critical element.

Truth also underpinned the primary object of the *Mendicity Society* which was the identification of imposters and this was facilitated by the collating of information that had been gained from inquiries. Four people seeking assistance of the Duke were thus identified.¹⁰⁹ One of these was Mary Lea of whom it was stated: ‘has supported herself for many years by writing begging letters and is wholly undeserving’.¹¹⁰ It is likely that the growing contemporary fear of imposters, fuelled as it was by high profile court cases, was what made being known or knowable increasingly valuable as circumstances and character were more readily verifiable.¹¹¹ Consequently, where the petitioner was reported to the Duke as being ‘unknown to the referee’ assistance was refused, just as it was for anyone deemed to have a bad character.¹¹² Furthermore, as both Gibson and Home and the *Mendicity Society* gave due consideration to the potential effect of any assistance in their reports, refusals were evident when there was a probability of donations being misused. This was the case for Mrs. Captain Smith who was reported as: ‘not fit to be trusted with money. She receives £10 every month and yet is in debt to every one [*sic*] who will give her credit’.¹¹³ This report Duke Walter annotated ‘No’. For the *Mendicity Society*, Roberts states, true deservingness was usually hidden so knowledge of patterns of past behaviours was necessary for effective charitable decision-making.¹¹⁴ In this respect, the *Society* operated from a preconception that charity could not redeem these people; it would always be detrimental in such circumstances. As Duke Walter followed all the recommendations made it was a presumption he did not dispute. Overall, the influence of the *Mendicity Society* on his charitable practice resulted in a more utilitarian approach with his informal giving apparently unsuited to any but the most reputable. This supports Mackay’s assertion

¹⁰⁹ BHA Walter, 5th Duke of Buccleuch, Record of requests for charity by individuals, 1828-1833, John Chalmers, 10 November 1828, Mary Ann Dyer, undated, Catherine Flynn, undated; GD224/588/1, Mary Lea, *Mendicity Report*, 19 September 1828.

¹¹⁰ GD224/588/1, Mary Lea, *Mendicity Report*, 19 September 1828.

¹¹¹ L. Hunt, A. Fonblanque, J. Forster (eds), ‘A Begging-Letter Impostor on a Large Scale’, *Examiner*, issue 2310 (London, Saturday 8 May, 1852).

¹¹² BHA Walter, 5th Duke of Buccleuch, Record of requests for charity by individuals, 1828-1833, B. E. Brookshaft, undated, recorded as ‘unknown to referee’; Mrs. Hollis, undated, recorded as ‘notoriously bad’.

¹¹³ NRS GD224/588/1, Gibson and Home Report, 3 January 1829.

¹¹⁴ Roberts, ‘Head versus Heart?’, pp. 66-86, quote at p. 75.

that charity became less reliable for those at the margins which is in stark contrast to that practised by Duchess Elizabeth who had been wholly concerned with truth and need.¹¹⁵ That is not to say that Duke Walter was unfeeling, but he seems to have acted in a more perfunctory manner, which was in contrast to the Duchess's refined sense of human empathy. It is possible that, as evidenced by his concerted involvement in larger philanthropic schemes, he saw these as a longer-term solution in raising people out of poor conditions; his priority was again the greater good rather than donations to individuals, however necessary they might be.

Given the clear demarcations between those who could benefit from assistance and those who would not, the Duke's charitable decisions were full and final. This was demonstrated in the case of assistance refused to Mrs. Elizabeth Glass, who, together with her daughters Eliza Smith and Charlotte Glass, conducted a lengthy correspondence with Duke Walter and Duchess Charlotte (via their representatives).¹¹⁶ Between October 1828 and October 1831, they wrote nine begging letters and four reminders to the Duke and Duchess.¹¹⁷ Following the initial petition an inquiry was conducted, and Gibson and Home reported in January 1829:

The mere circumstances of the extravagance of the daughter's request was sufficient to create a doubt whether the applicants were objects deserving of his Graces bounty. A person who asks £1000 is not one who is in need, I should think even of the ordinary necessities of life; and when the application is made to a stranger a very strong case would certainly require to be made out both of merit and necessity.¹¹⁸

Information was sought from Lord Meadowbank who had been named in the petition as a referee. He reported he too, had received a petition from Mrs. Glass asking for £50, which he had declined.¹¹⁹ Thus, Gibson and Home wrote again to the Duke that, 'there seems reason to think that they are making an attempt to live in a way (I mean as to expense) not suitable to those who are dependant [*sic*] on the bounty of others'.¹²⁰ Despite acknowledging the Duke's subsequent refusal Mrs. Glass and both of her

¹¹⁵ MacKay, *Respectability and the London Poor*, p. 106.

¹¹⁶ NRS GD224/588/1, undated. Eliza Smith explained that she was 'Mrs. Glass's daughter from a previous marriage'.

¹¹⁷ *Ibid.*

¹¹⁸ NRS GD224/588/1.

¹¹⁹ *Ibid.*

¹²⁰ NRS GD224/588/1.

daughters continued to petition the Duke and the Duchess without success. One petition included a handwritten order for £200 for the Duke to sign.¹²¹ This, Duke Walter noted to his Steward, was a 'strange method of proceeding'. He repeated that he would 'not pay' and commented 'a great humbug'.¹²² The representatives for the Duke and Duchess did not enter into any negotiations with this family other than to restate the refusal. No additional inquiries were requested and there was nothing that the mother and daughters could add to induce a change of mind. In this instance, Gibson and Home's initial judgment that the request amounted to greed and the Duke's refusal showed that his decisions were firmly grounded on clear principles. Greed, even in the face of a genuine representation of circumstances, rendered the applicant undeserving. Furthermore, the resulting correspondence between the Duke and his Steward allows a glimpse of the hidden transcript. These three petitioners assumed incorrectly that their persistence and pleading would be successful, but the Duke perceived its continuance as troublesome. It seems, therefore, that they did not know or appreciate the 'rules' for success, which would raise the question of whether such knowledge was more commonly held in the way that has been contended for applicants of poor relief.¹²³ Begging letters and pauper narratives have rarely been contrasted and to do so would enable a comparison of the 'rules' in both customary and statutory frameworks. This, in turn, could lead to an understanding of the broader conceptualisations of 'deservingness' and 'entitlement' as they were commonly held in this period. What we glimpse here points to comparative work that has been neglected and could prove fruitful for future researchers.

These petitions are an exceptional example because, unlike Duchess Elizabeth's petitioners, only a few petitioners to Duke Walter wrote again and these sent just one further letter. This significant reduction in 'repeaters' may be due to the inquiry process, which ultimately resulted in the Duke's unambiguous charity. With its clear parameters, it involved none of the reluctant or cautious giving that had been evident in Duchess Elizabeth's charitable practice. As Duchess Charlotte's method mirrored that of her husband it would suggest that the primary aim of this unequivocal giving was to resist the welfare dependence contemporarily feared to be encouraged by informal

¹²¹ *Ibid.*

¹²² NRS GD224/588/1.

¹²³ S. King, 'Negotiating the Law of Poor Relief in England, 1800-1840', *History*, 96:324 (2011), pp. 410-35, see pp. 413-4.

giving. It was therefore not necessarily a gender difference but reflective of broader notions of charity-giving and its remit by the 1830s. To further explore these issues, it is necessary to assess the degree of rigidity in this delineated gift-relationship from the perspective of the petitioners.

4.5 The receiver: shaping the gift-relationship

The calculation involved in charitable decision-making however did not rest solely with the giver. Petitioners selected potential donors, no doubt based on estimations of the likelihood of success and sought to maximise their chances through the deployment of strategies and the adoption of rhetorical stances. Yet, whilst aiming to have their petitions heard, they also had to ensure that they exhibited a level of truthfulness that would withstand any inquiry. In this section, the influence of gender in the gift-relationship is appraised by comparing the petitioners' approaches to Duke Walter with those seen in petitions to the Duchesses. Attention is particularly paid to the contrast between male petitioners and female petitioners. Differences between genders and generations are then further explored in terms of reciprocity in the gift-relationship.

Substantive analysis of the petitions to Duke Walter has found some of the same strategies that were evident in those to both Duchesses. Many contained the same claims to being known or knowable including those from ex-servants, ex-tenants, and their relatives, to the Duke and his relatives. One such petitioner, John Brice referred to an earlier spoken assurance when he wrote; 'I was an apprentice to Mr Florance Cook to your grandfather, I lived in eleven years in the service of his Grace, who said in the presence of Mr [illeg.] his secretary I should never want if I behaved well'.¹²⁴ Another petitioner, George Masters wrote, 'the late Duchess of Buccleuch was of my congregation'.¹²⁵ He continued, 'I was often told and assured that should I apply to her Grace the Duchess of Buccleuch, [...] I may depend upon some assistance'.¹²⁶ In both instances these appeals from 'known' petitioners were reinforced by the near certainty that the Duke's relatives *would* have assisted them. This was a subtle reminder, to a

¹²⁴ BHA House Steward, John Parker's vouchers, John Brice, 2 September 1828.

¹²⁵ NRS GD224/588/1, George Masters, 21 October 1828.

¹²⁶ *Ibid.*

relatively young Duke from two old men, of his family's tradition for benevolent actions.

Similarly, claims of gentle-birth and former respectability also appeared in petitions to Duke Walter. One of these cases involved a claim of distant kinship to the Duke when W. W. Montagu-Woodford described himself as,

descended from the same family as your Grace, on the maternal line, from the Dukes of Montagu, and in the direct line from the Manchester and Sandwich. My late father James Montagu of Lackham House [...] was great grandson of the third son of Henry Earl of Manchester.¹²⁷

Connections thus varied in nature and strength and any that could be claimed relating to gentle-birth as seen, might not only elicit a higher level of donation but would increase the likelihood that any inquiry would be conducted by letter. This was important because most petitioners tried to maintain a façade of solvency in order to access credit. Furthermore, this would also mean an inquiry based on past behaviour and not an assessment based on the potential effect of any aid. It is probable then that petitioners exploited any possible connection that they could claim, which might explain the tenuousness of some of the links deployed in the letters.

Two further features in petitions to Duke Walter, that mirrored those received by the Duchesses, were those based on Scottish birth or residence, and those who sought burial expenses. In the first instance, the same formula was employed by the majority of the Scottish petitioners and is reflected in the letter of Agnes Burgas, who wrote, 'your Grace must know that I have no parish here and am not able to be removed to Scotland as I have no claim' she thus 'feared the Scotch parishes will not support me'.¹²⁸ The parsimony of Scottish poor relief was utilised as a well-known explanation for the need expressed by charity claimants with links to Scotland.¹²⁹ The second request, for assistance for funeral costs, always received a favourable response from both the Duchesses and the Duke. In one such case, the Duke paid the sum of £2 0s 0d

¹²⁷ BHA Walter, 5th Duke of Buccleuch, Petitions, W. W. Montagu-Woodford, 3 November 1830.

¹²⁸ NRS GD224/588/1, Agnes Burgas, 19 January 1830.

¹²⁹ S. King and A. Stringer, "I have once more taken the Liberty to say as you well know": The development of rhetoric in the letters of the English, Welsh and Scottish sick and poor 1780s-1830s' in A. Gestrich, E.T. Hurren and S. A. King (eds), *Poverty and Sickness in Modern Europe: narratives of the sick poor, 1780-1938* (London, 2012), pp. 69-92, see pp. 70- 1.

with no record of any inquiry, to John Pashley who wrote, ‘I have a little boy lies dead and for the want of means I cannot inter him’.¹³⁰ Support for this type of request persisted in being readily given throughout the period, suggesting that respect for the dead always superseded any impetus to ‘scientific’ calculation in the charitable relationship.¹³¹ It appears, therefore, that there was a core of claims, often requiring only minimal verification that may have been inherently legitimate, so almost certain of successfully securing assistance from the Duke and Duchesses. It is also likely that these may have had a much longer tradition, which would suggest a customary entitlement where a petitioner’s request was synchronous.

Disparities between petitions to Duchess Elizabeth and those to Duke Walter on the other hand, appear to have arisen due to the influence of the *Mendicity Society’s* inquiries. As seen in the smaller sample of petitions to Duchess Charlotte in Chapter 3, one such shift was the focus on facts.¹³² Petitioners to Duke Walter also wrote in more factual terms and many included written references or proofs. Several were also much more specific about their financial situations giving details of their expenditure and debt as well as their income from other sources. This appears to mirror the information being sought in response to the *Mendicity Society’s* questions. Thus, petitioners appear to have had a keen awareness of the evidence required on which decisions would be based and may have even used this strategy to obviate a face-to-face enquiry. In ascertaining truth, the *Society’s* thorough questioning resulted in detailed reports. For example, the Duke was informed that Jane Barragrass ‘pawned some things for £3, 4s 2d [...] earned an average of no more than 2/6 per week’, received ‘from St Martins Parish 1/6 weekly’ and ‘from your Grace 20s a year ago’.¹³³ Sarah Lloyd states however that charity donors had little interest in any ‘economy of makeshifts’ and were wholly concerned with giving and the creation of social distance.¹³⁴ Yet, at the very least, this knowledge of petitioners ‘making shift’ in a ‘mixed economy of welfare’ was important to the Duke,

¹³⁰ BHA House Steward, John Parker’s vouchers, 1828-1831, John Pashley, 27 July 1830.

¹³¹ E. T. Hurren and S. King, ‘“Begging for a burial”: form, function and conflict in nineteenth-century pauper burial’, *Social History*, vol.30:3 (2005), pp. 321-341; J-M. Strange, *Death, Grief and Poverty in Britain, 1870-1914* (Cambridge, 2005).

¹³² Chapter 3, p. 88 and p. 133.

¹³³ BHA House Steward, Letters to John Parker, Sarah Barragrass, *Mendicity Report*, 26 May 1830.

¹³⁴ S. Lloyd, ‘Agents in their Own Concerns?’ Charity and the Economy of Makeshifts in Eighteenth-Century Britain’ in S. A. King and A. Tomkins (eds), *The Poor in England 1700-1850: an economy of makeshifts* (Manchester, 2003), pp. 100-36, see summary by editors at p. 27.

enabling him to avoid overlapping or duplicating support and to make appropriate donations. Connected to this greater specificity on the part of many petitioners, several requests were for precise amounts. Thus, Esther Pennett wrote to the Duke, ‘we owe for rent £2 eleven shillings’ and she received a donation of £3.¹³⁵ Generally, petitioners who requested specific sums below £20 for named purposes received favourable responses, particularly where the sum was for rent arrears. This again may have reflected the belief that short-term, low level assistance to resolve a temporary issue, would avoid a higher level of expenditure in the long-term. Yet, in giving more precisely the Duke may have wanted to ensure that it would be used for its verified purpose, especially when given with the stipulation ‘need never apply again’.

Knowledge gained from the *Mendicity Society*’s inquiries not only informed petitions but also their conduction might be marshalled to further support a claim. One such petitioner, Thomas Lawson wrote directly to the Duke to inform him of the *Society*’s reported outcomes, stating:

I have been informed that inquiries have been made by the Mendicity Society by your Graces directions and one of the Gentlemen of that Society did me the justice to say that the result of his inquiries were satisfactory and that mine was a hard case and that he was bound in duty to report the same accordingly.¹³⁶

It appears then, in this case, the *Society* reporter gave the petitioner a favourable verbal report that was then sent in writing onto the Duke. Typically, this endorsement by the *Society* in turn enabled the claimant to re-petition on the basis of their now legitimised deservingness. The *Mendicity Society* was well aware of this effect, with the *Begging Letter Department* reports warning subscribers not to allow applicants to have possession of their internal reports, due to ‘improper use having been made of them’.¹³⁷ Thus, the *Mendicity Society*, by confirming deservingness, did not always reinforce independence in the way ‘scientific charity’ was meant to do. This outcome led Sir. Charles Trevelyan to contend that the meaning of the gift had shifted from charity as personal kindness to a *largesse* to which people believed they had a right.¹³⁸ This does

¹³⁵ BHA House Steward, John Parker’s vouchers, Esther Pennett, 3 February 1830.

¹³⁶ BHA Walter, 5th Duke of Buccleuch, Petitions, Thomas Lawson, 7 July 1830.

¹³⁷ For example: BHA Walter, 5th Duke of Buccleuch, Petitions, Sarah Barragrass, 26 May 1830.

¹³⁸ Sir Charles Trevelyan, *Three Letters to “The Times” on London pauperism* (London, 1870) cited in Stedman Jones, *Outcast London*, p. 253.

not however directly correspond to that sought by begging letter. Petitioners pushed for a positive outcome via the inquiry process but knew it was not guaranteed and therefore not necessarily a 'charitable right'. Expectations, however, did become higher, as the grounds for refusals were ironically removed by the *Society's* ongoing administrative process. Thus, the process of proof itself, which appeared rigorous, could also legitimise charity claims as an unintended but frequent outcome. This may also explain why the Duke tried to limit repeated applications and curb this sense of customary right in his annotations 'not to apply again'.

Related to this, further differences in the strategies deployed in begging letters to Duke Walter, as opposed to those of the Duchesses, surrounded the issue of dependency. Where petitioners to Duchess Elizabeth offered assurances that they would never apply again, as seen, some of Duke Walter's petitioners were *told* not to apply again. This reflected the influence of contemporary beliefs that relief should not encourage dependence but reinforce norms of self-help.¹³⁹ In this respect, Cynthia Klekar states, the gift was seen as an instrument for re-constructing individual character whereby 'feelings of obligation would reliably produce desired forms of behaviour'.¹⁴⁰ Thus, petitioners needed to adopt two basic stances in their petitions which Andrew has outlined.¹⁴¹ First was the claim that the petitioner was not morally responsible for their poverty and second, that they were redeemable, that is, they would again become self-supporting. Both of these appear in begging letters to Duke Walter. Where many of Duchess Elizabeth's petitioners had merely cited 'misfortunes' several begging letters to the Duke show that petitioners were becoming more transparent about the circumstances leading to their present situation and they saw the necessity of being so. This was the case for G. Hamilton, a medical practitioner, who wrote:

six years ago I bought a practice in St Martin's Lane for 185£. The average receipts were to be 3£ weekly. Weeks however passed in the agony of

¹³⁹ MacKay, *Respectability and the London Poor*, p. 106.

¹⁴⁰ C. Klekar and L. Zionowski (eds), *The Culture of the Gift in Eighteenth-Century England* (New York, 2009), p. 7.

¹⁴¹ D. T. Andrew, "'To the Charitable and Humane': Appeals for Assistance in the Eighteenth-Century London Press" in Cunningham and Innes (eds), *Charity, Philanthropy and Reform*, pp. 87-107, see p. 95

disappointment, and I found but too late that my purchase had been over-represented.¹⁴²

In addition, male petitioners gave greater detail to the Duke about their employment histories. Such petitioners were probably hoping that, at the very least, the Duke might recommend them for a position. Yet, it may also reflect their growing awareness of the kinds of information that was being sought by inquiry, that is, the knowledge of patterns of past behaviours that would testify to their redeemability.

One of the most common ways in which petitioners intimated this redeemability was to seek assistance to start a business which represents a distinct shift from those appeals that were sent to Duchess Elizabeth where such a request rarely featured. This may have been indicative of petitioners' concepts of gender roles, with 'business' a matter for men, whereas for women the promised goal of independence was not as essential when attempting to secure female support. Yet, frequent business appeals were prominent in petitions to Duke Walter. This was the case of J. Williamson who asked the Duke,

to send me sum of 5 pounds [...] I could put myself into a little way of business whereby I could make a decent living and support my family by industry, which has always been my wish.¹⁴³

Both men and women adopted this strategy. Whilst independence, a key attribute of masculinity, might explain male petitioners use of it, particularly to a male donor, women who found themselves in the role of provider also employed it. This reflects the view of Tim Hitchcock and Michelle Cohen who noted that men and women increasingly shared values.¹⁴⁴ It was utilised by the ill and infirm too. Thus, Elizabeth Williams wrote that she wanted to: 'raise a small fund to enable me to get into a way of business, so as to support myself during the remainder of my days'.¹⁴⁵ She described her present state as old and ill with a broken arm which raises the question of her ability to run a business and so may simply have been a strategy to get relief. In such cases it seems probable that the petitioners were well aware of the contemporary merit of

¹⁴² BHA House Steward, John Parker's vouchers, G. Hamilton, 1 February 1830; A. Digby, *Making a Medical Living, Doctors and patients in the English Market for medicine, 1720-1911* (Cambridge, 1994) shows that such men were often in financial trouble from cash-flow problems.

¹⁴³ NRS GD224/588/1, J. Williamson, 2 October 1828.

¹⁴⁴ Hitchcock and Cohen (eds), *English Masculinities*, p. 17.

¹⁴⁵ BHA Walter, 5th Duke of Buccleuch, Petitions, Elizabeth Williams, retained with 1830.

seeking to be independent but needed to also convey their very real inability to support themselves. Such a tactic was undoubtedly persuasive as it aligned with contemporary values of gainful industry and self-reliance. In effect, there was greater emphasis on the long-term benefit of assistance in letters to the Duke. Therefore, petitioners were aware of, and adapted their strategies to demonstrate, a certain standard of deservingness where their duty was to strive to restore and retain a self-supporting position in society.¹⁴⁶

Consequently, those male petitioners who were able to work needed to emphasize a willingness to do so in their letters. As the Duke demonstrated in his speech at the beginning of this chapter, those who worked were seen as legitimate recipients of his philanthropy in return for their industry.¹⁴⁷ Yet, work is a common narrative, as is the return to independence, across other written genres such as pauper narratives and petitions to Quarter Sessions. Begging letters to Duke Walter show an increase in able-bodied, male petitioners. Most commonly, men emphasized their efforts in seeking employment such as J. Beckett who explained, ‘I have been for many months out of employment, although have aperted myself most strenuously in every quarter, to obtain it, but unsuccessfully’.¹⁴⁸ Such men were undoubtedly aware that their ability to work might preclude them from receiving assistance particularly as the poor were dogged by the suspicion that unemployment entailed wilful withdrawal from labour.¹⁴⁹ They blamed economic conditions for their inability to obtain employment and strived to present themselves as faultless in failing to achieve independence, a key marker of manliness. The nature of these appeals is further explained, as Alexandra Shepard states, men who were excluded from patriarchal manhood had recourse to that deemed anti-patriarchal which included drinking, violence and profligacy. Labouring men in need therefore had an extra burden of demonstrating that they were industrious, thrifty and responsible.¹⁵⁰ If they could show that their poverty was associated with

¹⁴⁶ Roberts, ‘Head versus Heart?’, pp. 66-86.

¹⁴⁷ ‘Obituary. Walter Francis Montagu Douglas Scott, Fifth Duke of Buccleuch and Seventh Duke of Queensberry’, p. 347.

¹⁴⁸ BHA Walter, 5th Duke of Buccleuch, Petitions, J. Beckett, 30 October 1830.

¹⁴⁹ A. Tomkins, ‘Labouring on a Bed of Sickness’: The material and rhetorical deployment of ill-health in male pauper letters’ in A. Gestrinch, E. T. Hurren and S. A. King (eds), *Poverty and Sickness in Modern Europe, Narratives of the Sick Poor 1780-1938* (London, 2012), pp. 51-68.

¹⁵⁰ A. Shepard, ‘From Anxious Patriarchs to Refined Gentlemen: Manhood in Britain c. 1500-1700’, *Journal of British Studies*, 44:2 (2005), pp. 281-95.

economic defects in the system, so their claims on someone with spare resources would be legitimate.¹⁵¹

Another strategy, mostly deployed by male petitioners, resembled a business proposition coupled with an arrangement to repay the investment such as that of Mr. Ogilvy who stated that he could ‘return the same with 5 percent’.¹⁵² One such appeal appeared to pique the Duke’s interest when P. McDermott wrote, ‘if your Grace will have to goodness to grant my request all I can say is that on the word of gentleman the money shall be honourably repaid at the earliest opportunity’.¹⁵³ He explained that the money was intended for him to travel to Rome to visit a dying man who he was sure was going to make him his heir. Duke Walter appears to have contemplated this proposal making an annotation on the petition, ‘? is the story true about going to Rome’.¹⁵⁴ These types of propositions, which were only received by the Duke, indicate an element of gender was at play especially where there was an intersection between gift-exchange and the market economy.¹⁵⁵ There is no evidence that any of these loans were ever granted but with a contemporary emphasis on independence and no associational charities suited to this form of need, or public relief provision for this purpose, appeals to the wealthy were the only opportunity to employ this strategy.¹⁵⁶ It is apparent therefore, that as the approach to charity became more business-like on the part of the donor, the strategy employed by some hopeful recipients was to make their requests in more business-like terms.

Not all petitioners however presented themselves as actively avoiding dependence with many lamenting the loss of a protector in their petitions to Duke Walter. Whilst Ruth Crocker has contended that the loss of independence was more stigmatizing to men than women due to the link between femininity and dependence, in fact both males and females petitioned the Duke in this manner.¹⁵⁷ For some, the loss

¹⁵¹ A. Gestrich, S. A. King, L. Raphael (eds), *Being Poor in Modern Europe: historical perspectives 1800-1940* (Oxford, 2006), p. 17.

¹⁵² BHA Walter, 5th Duke of Buccleuch, Petitions, Mr. Ogilvy, 11 November 1830.

¹⁵³ NRS GD224/588/1, P. MacDermott, 27 July 1828.

¹⁵⁴ *Ibid.*

¹⁵⁵ Duchess Elizabeth did receive one promise to repay, on the receipt of an expected legacy, see: NRO X8757a, Catherine Tate, 3 December 1814.

¹⁵⁶ Andrew, ‘To the Charitable and Humane’, pp. 87-107, see p. 87.

¹⁵⁷ Crocker, ‘I Only Ask You Kindly’, pp. 131-160, see p. 137.

related to a noble patron who had previously supported them such as in the case of Thomas Graham who wrote, ‘I lost a most valuable friend in the late Lord and L[ad]y Hamilton’.¹⁵⁸ Another petitioner, Mary Truelock, requesting a continuance of Duchess Elizabeth’s assistance wrote, ‘the late much lamented Duchess was my only friend in her Grace I lost my protector and supporter’.¹⁵⁹ This strategy may have had an increased likelihood of success, given that when the lost protector was the Duchess it was a loss Duke Walter shared. For the remaining petitioners it was the loss of a husband or father that had led to the petition as in the case of Ann Robson Hughes who wrote of, ‘My father [...] by whos[e] death myself and sister are left quite unprovided for’.¹⁶⁰ Such petitions from ‘orphans’ may have been particularly persuasive not just because of the religious connotation, as Elizabeth McCarthy reminded the Duke, ‘you will have the prayers of the widows and orphans’, but also because Duke Walter had been orphaned himself at the age of thirteen.¹⁶¹ This would suggest that petitioners’ calculations involved making an estimation of the donor’s propensity to give based on knowledge of their personal experiences and religious ethos. It was certainly the case for Charles Clark, a student of Cambridge University, who petitioned, enclosing his University bill, based on the Duke ‘being a member of that University’.¹⁶²

One thing that petitioners knew of the Duke was his public reputation for charitableness. When J. Mandy wrote, ‘your name stands my Lord far eminent as a guardian and protector of the poor & friendless,’ he interpreted the Duke’s benevolence in paternal rather than utilitarian terms.¹⁶³ Men, however, not only sought protection for themselves in their letters but also expressed fears of leaving their families without provision. Some were already in prison for debt such as Charles Evelyn Houghton who wrote, ‘I am penn[i]less and have five young children who are now left totally destitute and of paternal protection’.¹⁶⁴ Wives with husbands living also petitioned on this basis explaining their husband’s incapacity to support them. This was the case for Sarah McCann who wrote: ‘my husband has been afflicted with a deficiency of his eye-sight for three years past which has rendered him totally incapable of following his trade as a

¹⁵⁸ BHA Walter, 5th Duke of Buccleuch, Petitions, Thomas Graham, 3 November 1830.

¹⁵⁹ BHA House Steward, John Parker’s vouchers, Mary Truelock, retained with 1829.

¹⁶⁰ BHA Walter, 5th Duke of Buccleuch, Petitions, Ann Robson Hughes, 17 June 1830.

¹⁶¹ BHA Walter, 5th Duke of Buccleuch, Petitions, Elizabeth McCarthy, 1 June 1829.

¹⁶² NRS GD224/588/1, Charles Clark, 1828. Duke Walter had studied at St. John’s College.

¹⁶³ BHA House Steward, John Parker’s vouchers, J. Mandy, 11 May 1829.

¹⁶⁴ BHA Walter, 5th Duke of Buccleuch, Petitions, Charles Evelyn Houghton, 9 March 1830.

tailor'.¹⁶⁵ Whilst Andrew contends that women were the natural agents of appeal, it seems likely that a petition coming from a wife, would reinforce the claim of a husband's inability to provide.¹⁶⁶ Alannah Tomkins states that it was emasculating for men to request poor relief or charity.¹⁶⁷ Yet, this sample comprises comparable numbers of petitions from wives whose husbands were unable to provide, as it does from husbands themselves. This would indicate that necessity overrode any humiliation and even that successful efforts by men to secure assistance would still enable them to fulfil their role as provisioners.¹⁶⁸ Several wives whose husbands were unemployed also appealed on the basis of their inability to support children, such as that of Catherine Sullivan who had, 'four helpless children without much means for their support'.¹⁶⁹ This suggests that, as Joanne Bailey has identified, provisioning was a joint effort shared by mothers and fathers.¹⁷⁰ Similarly, female pleas to shared maternity dilemmas often seen in petitions to the Duchesses later became factual statements of situations in those to the Duke based on their inability to provide. These strategies, which highlighted the effects of loss of provision on children, whether utilised by mothers or fathers, may again have been effective in that assistance given now was believed to save more later.¹⁷¹ The deployment of this strategy, claiming no or little protection, led Andrew to state that females with dependents but no spouses had the strongest claims to charity.¹⁷² Yet, one of the overriding attributes of masculinity, that of men's role as provisioners, with responsibility for providing for dependents demanded by both law and religion, meant that males who feared being unable to fulfil their gender role also had a strong claim.¹⁷³ Thus, both men and women appealed in terms of their compromised gender roles, which were a key yardstick for dignity. Significantly, the identification of these types of pleas in begging letters to the Dukes and Duchesses reflects and extends the research of Bailey who found similar strategies when

¹⁶⁵ *Ibid.*, Sarah McCann, retained with 1830.

¹⁶⁶ Andrew, 'Noblesse Oblige', p. 275-95, see p. 290.

¹⁶⁷ Tomkins, 'Labouring on a Bed of Sickness', pp. 51-68.

¹⁶⁸ This echoes the Scottish belief that begging still constituted independence, see: Mitchison, *The Old Poor Law in Scotland*, p. 159.

¹⁶⁹ BHA Walter, 5th Duke of Buccleuch, Petitions, Catherine Sullivan, retained with 1830.

¹⁷⁰ Bailey, "'Think Wot a Mother Must Feel'", pp. 5-19, see p. 10.

¹⁷¹ D. T. Andrew, *Philanthropy and Police: London charity in the eighteenth-century* (Princeton, 1989), p. 19.

¹⁷² Andrew, 'To the Charitable and Humane', pp. 87-107, see p. 94.

¹⁷³ J. Bailey, "'Think Wot a Mother Must Feel": Parenting in English Pauper Letters c.1760-1834', *Family and Community History*, 13:1 (2010), pp. 5-19, see p. 6.

considering the representation of parenting in pauper letters.¹⁷⁴ Hence the value of making comparisons across the different genres of charitable appeals is apparent in extending our understanding of the impact of gender in both statutory and customary frameworks.

The overwhelming strategical position adopted in the petitions therefore was to appeal on the basis of common ground, whereby petitioners wrote in terms of their roles as mother, father, son, daughter, widow and orphan. As such, it was an effective strategy, which aimed to bridge ranks by achieving a shared understanding with a male or female donor. This appears to also be the case for aspects of masculinity and femininity common to men and women regardless of their rank. Given the public reporting of births, marriages and deaths of those of high social standing, knowledge of a potential donor's status in terms of those roles may have been the most readily accessible to petitioners. Whilst it has been stated that the interposing of experts and officials between giver and receiver transformed the gift- relationship, de-personalising it, the evidence in begging letters supports the view that petitioners aimed to carefully personalise the appeal.¹⁷⁵ This was further achieved, states Ilana Ben-Amos, by offering humility, and making 'explicit use of the language of reciprocity and returns'.¹⁷⁶ Therefore, it is imperative to consider the rhetorical stances in the petitions and contrast them with those deployed in appeals to the Duchesses, before reviewing all of the evidence in the conclusion.

As identified in begging letters to Duchess Charlotte in Chapter 3, remnants of religious rhetoric persisted in those to Duke Walter too. Petitioners continued to remind the Duke that his fortune, as well as his benevolence, was God-given. Thus, George Winter wrote: 'to implore the aid of those to whom the Almighty has given the means, and disposition to relieve the pangs of suffering'.¹⁷⁷ Both men and women deployed this rhetoric but it was widows and orphans that most often utilised it, as in the case of Ann Jones who wrote: 'be yours my Lord the heavenly task to soften the widows distress'.¹⁷⁸

¹⁷⁴ *Ibid.*

¹⁷⁵ For these opposing views see: Stedman Jones, *Outcast London*, p. 252 and Crocker, 'I Only Ask You Kindly', pp. 131-60.

¹⁷⁶ Krausman Ben-Amos, *The Culture of Giving*, p. 204.

¹⁷⁷ BHA House Steward, John Parker's vouchers, George Winter, 23 February 1829.

¹⁷⁸ *Ibid.*, Ann Jones, 2 February 1829.

This echoed widows' appeals to Duchess Elizabeth, again as seen in Chapter 3. Such rhetoric also featured in prayers and reciprocity as Joan Robertson wrote, 'your noble Grace will have the widow and the fatherless blessing'.¹⁷⁹ Thus, some widows and orphans perceived their deservingness as Biblically legitimised. Yet, unlike petitioners to Duchess Elizabeth, few wrote to Duke Walter of their situation as being sent by the Almighty, attributing it instead to secular causes; though this could be expressed metaphorically rather than in factual terms, such as, 'the chilling hand of adversity presses heavily'.¹⁸⁰ This correlates with the view that charity changed from a 'duty performed as a result of holding resources on trust for communal benefit:' to 'an act of mercy performed as a result of morally refined sensitivity in the giver to the sight or knowledge of human suffering'.¹⁸¹ Even so, whilst the decision made following inquiry may have been a rational and even a scientific one, the initial decision to inquire was susceptible to the persuasive content of petitions. Therefore, it is important to examine the emotive rhetoric in petitions to Duke Walter to consider its influence on his charitable decisions.

Many petitions took the form of personalised appeals to sentiment such as that of Elizabeth Gough who wrote that her appeal was, 'to your feelings of humanity and benevolence'.¹⁸² Some petitions were more eloquent. In the absence of immediate suffering, pleas called for imagination, such as that of Elizabeth Neame who wrote: 'Oh my Lord Duke your feeling heart would bleed did you witness our dreadful situation'.¹⁸³ Mirroring the appeals to the family tradition for benevolence, Jane Barragrass, in writing, 'the benevolent feelings which have so eminently distinguished your noble family and of which your Grace is the amiable possessor' sought to remind the Duke that he had inherited such sentiments from his ancestors.¹⁸⁴ Not only was feeling characteristic of rank but also of gender as Robert Shoemaker states, there was an ideal of masculinity in this period that was 'sensitive, charitable and refined'.¹⁸⁵ Yet, studying the late nineteenth century, Crocker found that there was a reduction in appeals to

¹⁷⁹ NRS GD224/588/1, Joan Robertson, 5 December 1828.

¹⁸⁰ BHA House Steward, John Parker's vouchers, Ann Jones, 2 February 1829.

¹⁸¹ Roberts, 'Head versus Heart?', pp. 66-86, quote at p. 70.

¹⁸² BHA Walter, 5th Duke of Buccleuch, Petitions, Elizabeth Gough, retained with 1830.

¹⁸³ *Ibid.*, Elizabeth Neame, 6 February 1830.

¹⁸⁴ BHA House Steward, John Parker's vouchers, Sarah Barragrass, 15 April 1829.

¹⁸⁵ R. Shoemaker 'Male Honour and the Decline of Public Violence in Eighteenth-Century London', *Social History*, 26:2 (2001), pp. 190-208, quote at p. 207.

sentiment as philanthropy became more careful, based on investigation and relief of genuine need.¹⁸⁶ In petitions to the Duke and Duchesses this reduction was not yet apparent in this period but there was a more a subtle change in rhetoric. Significantly, this was distinguishable in a shift from ‘pity’, with its condescending connotation, notably in letters to Duchess Elizabeth, compared to ‘sympathy’, a shared feeling, in appeals to Duke Walter. Thus, petitioners adopted strategical and rhetorical stances seeking the Duke’s empathy, such as that by Thomas Pearce who wrote, ‘vouchsafe my Lord for a moment to imagine a fathers feelings at so trying a crisis’.¹⁸⁷ Such appeals correspond again with Bailey’s observation that, writers (both mothers and fathers) called upon a rhetoric of family and benevolence that originated in the wider cultural discourse of sensibility.¹⁸⁸ In effect, these kinds of appeals promoted imagination and empathy as guides to moral action.¹⁸⁹ This reinforces the view of Graham Barker-Benfield that whilst both men and women were thought capable of sensibility, ‘benevolence was regarded as a quasi-divine attribute, a quality that was most fully realised in a man with the fullest powers to propose and dispose’.¹⁹⁰ Consequently, it is erroneous to view male charitable practice as solely rational, scientific and based on knowledge. Petitioners’ appeals demonstrate a perception of masculinity, embodied in the Duke, which was characterised by a measure of sensitivity. It must also be remembered however that both Duchesses sought and acted on information as much as emotion.

Whilst Andrew has identified the force of three emotions in personal appeals: maternity, sentiment and patriotism, it is the latter which characterises many of the petitions to Duke Walter.¹⁹¹ Patriotism was, Andrew states, a ‘powerful clarion’ and one fifth of begging letters to the Duke rest on this strategy, whereas there are fewer examples in those to the Duchesses.¹⁹² Several such petitioners mentioned military service under family members or in Scottish regiments.¹⁹³ Yet, these were the only types

¹⁸⁶ Crocker, ‘I Only Ask You Kindly’, pp. 131-160, see p. 144.

¹⁸⁷ BHA Walter, 5th Duke of Buccleuch, Petitions, Thomas Pearce, 3 May 1830.

¹⁸⁸ Bailey, ‘Think Wot a Mother Must Feel’, pp. 5-19.

¹⁸⁹ See: G. J. Barker-Benfield, *The Culture of Sensibility: sex and society in eighteenth-century Britain* (Chicago, 1992).

¹⁹⁰ S. Lloyd, *Charity and Poverty in England, c. 1680-1820: Wild and visionary schemes* (Manchester, 2009), p. 62.

¹⁹¹ Andrew, ‘To the Charitable and Humane’, pp. 87-107, see p. 100.

¹⁹² Andrew, ‘To the Charitable and Humane’, pp. 87-107, quote at p. 100.

¹⁹³ BHA House Steward, John Parker’s vouchers, John Wilson, 26 May 1829.

of service that featured in appeals to the Duchesses. For Duke Walter, however, petitions were made on the basis of any service to country. Thus, Charles Evelyn Houghton wrote, 'Thirty three years have now passed since I entered the Royal Navy (twenty five of which, I have been a lieutenant) and during this long period my every effort, has been exerted for its honour'.¹⁹⁴ Both wives and widows also made use of this approach with some simply incorporating the information in their signatures such as Ann Bray, who signed herself, 'an aged widow of a Naval officer'.¹⁹⁵ This strategy proved to be an effective one, as the majority not only received donations but also at the higher levels reflecting the military ranks that they had attained. Given the centrality of reciprocity to the gift-relationship one explanation for the liberality of this 'gift' was that it was given in return for the petitioner's 'gift' of his service to his country: attributes Duke Walter espoused in his speech in 1839 that opened this chapter.

Even though begging letters to Duke Walter were overwhelmingly deferential in tone, they, like those to Duchess Charlotte, had moved away from the deployment of deferential imagery to that more simply expressed. This, Van Ginderachter states, was reminiscent of a genre change in ordinary writing from ceremonial and juridicial forms to less formulaic exchanges.¹⁹⁶ There was, however, one contrasting feature in the deference displayed in petitions to the Duke as opposed to those of the Duchesses. These were the apologies for taking up his time, thus Josiah Dean apologized for 'intruding on your valuable time'.¹⁹⁷ This would suggest that petitioners, perhaps believing him to be busier in the management of his estates, perceived a Duke's time to be more valuable. Yet, the reference to value may have been more obsequious too, relating likewise to his importance in terms of rank or gender. Despite this, only two petitioners sent their letters to the Steward or the Secretary of the Duke. Most felt that a hearing of their present difficulties was deserving of his time. Yet, only one petitioner specifically requested a face-to-face interview, which was a strategy intended to re-personalise the gift-relationship.¹⁹⁸ It was rarely deployed, as petitioners were probably aware that it was unlikely to be granted; there was always an intermediary in the Duke or Duchesses' charitable relationships.

¹⁹⁴ BHA Walter, 5th Duke of Buccleuch, Petitions, Charles Evelyn Houghton, 9 March 1830.

¹⁹⁵ BHA House Steward, John Parker's vouchers, Ann Bray, 12 May 1829.

¹⁹⁶ Van Ginderachter, 'If your Majesty would only send me a little money', pp. 69-84, see p. 82.

¹⁹⁷ BHA Walter, 5th Duke of Buccleuch, Petitions, Josiah Dean, 10 May 1830.

¹⁹⁸ Crocker, 'I Only Ask You Kindly', pp. 131-160, see p. 142.

Related to the language of deference, a further significant distinction between appeals to the Duke and the Duchesses was the reference to ‘honour’. It occurred rarely in letters to Duchess Elizabeth and only occasionally in those to Duchess Charlotte. Yet, most of Duke Walter’s letters contained the term. In fact, the words ‘honour’ or ‘honourable’ occurred thirteen times in just one average-length letter to the Duke.¹⁹⁹ Whilst modes of masculinities may have shifted in the direction of greater civility and with a measure of sensitivity, the concept of honour appears to have persisted in the gift-relationship. When petitioners appealed to the honour of the Duke they did so in view of his social status as a high-ranking male. Such deployment may have been formulaic but that it was predominantly to a male donor implies a clear correlation to his gender. Yet, petitioners were quite clear that the Duke’s honourable actions could be applied to both males and females. Many wrote intimating that should the Duke consider their petition, or reply to it, or give a donation, to do so would be honourable. For example, Mary Hassall wrote asking if the Duke would, ‘condescend to honour me with your benevolent assistance’.²⁰⁰ As a result of the Duke’s honourable actions, the petitioner would feel honoured and recognition of the philanthropy would return honour to the Duke. Thus, as Douglas stated, this was a system of reciprocity involving the honour of both the giver and the receiver.²⁰¹

Lastly, it is necessary to examine reciprocity as this enables further understanding of giving behaviour. Many petitioners to the Duke promised gratitude in advance in return for any assistance. This was often long-term appreciation as in the case of Mary Chitty who wrote: ‘I shall be for ever thankful [*sic*]’.²⁰² Thus, Cynthia Klekar views that the obligation to return the ‘gift’ fostered paternalistic social relations as receivers reciprocated with deference and gratitude.²⁰³ Yet, in one instance, a petitioner strategically aimed to invert the gift-relationship as it was the Duke who was expected to reciprocate with a money donation based on the receipt of a letter-writer’s gift. A ‘rich quilt bedding’ had been previously sent to Duchess Elizabeth on behalf of

¹⁹⁹ NRS GD224/588/1, James Hunter, [date illeg.].

²⁰⁰ BHA House Steward, John Parker’s vouchers, Mary Hassall, 11 February 1829.

²⁰¹ M. Douglas, “‘No Free Gifts’”, Introduction to M. Mauss’s *Essay on the Gift* in M. Douglas, *Risk and Blame: Essays in cultural theory* (London, 1990), pp. 155-66.

²⁰² BHA House Steward, John Parker’s vouchers, Mary Chitty, retained with 1830.

²⁰³ Klekar and Zionowski (eds), *The Culture of the Gift*, p. 3.

Charles Frederick Dennyson's deceased mother, as it was 'her dying desire'.²⁰⁴ As Dennyson's father-in-law had sent it, Dennyson wrote to the Duke to implore, 'that it must be considered as a present coming from me' and continued 'I solicit that what notice may be taken of it may be transmitted to me for should it come through his [father-in-law's] hands I will never get one farthing'.²⁰⁵ There was no return 'gift' however, and it is reasonable to assume that the Duke did not want to set a precedent for this type of strategy, whereby a 'gift' would elicit a monetary return.

Overall significant reciprocal benefit to the Duke was intimated in the strategy utilised by petitioners who referred to his honourable family, reminding him of the public reputation of his relatives who had behaved honourably before him.²⁰⁶ As Ben-Amos states, honour that had been reinforced by piety and charity outlived the deceased and was a model for emulation.²⁰⁷ Petitioners, therefore, were not just appealing to an internalised, individual sense of honour but to a historically accumulated aristocratic capital in terms of *noblesse oblige*. This translated into public reputation, whereby the failure of any of its guardians to act honourably, risked its diminishment. As Faramerz Diabhoiwala notes, reputation in this period must be understood as a compound of social and moral status, that is, not just lineage and wealth but conduct.²⁰⁸ Both Duke Walter and his petitioners were aware that this meant meeting his dutiful obligations, not only as a landowner but also as a man of a certain social standing. Consequently, in a situation where entitlement to assistance was customary, appeals to honour, even if formulaic, were an effective strategy. It was the means by which petitioners could allude to an expected code of behaviour that would in turn enable the Duke to fulfil his duties. The gift-economy, therefore, resulted in an accumulation of symbolic capital in terms of recognition, honour and nobility.²⁰⁹ In this way, both reputation and rank were maintained and reinforced, with the self-esteem of the giver enhanced.²¹⁰

²⁰⁴ BHA Walter, 5th Duke of Buccleuch, Petitions, Charles Frederick Denny, 15 December 1830. Duchess Elizabeth died in 1827.

²⁰⁵ *Ibid.*

²⁰⁶ BHA House Steward, Letters to John Parker, Sarah Barragrass, 7 May 1830.

²⁰⁷ Krausman Ben-Amos, *The Culture of Giving*, p. 228.

²⁰⁸ Diabhoiwala, 'The Construction of Honour', p. 203.

²⁰⁹ P. Bourdieu 'Marginalia – Some Additional Notes on the Gift', trans. R. Nice, p. 234 and p.239 in Klekar and Zionowski (eds), *The Culture of the Gift*, p. 3.

²¹⁰ Krausman Ben-Amos, *The Culture of Giving*, p. 241.

4.6 Conclusion

This thesis has thus far demonstrated the manner in which the inquiry procedure drove the whole petitioning process from creation of the petition to the receipt or refusal of assistance. The embracing of new methods of obtaining the information on which to base charitable decisions not only acted as a filter for requests but, as seen, strongly influenced Duke Walter's informal giving. Whilst this may have led to a more calculated approach to the relief of distress it did not entirely result in a professionalizing of the gift-relationship in the same way as had been claimed for the *Mendicity Society's* ticketing system of donating.²¹¹ There was certainly greater efficiency and consistency in the process that was attained by the collating, organising and keeping of information for future reference. Whilst this may have amounted to an increasingly professional gift-relationship on the part of Duke Walter, the charity of both Duchesses, as demonstrated in Chapter 3, had contained significant elements of recollection and calculation. Furthermore, although in the standard historical literature it has been contended that this business-like manner amounted to a rejection of *noblesse oblige* and a decline in paternalism, this chapter has found a more subtle charity story in the family archives.²¹² The organisation of Duke Walter's charitable practice appears to have been intended to meet his obligations more efficiently rather than deny them. The concerted use of the *Begging Letter Department* of the *Mendicity Society* coincided with the end of John Parker's service as Steward, and though it may reflect society-wide trends towards rationalisation, it also addressed the practical problem of how to deal with hundreds of letters, making a large variety of claims, all needing verification.²¹³ The main effect of the new type of inquiry was that it enabled Duke Walter to establish and adhere to clear principles, underpinned by contemporary concerns, when making his charitable decisions. As such, ambiguity was removed from the decision-making process. A generous gift was given but seldom repeated.

Furthermore, the employment of such knowledge gathering services on which decisions would be based gave the Duke an added layer of protection against criticism. Petitioners could consequently justify any refusals as being due to the inquirer's

²¹¹ Roberts, 'Re-shaping the Gift Relationship', pp. 201-31, see pp. 229-31.

²¹² R. Crocker, 'I Only Ask You Kindly', pp. 131-160, see p. 136.

²¹³ *Ibid.*

misrepresentations rather than any parsimony on the part of the Duke. This was important as benevolence justified both rank and masculinity, and though for the Duke, masculinity may have been an interiorised sense of personal identity, it also related to social reputation. Whilst, the Duchesses may have been fearful of injuring their charitable reputation, given that charity was perceived to be part of the female caring role, these concerns applied just as much to the Duke. It was not just the Duke's own rank and gender that permeated his actions but also his consideration of the social status and gender of the petitioners shaped his charitable method.

As has been explained, Duchess Elizabeth operated with a simpler set of criteria for petitioners to successfully secure a donation that were verified by an inquiry where the effect of the assistance was not a primary concern. In this respect, changes in the gift-relationship, when viewed from the perspective of the donor appear more generational than gender-related. Even so, as Martin Gorsky has suggested, this was not simply a shift from a sensitive, caring approach to a practical, realistic one.²¹⁴ Not only did Duchess Elizabeth make calculations in her charitable practice based on the potential of petitioners to support themselves but Duke Walter's charity often involved an element of protection which was arguably based on charitable feelings as much as any estimation of future prospects. Thus, the idea of fixed gender roles in the practice of aristocratic charity is therefore challenged, as male informal giving could be personal and empathetic as much as female informal giving could be fact-based and calculated. Even though Duke Walter may have been motivated by a desire to reinforce his social ranking, or to promote philanthropic or broader social goals, he also demonstrated altruism in consideration of those whose experiences he empathized with. This in turn upheld his manliness. Whilst he may have been more perfunctory in terms of compassion than Duchess Elizabeth, he still gave, regularly, and as much, if not more, than she did. As stated, it may simply have been that his benevolent focus was more on longer-term solutions and about greater numbers or the public good than individual cases of need.

Despite the apparent rigidity of the Duke's charitable practice, petitioners employed strategies and rhetoric in their letters aiming to maximise their chances

²¹⁴ Gorsky, *Patterns of Philanthropy*, p. 178.

within its parameters. They crafted their appeals to coalesce with those factors that they perceived would motivate Duke Walter to donate. Thus, petitioners offered humility and made explicit use of the language of reciprocity and returns, reminding the Duke not only of his status but also his generous reputation. It was the relationship between honour and reciprocity that for Ben-Amos explained the persistence of voluntary-giving as it always enhanced the honour, pedigree and privileges of the donor.²¹⁵ Furthermore, it promoted an internalised sense of personal honour and self-esteem.²¹⁶ Many who petitioned the Duke were acutely aware of the significance of honour and reputation to the Duke and also by extension the connection with lineage and protocol that was intrinsic to his family's tradition for benevolence.

Petitioners also demonstrated that they understood the contemporary imperative to promote philanthropic goals. They formulated appeals accordingly, anticipating and emulating the desired responses to the *Mendicity Society's* inquiries. To reinforce their request, petitioners carefully personalised their appeals, adding the language of sentiment. They sought to achieve a shared understanding with the Duke in the hope of generating personal intervention. It was not simply the gender of the donor, or that of the petitioner that determined the approach but the rhetorical position that they could adopt. Thus, approaches which were based on the inability to fulfil gender roles, such as nurturing children or being a main breadwinner, were among the strongest claims for assistance on the part of both men and women. It was not just shared masculinity however but any roles with which the donor could empathize. Duke Walter was at once, a wealthy man of the highest social standing, a husband, a father, a brother, an orphan, the grandson of a widow, Scottish, English and the descendant of a family that had an intergenerational reputation for benevolence. People petitioned him on the basis of these positions and whilst appeals to paternalism became sentiment in theory, this did not mean that the petitioner was not seeking or expecting that level of protection in practice.

The centrality of the inquiry procedure to the petitioning process meant that donors not only acquired knowledge on which to base decisions but also that petitioners

²¹⁵ I. Krausman Ben-Amos, *The Culture of Giving: informal support and gift-exchange in early modern England* (Cambridge, 2008), p. 241.

²¹⁶ *Ibid.*

learned in practical terms the shifting requirements for success. This knowledge they then applied to their petitions. Thus, whilst the nature of the gift-relationship may have altered during this period due to changing ideological expectations, this chapter's new analysis has demonstrated that as Crocker states, it did not amount to a top-down bureaucratization but was a 'co-production of clients and donors'.²¹⁷ Informal giving hence not only persisted throughout the thesis period for both the Duke and the Duchesses but rather than being a remnant of the past it thrived, continually evolving to meet the changing ideological climate. Both parties had an interest in adapting within it, as each continued to be dependent on the other for the reciprocal benefits to be gained from participating in these charitable transactions. As Ben-Amos observes 'the returns for the offering were neither equal nor material but rather entailed social and cultural assets that were by no means any less potent and binding'.²¹⁸ We therefore look ahead in the next Chapter 5 to the family's more public, associational charity-giving that was conducted through major institutions that expanded a lot over the course of this thesis study period.

²¹⁷ Crocker, 'I Only Ask You Kindly', pp. 131-160, quote at p. 148.

²¹⁸ Krausman Ben-Amos, *The Culture of Giving*, p. 142.

Chapter 5: The Associational Philanthropy of the Dukes and Duchesses of Montagu, and Buccleuch and Queensberry, in a Culture of Giving 1732-1847.

5.1 Introduction

On 11 September 1767 George, 1st Duke of Montagu (2nd creation), wrote to his Steward

I ought and am inclined to subscribe to the General Infirmary proposed at Leeds; but I desire to know what has been subscribed, and the expense estimated of the whole, that I may regulate myself accordingly.¹

Almost seventy years later Duchess Charlotte faced a similar dilemma, writing on 20 March 1834 to inquire of her Steward

what donation should I give to the Society of Musicians, I promised Lord Tweeddale to patronize it which I have done but I suppose that I must subscribe or give a donation besides.²

Such deliberations give a valuable insight into the charitable decision-making process engaged in by two generations of the Dukes and Duchesses of Montagu and Buccleuch concerning associational charities. The two examples cited above of the *Leeds General Infirmary* and the *Edinburgh Society of Musicians* were in close proximity to the family estates.³ Yet, geographical motivation was not the only charitable factor. Both Duke George and Duchess Charlotte sought further information to enable them to meet social expectations in the performance of their philanthropic activity that was publicly visible. Chapters 3 and 4 have examined charity described as private, in that, it was solicited by individuals of individual Dukes and Duchesses who then made autonomous decisions about whether, and how much, to donate. This chapter, by extension, explores the associational charitable behaviour of the Montagu Douglas Scott family through their public support of societies and institutions between 1732 and 1847. These associations saw people come together to promote a cause they believed in, forming societies and funding themselves through member's annual subscriptions (or donations), in a manner

¹ NoRO MC 50/12 503X4.

² NRS GD224/795/1; George Hay, 8th Marquess of Tweeddale, was President of the *Musical Society of Edinburgh*.

³ Duke George held paternal estates in Yorkshire. Duchess Charlotte was the wife of Walter, 5th Duke of Buccleuch who held estates in the Scottish borders and Dumfriesshire.

similar to the joint stock companies of the era.⁴ This timespan encompasses five generations of Dukes and Duchesses who participated in what was a long tradition of giving in association with others during this period.⁵ It directly corresponds to that identified by contemporaries as the ‘age of benevolence’ in which associational charity flourished.⁶ A novel approach is taken compared to that of standard historiographies. Both the influences, pressures and imperatives implicit in the family’s charitable decision-making, as well as their location in a culture of giving, are explored to give a more holistic sense of the gift-relationship in public. Gaining insights from the language, rhetoric and the situation of appeals for support that were integral to a structure of associational philanthropy thus builds on that of the previous chapters on petitions. We are able to engage in the archives with the scale of associational charities by a leading aristocratic family that once more set the tone for others in society.

This approach to understanding charitable behaviour is reminiscent of those adopted in the European literature, such as that by Marco Van Leeuwen who situated his research in the giving structure (elaborated further below).⁷ This comprises a more nuanced methodology than that employed in the British historiography which has simply acknowledged the importance of the culture of giving for shaping the institutions and practices that gave this era its distinctive identity.⁸ For Harold Perkin the most obvious manifestations of gift-relations occurred through the workings of patronage which, he stated, was all-pervasive in England during this period.⁹ Earlier, Marcel Mauss had recognised the way in which gift-exchange ensured the charitable system worked successfully.¹⁰ Yet, there have been conflicting opinions as to who the real beneficiaries were, with Pierre Bourdieu focusing on gains to the donors through

⁴ H. Cunningham, ‘History of Western Philanthropy’, *Centre for Charitable Giving and Philanthropy*, Occasional Paper (June 2013), URL <http://www.slideshare.net>. It should be noted that Government grants were also made to some voluntary bodies.

⁵ Four generations only are included in this chapter. Charles, 4th Duke of Buccleuch and his wife Duchess Harriet have been omitted because suitable evidence for their associational charity has yet to be located.

⁶ D. T. Andrew, ‘To the Charitable and Humane’: Appeals for Assistance in the Eighteenth-Century London Press’ in Cunningham and Innes (eds), *Charity Philanthropy and Reform*, pp. 87-107 quote at p. 87.

⁷ M. H. D. Van Leeuwen, ‘Logic of Charity: poor relief in preindustrial Europe’, *The Journal of Interdisciplinary History*, 24:4 (1994), p. 589-613.

⁸ H. Perkin, *Origins of Modern English Society, 1780-1880* (London, 1969); I. Krausman Ben-Amos, *The Culture of Giving: informal support and gift-exchange in early modern England* (Cambridge, 2008).

⁹ Perkin, *Origins of Modern English Society*, p. 49-50.

¹⁰ M. Mauss, ‘Essai sur le don. Forme et raison de l’échange dans le société archaïques’, *Sociologie et Anthropologie*, (Paris, 1950), pp. 145-279. *The Gift: The Form and Reason for Exchange in Archaic Societies* trans. W. D. Halls (New York, 1990) in Krausman Ben-Amos, *The Culture of Giving*, p. 5.

their accumulation of symbolic capital, that is, a recognition of honour and nobility.¹¹ Thomas Adam, by contrast, contends that both sides gained something in the process of giving, one received money – the other a social standing.¹² There is consensus, however, that the long eighteenth century was a critical period for all gift relations.¹³ Whilst gift-exchange has been recognised as fundamental to the rise of associational charities, British historiography to-date has been concerned with the general role of charity and the philosophies of benevolence, philanthropy and generosity in eighteenth-century England.¹⁴ The changing significance of gift relations in this period has therefore yet to be fully addressed in leading families.

Research concerning personal motivations has also been lacking probably because it has been recognised as the hardest area to address and the one most susceptible to the danger of speculation.¹⁵ Mostly, motives have been considered *en masse*; although Donna Andrew has begun to identify patterns in giving by women and the aristocracy.¹⁶ Using lists of subscribers to different types of charities, she has located the existence of super givers, a fairly well-defined group of major charitable donors.¹⁷ Susan Lawrence also recognises the potential that archive work on governors, donors and other benefactors could have in creating a picture of change over time in the types of people subscribing.¹⁸ This has yet to be undertaken largely due to the difficulties in identifying people from subscription lists and minute books. The recognition, however, that many of the same individuals gave to several charities concurrently highlights the opportunity to study webs of personal relationships and networks of influence within gift-relationships.¹⁹ Furthermore, such findings have the

¹¹ P. Bourdieu 'Marginalia – Some Additional Notes on the Gift', trans. R. Nice in A. D. Schift (ed.), *The Logic of the Gift: Toward an Ethic of Generosity* (London, 1997), pp. 231-244, see p. 234 and p. 239.

¹² T. Adam, *Philanthropy, Patronage and Civil Society: Experiences from Germany, Great Britain and North America* (Bloomington, 2004), p. 4.

¹³ Klekar and Zionowski (eds), *The Culture of the Gift in Eighteenth-Century England*, p. 5.

¹⁴ See for example: D. Owen, *English Philanthropy 1660-1960* (Cambridge, 1964); D. T. Andrew, *Philanthropy and Police: London charity in the eighteenth century* (Princeton, 1989); A. J. Kidd, 'Philanthropy and the 'Social History Paradigm'', *Social History*, 21:2 (1996), pp. 180-192; H. Cunningham and J. Innes (eds), *Charity, Philanthropy and Reform: from the 1690s to 1850* (Basingstoke, 1998).

¹⁵ Owen, *English Philanthropy*, p. 69.

¹⁶ Andrew, *Philanthropy and Police*, pp. 83-4.

¹⁷ *Ibid.*, p. 88.

¹⁸ S. C. Lawrence, *Charitable Knowledge: Hospital pupils and practitioners in eighteenth-century London* (Cambridge, 1996), p. 45

¹⁹ Andrew, *Philanthropy and Police* p. 84.

potential to challenge assumptions that the primary reason people gave to certain charities was merely because they agreed with their objectives. Geoffrey Finlayson has however acknowledged that this is too simplistic, suggesting several other explanations as to why people engaged in philanthropy.²⁰ These include taking refuge from family unhappiness, filling the space left by a lack of occupation, intentionally depriving relatives of a legacy, as well as simple altruism or good deeds for disinterested motives.²¹ In the absence of suitable evidence, the British historiography has considered reciprocity, altruism and self-interest on a theoretical basis only.²² This thesis therefore explores this significant gap.

Helpfully, Lex Heerma Van Voss and Marco Van Leeuwen's threefold methodology takes into account the characteristics of donors, the characteristics of charitable causes and the giving structure at large in Europe.²³ To address the question of what induced people in the past to be charitable they have examined the act of giving itself and the charitable impulse.²⁴ Through a consideration of the rhetoric and culture of giving, the behaviour of benefactors and its determinants have been addressed.²⁵ Thus, they found that the gift-relationship functioned on three levels.²⁶ Firstly, as an expression of religious duty and class standing; secondly, it was a personal exchange, and lastly, as an expression of the existence of a wider petitioning culture. In this framework, decisions were made in the face of a range of choices, options which were presented as petitions. These were designed by charities to persuade people to support them, that is, to appeal to the views of potential donors. Analysing such charitable appeals in a British context therefore has the potential to reveal just what people regarded as valid reasons for giving. Yet, whilst the selection of charities supported was an expression of the wider petitioning culture it was not a one-sided manifestation. The poor too might choose other courses of action if conditions for acceptance were too demanding; the interests of both parties had to be met in order for an association to be effective. This has been described by Van Leeuwen as an 'institutionalized bargaining'

²⁰ G. Finlayson, *Citizen, State and Social Welfare in Britain 1830-1990* (Oxford, 1994), pp. 49-50.

²¹ *Ibid.*, pp. 52-53.

²² Kidd, 'Philanthropy and the 'Social History Paradigm'', pp. 180-192.

²³ L. H. D. Van Voss and M. H. D. Van Leeuwen, 'Charity in the Dutch Republic: An Introduction', *Continuity and Change*, 27:2 (2012), pp. 175-197.

²⁴ *Ibid.*, p. 176.

²⁵ Van Voss and Van Leeuwen, 'Charity in the Dutch Republic', pp. 175-97, see p. 185.

²⁶ *Ibid.*

between elites and the poor through charitable bodies.²⁷ Whilst the focus on personal motivations has been criticised as a shallow one in the British historiography due to the element of chance and unknown processes, adopting this methodology means this family's multi-motivations to give can be uncovered. By weighing up individual and familial receptiveness to appeals, networks of influence and reciprocal benefits, in light of successful petitions a more comprehensive assessment of why some charities were supported over others is thus provided.

Two further related aspects are revisited within this analysis of associational charitable behaviour. Firstly, as identified in Chapter 4, little attention has been paid to gender in the gift-relationship.²⁸ The literature to-date has largely focused on what the rise in associational charities meant for women in terms of their involvement.²⁹ Those studies acknowledging female participation have questioned whether there was a gendered nature to their associational philanthropic practices. Feminist historical interpretations were pessimistic, with females limited to private or informal activities chiefly concerned with women and children whilst men were responsible for administration and management.³⁰ Frank Prochaska, focusing on the nineteenth century, produced a more optimistic account noting not only an increase in female subscribers but also female treasurers and charities run by women.³¹ More recently, Barbara Taylor and Sarah Knott have pointed to female advocates for missionary work in the 1820s entering the public world, through philanthropy, to protect the rights of women in India as well as enslaved Africans.³² Closer to home, research analysing gender engagement in philanthropy has compared male and female experiences.³³ Studies focusing on associational charitable provision in English towns or regions have found that men and women participated in the same activities with no clear evidence of female exclusion

²⁷ Van Leeuwen, 'Logic of Charity', pp. 589-613, quote at p. 607.

²⁸ Mauss, 'Essai sur le don' in Krausman Ben-Amos, *The Culture of Giving*, p. 6.

²⁹ L. Davidoff and C. Hall, *Family Fortunes: men and women of the English middle class 1780-1850* (London, 1987), recognised fluctuating female freedom and involvement, pp. 434-6. M.E. Fissell, *Patients, Power and the Poor in Eighteenth-Century Bristol* (Cambridge, 1991), identified female marginalisation from the charitable world in contrast to new male dominated institutional forms, p. 90. A. Vickery, *The Gentleman's Daughter: women's lives in Georgian England* (London, 1998), noted new arenas and a raised public profile for women, p. 10.

³⁰ For a review of the concept of separate spheres and what this theory meant for philanthropic imperatives see: Davidoff and Hall, *Family Fortunes*.

³¹ F. K. Prochaska, *Women and Philanthropy in Nineteenth-Century England* (Oxford, 1980), p. 24.

³² B. Taylor and S. Knott, *Women, Gender and Enlightenment* (London, 2005), p. 580.

³³ Martin, 'Women and Philanthropy in Walthamstow and Leyton', pp. 119-50.

from the public sphere.³⁴ Hence, this study of the charitable behaviour of three Duchesses and four Dukes, in a culture of giving, is in a position to test 'gender' in the gift-relationship by assessing the comparative levels of involvement of the Dukes and Duchesses over time in associational activities.

The related issue of regional variation in the gift-relationship, whose examination was begun in Chapters 3 and 4, continues in this chapter through the contrasting of English and Scottish associational charitable experiences. Recent studies have focused on the development of associational charities within certain towns, counties or regions.³⁵ Some have also addressed the place of local associational charity within the 'mixed economy of welfare', specifically, its relationship with poor law provision.³⁶ Comparisons too, have begun to be made with other countries that had differing models for relief of the poor.³⁷ Olive Checkland has thus outlined the Scottish picture of a voluntary charitable sector characterised by societies and institutions, whereas Rosalind Mitchison has compared the Scottish practices for relief of the poor to English poor law provision.³⁸ No such comparisons have yet been made between voluntary associational provisions north and south of the border. Such an undertaking would be beyond the confines of this chapter but as the Dukes and Duchesses of Buccleuch selected associational charities to support simultaneously in England and Scotland, contrasting them gives a glimpse of both the regional variations in petitioning and in cultures of giving that were transnational.³⁹

This fifth chapter thus takes an original approach to analysing the associational charitable practices of the Dukes and Duchesses of Montagu and Buccleuch by combining the English and European methodologies to incorporate the deeper and

³⁴ Martin, 'Women and Philanthropy', p. 119-50; S. Pinches, 'Women as Objects', pp. 65-86.

³⁵ Martin, 'Women and Philanthropy'; S. Pinches, 'Women as Objects', pp. 65-86.

³⁶ A. Tomkins, *The Experience of Urban Poverty, 1723-1782: parish, charity and credit* (Manchester, 2006); J. Reinartz and L. D. Schwarz, *Medicine and the Workhouse* (New York, 2013).

³⁷ O. P. Grell and A. Cunningham (eds), *Health Care and Poor Relief in Protestant Europe, 1500-1700* (London, 1997); J. Innes 'State, Church and Voluntarism in European Welfare, 1690-1850' in H. Cunningham and J. Innes (eds), *Charity, Philanthropy and Reform*, pp. 15-65.

³⁸ O. Checkland, *Philanthropy in Victorian Scotland: social welfare and the voluntary principle* (Edinburgh, 1980); R. Mitchison, *The Old Poor Law in Scotland: The Experience of Poverty, 1574-1845* (Edinburgh, 2000).

³⁹ These were the *London Magdalen Asylum* and *Edinburgh Magdalen Asylum*, *London Deaf and Dumb Asylum* and *Edinburgh Deaf and Dumb Asylum*, *London Suppression of Mendicity Society* and *Edinburgh Suppression of Begging Society*.

wider framework of petitioning in which decisions were made. This four-part analysis begins in Section 5.2 by locating the associational charity portfolio of the family in its time and place, providing a quantitative analysis of its growth and development. It was a portfolio that was intergenerational and continually refashioned. Therefore, its evolution is traced through the gaining and shedding of charities by each generation. This gives a sense of the broad trends in the development of associational charity during this period as they were reflected in the family's selection process. In Section 5.3 the geographical spread of the associational charities supported is then mapped to demonstrate the physical reach of the Dukes' and Duchesses' benevolence between 1732 and 1847. Thus, the extent to which the family's estate holdings motivated their geographical charitable responsibilities can be explored. Section 5.4 then turns to closely examine the decisions that shaped the portfolio. Individual and familial predispositions to give are explored in conjunction with the nature, situation and rhetoric of successful appeals. Further influences on the family's giving behaviour resulting from their networks of relationships are also assessed. Lastly, Section 5.5 examines another inducement to give, that is, the opportunity to become involved in these associations. Thus, the types and levels of engagement in charities by individual Dukes and Duchesses across the period is uncovered to reveal both gender and chronological variations in the associational charitable gift-relationship. It is only by adopting this European perspective that we can really begin to appreciate the multi-layered and multi-motivational nature of the gift-relationship in England and Scotland. As the philanthropic behaviour of the Dukes and Duchesses is understood in the context of a rich selection of associational charities, the family acts as a barometer of shifting trends in the charitable world.⁴⁰ Furthermore, it is possible to test the impact of social rank, precedence, expectations, moral outlooks, socio-economic and demographic change in an intellectual climate of conservative ideals battling revolutionary change across Europe through the prism of the family's charity-giving experiences in England and Scotland.

⁴⁰ This was conceptualised by Paul Slack who considered the change in the provision of types of charities as a barometer of trends, see: P. Slack, 'Hospitals, Workhouses and the Relief of the Poor in Early Modern London', in Grell and Cunningham (eds), *Health Care and Poor Relief in Protestant Europe*, pp. 229-46.

5.2 Sources: the sample and its historiographical context

A comprehensive sample of documents survives that enables a broad understanding to be gained of the associational giving of the Dukes and Duchesses of Montagu and Buccleuch between 1732 and 1847. This comprises the financial accounts or bank books of each family member and for Duke George, Duchess Elizabeth and Duke Walter includes private financial accounts kept in their own hand. In total this amounts to 27 volumes, 12 books and 16 unbound pages.⁴¹ In addition, some detailed correspondence that individual Dukes and Duchesses conducted with their Stewards during 1751-1834 also survives in the sample.⁴² The periods covered by these sources for each individual Duke or Duchess are represented in *Table 5.1* (on the next page).⁴³ Complementing these financial sources, nine ledgers at *C. Hoare & Co. Bank* were consulted which carry entries for Duchess Mary's and Duchess Elizabeth's expenditure for the periods of 1774-1775, 1776-1777 and 1799-1814 amounting to 58 pages.⁴⁴ Consequently, the period under investigation is well resourced by documents created by, and in relation to, family members associated philanthropic practice. This source sample is exceptional as interpretations of associational giving have thus far been informed by sources generated by the societies and institutions themselves leading to one-sided interpretations of the manner in which individuals selected them for support. Associational philanthropy, as it was practised by individuals, has been seen as largely inaccessible due to the evidence having disappeared or lying scattered in a myriad of household accounts and diaries.⁴⁵

⁴¹ The distinction between books and volumes has been made due to the capacity for entries, as the books in the sample were approximately half the size of the volumes. Loose pages were of the same page size as the volumes.

⁴² NoRO MC 50/12 503X4 1757-1771; BHA House Steward Letters to John Parker 1809-1812; GD224/795/1.

⁴³ Note that these do not include Estate Accounts as payments to local institutions were not made in association.

⁴⁴ HBA 95/242; 99/356; M/28-33 +49; N/28-35; O/41-49; P/49-58; Q/57-68; R/57-70 +98,99,239; 91/411-413.

⁴⁵ A. Digby, *Making a Medical Living: Doctors and patients in the English market for medicine, 1720-1911* (Cambridge, 1994), p. 243

Table 5.1 Range of Sources for the Period 1732-1837.

Individual	Accounts	Correspondence	Other
Duke John	1732-1736 House Steward. 1737-1751 Chief Steward.		1749-1753 Executor's Vouchers.
Duke George	1740-1771 Trust. 1753-1776 Private. 1771-1780 Bank. 1790-1792 Executrix.	1751-1777 Chief Steward.	1755-1760 Vouchers Trust. 1761-1790 Vouchers Private. 1788-1790 Executrix.
Duchess Mary	1749-1753 Private. 1749-1751 Trust. 1769-1771 Private. 1771- 1775 Bank. 1772-1774 Annual/Half- Yearly.	1751-1777 Chief Steward.	
Duchess Elizabeth	England 1777-1812 Private. 1778-1779 Annual & Half- Yearly. 1790-1809 House Steward. 1790-1826 Chief Steward. 1823-1826 House Steward. Scotland 1801-1825 Personal. 1822-1825 and 1822-1827 Chief Steward.	1809-1812 House Steward. 1784-1819 Chief Steward.	1809-1827 Vouchers.
Duke Henry	1793-1797 Bank. 1792-1797 Account Journals.		
Duke Walter	England 1828-1831 House Steward. 1829-1833 Chief Steward. 1828-1841 Bank Books. Scotland 1836-1841 Private.		1828-1831 Vouchers. 1828-1833 Chief Steward Vouchers.
Duchess Charlotte	1832-1834 and 1835-1837 Chief Steward (Scotland).	1832-1837 Chief Steward.	

Sources: *Accounts* – BHA House Steward Accounts 1732-1736; NoRO NRS 21424; BHA Trust Accounts 1740-1771; NRO M(B) X4573 1753-1776; BHA Bank Account Book 1771-1780; BHA Executrix's Accounts 1790-1792; BHA Lady Cardigan's Account 1749-1753; BHA Lady Cardigan and Trust Accounts 1749-1751; BHA Duchess Mary Accounts 1769-1771; BHA Duchess Mary Bank Accounts 1771-1775; BHA Duchess Mary Annual and Half-Yearly Payments 1772-1774; BHA Duchess

Elizabeth Private Accounts 1777-1812; BHA Duchess Elizabeth Annual and Half-Yearly Payments 1778-1779; BHA House Steward's John Reynolds Accounts 1790-1809; BHA Chief Steward's Accounts 1790-1826; BHA House Steward's Accounts 1823-1826; BHA William Tait's Accounts for Charitable Expenses [in Scotland] 1822-1825; NRS GD224/1093 Personal Accounts 1801-1825; BoHA William Tait's Accounts 1822-1827; BHA Bank Books 1793-1797; BHA Account Journals 1792-1797; BHA House Steward's Accounts 1828-1831; BHA Chief Steward's Accounts 1829-1833; BoHA (viewed at BHA) Private Accounts 1836-1841; BoHA (viewed at BHA) Bank Books 1828-1841; NRS GD224/795/1 1832-1834; GD224/795/2 1835-1837.

Correspondence - NoRO MC 50/12 503X4 1751-1777; BHA House Steward Letters to John Parker 1809-1812; BHA Henry Hoyle Oddie Correspondence 1784-1819; BHA Letters to John Parker 1809-1812; GD224/795/1 1832-1834; NRS GD224/795/1 1832-1834; GD224/795/2 1835-1837.

Other – BHA Executor's Vouchers 1749-1753; BHA Vouchers to Trust Account 1755-1760; BHA Misc. Vouchers for Private Accounts 1761-1790; BHA Executrix's Vouchers 1788-1790; NRO X8755-8764; BHA John Parker's Vouchers 1828-1831; BHA Henry Hoyle Oddie junior's Vouchers 1828-1833.

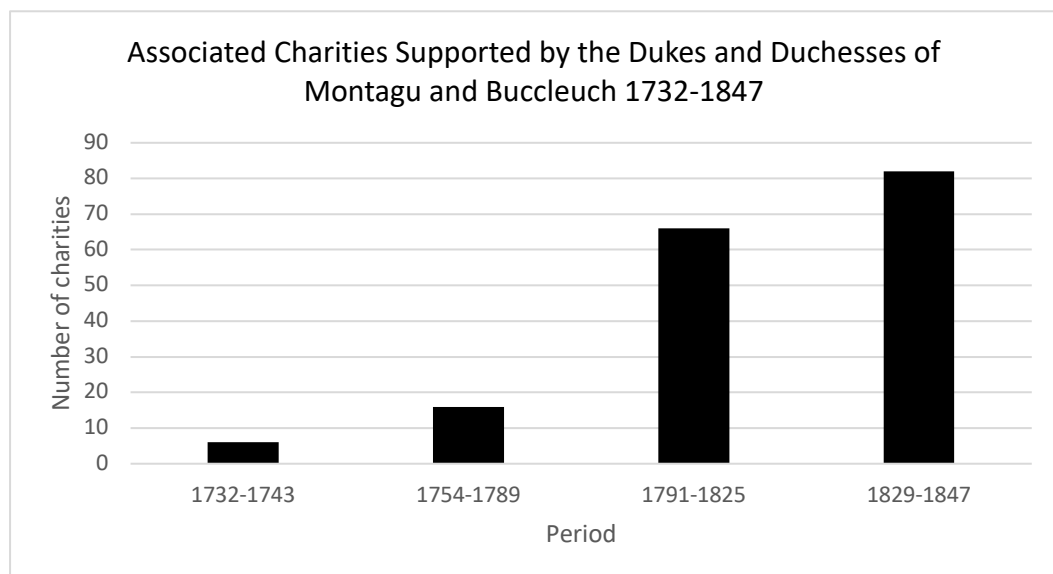
In its totality, therefore, this study constitutes a new perspective on the associational philanthropy of the period when compared to rather general interpretations within the British historiography. Hence, in the standard literature this has tended to be inferred as reflecting support for national concerns insofar as charity functioned to stabilise the social order.⁴⁶ In reality, the sources when collated reveal a much more complex series of motivations (aristocratic, paternalistic, personal and family-related). This study, outlining the philanthropic landscape of the Dukes and Duchesses of Montagu and Buccleuch and viewing their charitable behaviour in light of the petitioning framework as a feature of the culture of giving thus constitutes a prism through which the philanthropic age can be viewed.

5.3 The chronology of associational giving: an evolving portfolio

For the purpose of comparative analysis, it is first necessary to outline the landscape of philanthropy in the practices of the Dukes and Duchesses of Montagu and Buccleuch. This framework is comprised of two elements, a quantitative analysis of the chronological development of the family's associational philanthropy, and a qualitative examination of the process by which charities were selected and deselected by each generation. Firstly, to view chronological development, the increasing number of associational charities supported by four generations of Dukes and Duchess during the eighteenth and early nineteenth centuries is represented below in *Figure 5.1*.

⁴⁶ See for example: Cunningham and Innes (eds), *Charity, Philanthropy and Reform*, p. 4.

Figure 5.1 Associational Charities Supported by the Dukes and Duchesses of Montagu and Buccleuch 1732-1847.



Sources: *Financial sources* see: Table 5.1, also: HBA O/41-49, Fo.48; HBA N/28-35, Fo.20; HBA R/57-70, 98, 99, 239, Fo.66.

Newspapers - *Daily Advertiser*, 28 Sept. 1743; *The Times*, 11 July 1793; *Caledonian Mercury*, 9 March 1807; *Morning Post*, 18 May 1825; *Caledonian Mercury*, 25 Nov. 1802; *The Times*, 1 May 1848; *Caledonian Mercury*, 26 December 1835; *The Times*, 7 June 1838; *Caledonian Mercury*, 7 December 1843; *The London Literary Gazette and Journal*, 22 Feb. 1845; *Caledonian Mercury* 25 March 1847. *Charity Directories and Publications* - 'An account of the establishment of the county-hospital at Winchester, St. Luke's day, October 18, 1736, to Michaelmas 1737 (London, 1737); *A Copy of the Royal Charter Establishing a Hospital for the Maintenance and Education of Exposed and Deserted Young Children* (London, 1740); *Plan of the Western Dispensary, in Charles-Street, Westminster* (London, 1789); W. Hunter, 'Plain thoughts and friendly hints on the Sabbath and a reform of moral; In consequence of His majesty's most gracious Proclamation for the suppression of vice and immorality. To which is now prefixed a sketch of the Character of his late Grace the Duke of Montagu' (London, 1791); *Report of the Society for the Suppression of Beggars* (Edinburgh, 1814), pp. 1-117; H. Lilley Smith, *Observations on the Prevailing Practice of Supplying Medical Assistance to the Poor*, (London, 1819). *Secondary* - E. R. Frizelle and J. D. Martin, *The Leicester Royal Infirmary 1771-1971* (Leicester, 1971).

The growth in the number of associational charities supported by four generations of Dukes and Duchesses represented evidently echoes the remarkable rise of such charities during the eighteenth and early nineteenth centuries. In the period covered by this chapter the most significant increase in the number of those supported by the family occurred between 1754 and 1825. Ford K Brown had recorded that between 1700 and 1830, 160 organisations were founded in England, yet, this has since been considered a conservative estimate with Frank Prochaska identifying 130 in the

years 1790 to 1830 alone.⁴⁷ In both instances this would mean that at any one time the Dukes and Duchesses were giving to approximately half of those available. Whilst this is feasible it cannot of course be evaluated without an assessment of those not receiving their support. Nevertheless, the period experiencing the greatest growth in associational giving for the family was 1791-1825 which directly correlates with the years indicated by Prochaska, thus mirroring the increasing amount of charities at this time. Similarly, interpretations that situate the main period of growth at mid-century, and the period 1760-1820 as one of phenomenal expansion of associational philanthropy, largely align with those supported by the Dukes and Duchesses of the period.⁴⁸ This would therefore suggest that the quantities supported by each generation bore a direct relation to the contemporary availability of associational charities in terms of absolute numbers. Of relevance, as Chapter 2 explained, the family had the financial wherewithal to do this.

There was a process, however, of accumulating and discarding charities which occurred throughout the generations of the family. This was, in part, determined by the changing availability of the different types of institutions and societies forming and disbanding. It is possible therefore to observe broad trends and to test hypotheses which viewed the development of associational charity, either as a series of episodes or as an accumulation of layers.⁴⁹ Some of the more specific trends that are detailed in the historiography can also be considered in light of the family's evolving portfolio. To facilitate this, *Tables 5.2a* and *5.2b* which follow on the next page show the numbers of different types of associational charities that were supported by each generation of Dukes and Duchesses in both England and Scotland.⁵⁰

⁴⁷ F. K. Brown, *Fathers of the Victorians* (Cambridge, 1961), pp. 333-40; F. Prochaska, 'Women in English Philanthropy, 1790-1830', *International Review of Social History*, 19 (1974), pp. 426-45.

⁴⁸ F. Prochaska, *Royal Bounty: the making of a welfare Monarchy* (London, 1995), p. 1.

⁴⁹ For 'episodes' see: P. Slack, 'Hospitals, Workhouses and the Relief of the Poor in Early Modern London', pp. 229-46; For 'layers' see: H. Cunningham, 'History of Western Philanthropy', *Centre for Charitable Giving and Philanthropy*, Occasional Paper (June 2013), URL <http://www.slideshare.net>.

⁵⁰ Types were categorised according to the primary aims of associations.

Table 5.2a Number of Charities Supported by Category in England 1732-1847.

	Medical	Education	Relief of Poor	Penal Reform	Other – (Church & Animal Welfare)
1732-1743	4	1	1		
1754-1789	12		4		
1791-1825	18	13	11	7	
1829-1847	26	18	20	1	6

Table 5.2b Number of Charities Supported by Category in Scotland 1791-1847.

	Medical	Education	Relief of Poor	Penal Reform	Other
1791-1825	5	7	2	2	
1829-1847	2	2	5		

Sources: See, Table 5.1.

As shown, in *Table 5.2a* there was an incremental increase in each category of the English charities supported, apart from those concerned with penal reform.⁵¹ This group included penitentiaries and assistance given to offenders on leaving them. It must be noted however that a large majority of charities whose primary aim was medical, educational or poor relief also had strong reform elements to them. For example, hospitals ministered to their patient's souls by means of regular prayers and services.⁵² The six charities in the category 'other' include several associations collecting funds for churches, and one in support of animals.⁵³ The Scottish picture, presented in *Table 5.2b*, is somewhat different, and it must be noted that it covers only the first half of Duke Walter and Duchess Charlotte's tenure as Duke and Duchess.⁵⁴ Even so, the figures suggest that their support was withdrawn from medical and educational charities in favour of those concerned with the broader relief of poverty. In London this was the

⁵¹ Reform movements with regard to crime really got underway in the 1790s which explains why there is a time delay for that type of associational charity to develop.

⁵² Lawrence, *Charitable Knowledge*, p. 45.

⁵³ Churches were considered charitable as they attended to the poor's religious needs. This was the *Society for the Protection of Cruelty to Animals* – latterly the R.S.P.C.A.

⁵⁴ Duke Walter died in 1884 and Duchess Charlotte died in 1895.

Society for the Suppression of Mendicity established in 1818 and in Scotland it was the *Society for the Suppression of Begging* established in Edinburgh in 1812.⁵⁵ As seen in Chapters 3 and 4, the London *Society* investigated those who begged either in person or by letter and exchanged tickets for meals or assistance.⁵⁶ The Edinburgh *Society* also examined beggars to ascertain if they were genuine and to decide on the type of assistance to be given. In the absence of a poor law system, like that in England, the Scottish *Society* developed a range of in-kind options to ‘administer relief suited to the necessity of the case’.⁵⁷ These included provision of work, training and education, as well as medical care, food, clothing, loans of child-bed linen and a *Loan Fund* and *Savings Bank*.⁵⁸ The Dukes of Buccleuch held the Presidency of this *Society* for much of its existence, from its founding in 1813 to its finish in 1835.⁵⁹ This *Society*, categorised as ‘relief of the poor’, in reality, took on medical and educational, as well as welfare functions, thus negating the need to support others.

Examination of the development of the family’s English charitable portfolio at this level does not therefore appear to represent a series of episodes as suggested by Paul Slack, as each category was added to by each generation.⁶⁰ Yet, his view that associational charity refocused in a medical direction is substantiated as associations with a medical objective were always the highest proportion supported by the family.⁶¹ By contrast, the Scottish picture shows a shift that may be indicative of an episodic one but in a direction away from the medical care towards those dealing with the causes and effects of poverty in a more holistic manner. To achieve a more comprehensive understanding it is thus necessary to consider in more detail those charities in each category that were being added and shed by each generation.

⁵⁵ For details of the functions of these societies see: *Report of the Society for the Suppression of Beggars* (Edinburgh, 1814), pp. 1-117; L. Mackay, *Respectability and the London Poor, 1780-1870: The Value of Virtue* (London, 2013).

⁵⁶ Chapter 3, p. 95; Chapter 4, p. 141.

⁵⁷ *Report of the Society for the Suppression of Beggars*, pp. 1-117.

⁵⁸ *Ibid.*

⁵⁹ That is, apart from the period of 1819-1827. This followed the death of the 4th Duke and lasted to the majority of the 5th Duke. In 1835 the *Society* merged into the *House of Industry and Benevolent Strangers Friend Society*.

⁶⁰ P. Slack, ‘Hospitals, Workhouses and the Relief of the Poor in Early Modern London’, pp. 229-46, see p. 229.

⁶¹ *Ibid.*

During the first period 1732-1743, John, 2nd Duke of Montagu gave support to one general hospital, two provincial hospitals, one almshouse (with medical provision), one charity school and the *Foundling Hospital*.⁶² At least four of these claimed to be the first of their kind in a period that saw an increase from one voluntary hospital for the poor in 1720 to 33 by 1800.⁶³ A shift from charity schools in favour of infirmaries has been identified from 1725 onwards, as such schools, established to inoculate children against habits of sloth, debauchery and beggary, became subject to increasing concern about their potentially de-stabilising effects.⁶⁴ Furthermore, infirmaries, as less contentious institutions, were seen as a necessity in wartime and during its aftermath when population levels fell and the injured had to be rehabilitated.⁶⁵ Whilst Duke John supported three infirmaries during this period he also added a local charity school, suggesting that his estimation of its worthiness outweighed any contemporary concerns.⁶⁶ Family giving therefore was a combination of national trends and personal preference: an approach more akin to European interpretations of the gift-relationship than ones in the standard British historiography.

The second period 1754-1789, saw George, 1st Duke of Montagu (2nd creation) and his wife Duchess Mary continue subscriptions to the same almshouse and add a further eight hospitals including one general, three provincial, three for specific complaints or purposes and one for lying-in.⁶⁷ In addition, three dispensaries, one of which was aimed at children, and three societies for relief of the poor were also included. This widespread support was reflective of the growing range of the types of charities available during this period. Donna Andrew identifies the 1740s and 50s as a

⁶² BHA House Steward, Andrew Marchant Accounts 1732-1736; NoRO NRS 21424 1737-1751; ‘*An account of the establishment of the county-hospital at Winchester, with the proceedings of the governors, &c. from the first institution on St. Luke's day, October 18, 1736, to Michaelmas 1737*’, (London, 1737); *Northampton Mercury*, 28 September 1743 in F. F. Waddy, *A History of Northampton General Hospital 1743-1798* (Northampton, 1974), p. 5.

⁶³ Digby, *Making a Medical Living*, p. 233; *French Charity House* and *St. Margaret's Westminster Infirmary* claimed to be the first voluntary hospitals. *Winchester Hospital* was the first provincial general hospital. The *Foundling Hospital* was first of its kind in England

⁶⁴ M. G. Jones, *The Charity School Movement: a study of eighteenth-century Puritanism in action* (Cambridge, 1938), p. 13; L. Granshaw and R. Porter, *The Hospital in History* (London, 1988), p. 152.

⁶⁵ Andrew, *Philanthropy and Police* p. 54.

⁶⁶ BHA House Steward, Andrew Marchant Accounts 1732-1736; Its support was not continued by the next generation probably because it had received a legacy and assistance was no longer required.

⁶⁷ NRO X4573; BHA Duke George Bank Account Book 1771-1780; BHA Duke George Trust Account books 1740-1771; NoRO MC 50/12 503X4 1757-1771; BHA Lady Cardigan & Trust Accounts 1749-1771; BHA Duchess Mary Bank Accounts 1771-1776; E. R. Frizelle and J. D. Martin, *The Leicester Royal Infirmary 1771-1971* (Leicester, 1971).

period for charities geared to increasing population density trends and a desire to improve morals.⁶⁸ Concerns, she recognises, that were made more pressing in the 1750s and 60s by the needs of a nation at war.⁶⁹ Indeed, two of the institutions supported by the Duke and Duchess were for the benefit of child-bearing women, and children. In terms of morals, the *Magdalen Hospital* received their support as did the *Society for the Suppression of Vice*.⁷⁰ This suggests that Duke George and Duchess Mary were receptive to the objectives of contemporary associations in popular culture. Yet, Andrew states that by the late 1760s the great heyday of hospitals was past.⁷¹ After 1755 Duke George and Duchess Mary likewise added no further general hospitals to the portfolio, although they did add three provincial ones. These additions are explained below in terms of geographical responsibility and knowledge of need close to their estates. A competition-driven rise in specialised infirmaries and a shift to cheaper and less disruptive domiciliary or dispensary provision care has then been situated after the 1760s, with the formation of thirteen nationwide dispensaries in 1770.⁷² This increased provision was reflected in the range of charities supported by this generation too in their inclusion of hospitals for specific complaints and local dispensaries. Yet, as dispensaries were first supported by them after 1773 it indicates that the family were following new trends, once tried and tested, rather than at the forefront of new charitable endeavours. They were generous but not innovators.

In the following period of 1791-1825, Henry, 3rd Duke of Buccleuch and his wife Duchess Elizabeth continued to give to nine of the 16 charities which had been supported by Duke George and Duchess Mary. Whilst seven charities were shed by this generation, it must be noted that some institutions became self-supporting having used original funds to purchase lands or rents. More significantly, 48 charities were added to

⁶⁸ D. T. Andrew, *Philanthropy and Police: London charity in the eighteenth century* (Princeton, 1989), p. 54.

⁶⁹ *Ibid.*

⁷⁰ NRO X4573; W. Hunter, 'Plain thoughts and friendly hints on the Sabbath and a reform of moral; In consequence of His majesty's most gracious Proclamation for the suppression of vice and immorality. To which is now prefixed a sketch of the Character of his late Grace the Duke of Montagu'. By William Hunter, A. M. Rector of St. Ann, Limehouse; and late Fellow of Brasen-Nose College, Oxford (London, 1791), pp. i-xxiii.

⁷¹ Andrew, *Philanthropy and Police*, p. 132.

⁷² A. Cunningham and R. French (eds), *The Medical Enlightenment of the Eighteenth Century* (Cambridge, 1990), p. 254

the portfolio by this generation, 17 of which were Scottish ones.⁷³ Just 11 of these new charities were first supported during Duke Henry's lifetime, whereas Duchess Elizabeth added 37 between his death in 1812 and her own in 1827. This undoubtedly bolstered her public image of benevolence. Of the 37 English charities, ten had a medical focus. In much the same manner as her parents before her, Duchess Elizabeth continued to add general and lying-in hospitals as well as specialised and dispensary or domiciliary charities to the portfolio. This indicates that rather than being influenced by any contemporary shifts, or adopting any ideological stance, she was responding to need. On balance the evidence suggests that she made single decisions according to her perception of the worthiness of each charity.

Nine associations with an educational focus were added too during this period. Some of these were charity schools with the remainder for more respectable children who had been orphaned or suffered misfortune. Whilst the latter were less likely to have been affected by concerns over the merits of educating 'poor' children, the Duchess's addition of charity schools indicates that she had no such qualms. Another ten associations added were concerned with relief of the poor including two that conducted home visits and made inquiries. Such charities echoed the female tradition of home visiting but also the contemporary impetus to inquire before giving.⁷⁴ The remaining five charities were for prisoners or fallen women with funding directed towards ensuring that they remained reformed on release.⁷⁵ Even though contemporary concerns, mirrored in the rise in societies concerned with morals and manners in the post-war context, may have influenced Duchess Elizabeth, the charities that she supported recognised the likelihood that 'reformed' people would revert to crimes of necessity in the face of poverty. By comparison, of the seventeen Scottish charities that this generation added to the portfolio, four were medical including two hospitals and one dispensary. This appears to match the proportions of London charities assisted, suggesting that Duchess Elizabeth saw both types of provision as necessary in meeting the medical needs of the sick poor in both locations. Five of the additional Scottish charities had an educational focus, further underlining the Duchess's strong

⁷³ These Scottish ones were based in Scotland to benefit Scottish people. It must be noted that both Buccleuch generations also supported London-based charities for the relief of the Scottish in both places.

⁷⁴ Such as the *Ladies Royal Benevolent Society*.

⁷⁵ NRO X8762 see printed pamphlet: *Society for the Employment and Reformation of Offenders*.

commitment to education of the poor. Two more associations were for the reform of prisoners or fallen women and three were for relief of the poor. In sum, this constituted a range of provisions to address a multitude of individual needs and the cumulative gifts in this period were noteworthy.

The final period, that of 1829-1847, saw Walter, 5th Duke of Buccleuch and his wife Duchess Charlotte continue to give to 27 of the charities supported by the three earlier generations of the family, only three of which were Scottish and all educational. The remainder included 12 that were medical, three of these were general hospitals, four were lying-in hospitals and just one of these was a domiciliary charity. Others were for specific medical complaints and two were general dispensaries. This comprised then a cross-section of the family portfolio of charities that this generation inherited. By contrast, Andrew has identified a general decline in support for lying-in hospitals and charities from the end of the eighteenth century.⁷⁶ Yet, this was not the case for this aristocratic family who continued to be committed to ensuring that poor women received assistance in child-bearing irrespective of any ideological debates around the merits of rising population trends and fertility rates. The family kept a human focus, rather than reacting to national statistics.

To these retained societies and institutions Duke Walter and Duchess Charlotte added a further 46 associational charities of which nine were Scottish. These Scottish charities, all added by Duchess Charlotte, included one hospital for lying in, one general hospital and five charities for relief of the poor. The English associations first supported by this generation include fourteen that were medical, comprising three general hospitals, seven hospitals/societies for specific complaints or patients (that is, children) three dispensaries and one lying-in charity. Again, this is a wide-ranging selection. The significant number of specialised institutions or societies is suggestive of either increasing competition for funds in the medical environment or a more targeted approach to dealing with various types of sickness and different categories of the sick poor. A similar effect is evident in the 12 educational associations added by this generation in that only two were general charity schools. The remainder had a variety of criteria for admittance, signifying a directed approach relative to the circumstances of

⁷⁶ Andrew, *Philanthropy and Police*, p. 133.

the recipient. A further 14 of the additional charities were for relief of the poor and two were for penal reform purposes. For Olive Checkland, in her study of Scottish philanthropy, education and health were the two great core concerns.⁷⁷ In this examination of the charitable practice of these last two generations this bears true for both Scotland *and* England. Yet, the associations gained, particularly by this second generation, demonstrate that relief of the poor was just as great a concern, particularly in Scotland.

The philanthropic landscape of the family's associational was therefore determined by a process of accumulation, with significant numbers of societies and institutions supported by earlier generations prevalent in each period. This mapping exercise has demonstrated that other factors, besides contemporary concerns, were at play in the gaining and shedding process that the Dukes and Duchesses undertook in shaping the charitable portfolio. As the evolution of the portfolio across the period was not characterised by a lineal progression the development of the family's associational giving is more reflective of Hugh Cunningham's theory of layers of philanthropic action which have accumulated on top of each other with earlier strata that keep resurfacing.⁷⁸ It was above all holistic and responded to human need.

5.4 Geographical spread of societies and institutions: regional structures of giving

To complete this construction of the general picture of the associational charity practiced by the Dukes and Duchesses it necessary to chart the geographical distribution of the institutions and societies that they supported. Much of the literature on the development of associational philanthropy has been London-centric and the Dukes and Duchesses of Montagu and Buccleuch did support significant numbers of London-based charities. Yet, they also gave to provincial charities and prominent Scottish ones. This portfolio fluctuated and the geographical distribution of the associations can be divided into two time periods (corresponding to two each of the four generations). It is represented in *Maps 5.1a* and *5.1b* that follow on pages 203 and 205 respectively.

⁷⁷ Checkland, *Philanthropy in Victorian Scotland*, p. 4.

⁷⁸ Cunningham, 'History of Western Philanthropy'.

During the period 1732-1789, as depicted in *Map 5.1a* (on the following page) the 13 London charities supported by Duke John, Duke George and Duchess Mary were all situated north of the River Thames and mainly in Westminster and Camden. These were predominantly in the vicinity of the family's London residences of the period, which was initially Montagu House in Bloomsbury, with Montagu House, Whitehall acquired in 1735. As shown, support was also given to five provincial institutions, which at this time were all hospitals or infirmaries.⁷⁹ Duke John supported the *Northampton General Hospital*, whose location corresponded to his property and estate-holding in Northamptonshire.⁸⁰ Need at the county level therefore involved a sharing of the financial responsibility with others also holding property or land in the county.⁸¹ Likewise, the first provincial general hospital founded by associated philanthropy at Winchester also received support from Duke John, at this time being in the same county as his estate at Beaulieu.⁸² This pattern was also evident in the charitable practice of Duke George whose paternal estates in Yorkshire and Leicestershire most likely ensured his support for the founding of General Hospitals in both places.⁸³

The one hospital that does not fit this pattern was that established at Bath and supported by Duke George.⁸⁴ It is probable that his visits to Bath with Duchess Mary for hydrotherapy prompted him to give to the hospital there.⁸⁵ Bath was renowned as a place that attracted large numbers of the impoverished who sought to beg assistance of its wealthy visitors.⁸⁶ *Bath Infirmary* catered for poor visitors and enabled them to also benefit from the waters.⁸⁷ Thus, Duke George came for the curative properties of the

⁷⁹ The term 'infirmity' is used in the historiography to distinguish between these new institutions that were medical and older hospitals that were almshouses. See: L. Granshaw and R. Porter, *The Hospital in History* (London, 1988).

⁸⁰ *Northampton Mercury*, 28 September 1743 in F. F. Waddy, *A History of Northampton General Hospital 1743-1798* (Northampton, 1974), p. 5.

⁸¹ Earl Spencer was also involved, see: *Daily Advertiser*, Wednesday 28 September 1743, issue 3961.

⁸² *An account of the establishment of the county-hospital at Winchester, with the proceedings of the governors, &c. from the first institution on St. Luke's day, October 18, 1736, to Michaelmas 1737* (London, 1737); Cunningham and French (eds), *The Medical Enlightenment of the Eighteenth Century*, p. 11.

⁸³ NoRO MC 50/12 503X4; E. R. Frizelle and J. D. Martin, *The Leicester Royal Infirmary 1771-1971* (Leicester, 1971), p. 42.

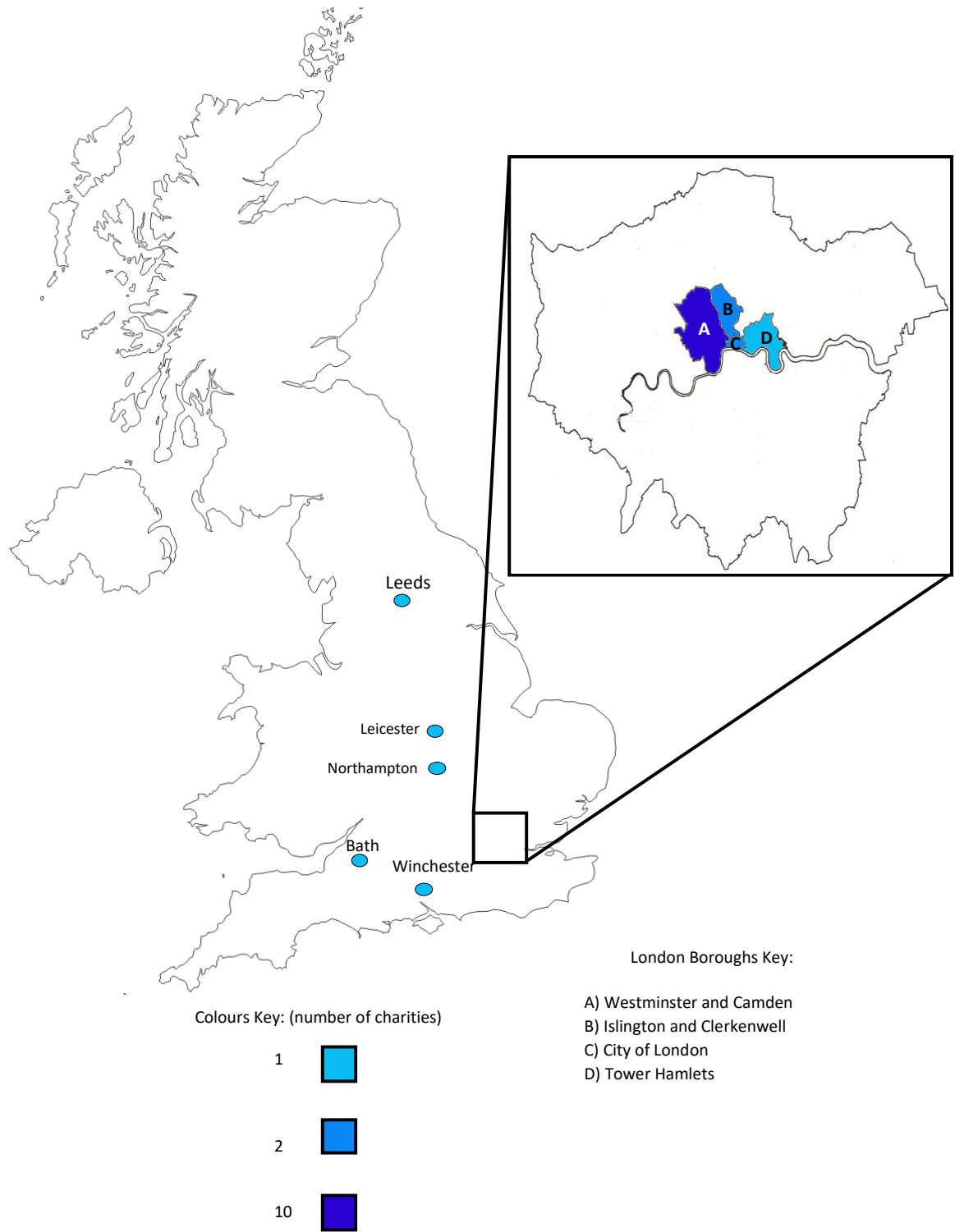
⁸⁴ NRO X4573.

⁸⁵ NoRO MC 50/12 503X4.

⁸⁶ L. Rose, *'Rogues and Vagabonds': vagrant underworld in Britain, 1815-1985* (London, 1988).

⁸⁷ A. Borsay, 'An Example of Political Arithmetic: the evaluation of spa therapy at the Georgian Bath Infirmary, 1742-1830' *Medical History* 44:2 (2000), pp. 149-172.

Map 5.1a Topography of Charities Supported 1732-1789



Sources: *Accounts* - BHA House Steward Accounts 1732-1736; NRO X4573 1753-1776; BHA, Bank Account Book 1771-1780; BHA Trust Accounts 1740-1771; BHA Trust Accounts 1749-1771; BHA Bank Accounts 1771-1776;
Correspondence - NoRO MC 50/12 503X4 1757-1771.
Newspaper - *Daily Advertiser*, 28 Sept. 1743.
Charity Directories and Publications - 'An account of the establishment of the county-hospital at Winchester, October 18, 1736, to Michaelmas 1737' (London, 1737); 'A Copy of the Royal Charter Establishing a Hospital for the Maintenance and Education of Exposed and Deserted Young Children' (London, 1740); 'Plan of the Western Dispensary, in Charles-Street, Westminster' (London, 1789); W. Hunter, 'Plain thoughts and friendly hints on the Sabbath and a reform of moral; In consequence of His majesty's most gracious Proclamation for the suppression of vice and immorality.' (London, 1791).
Secondary - E. R. Frizelle and J. D. Martin, *The Leicester Royal Infirmary 1771-1971* (Leicester, 1971).

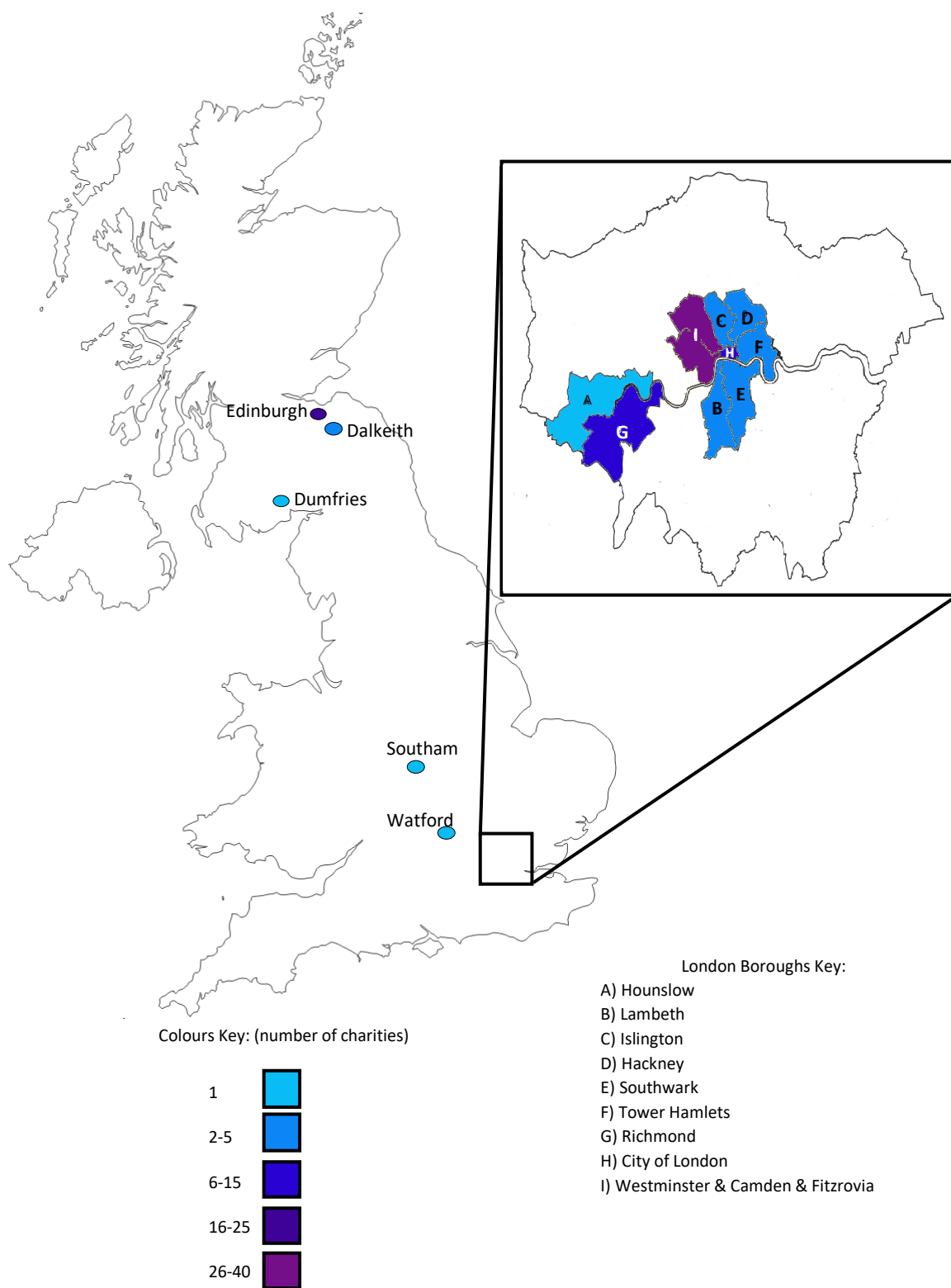
waters, gave to the poor, and obtained the double benefit of being healed by hydrotherapy whilst advertising his charitable-giving in a high-profile medical place. It was not only geographical responsibility therefore which socially obliged the Dukes and Duchesses of this period to engage in associational giving, but also their first-hand knowledge of the extent of poverty in the geographical spaces that they occupied. Proximity heightened their awareness of the plight of the poor. Henk Looijesteijn and Marco Van Leeuwen thus contend that giving to regional charities fostered community building.⁸⁸ In these English examples the Dukes aimed to reinforce their social position in communities that were centres of the wider 'medical marketplace'.

Map 5.1b (on the following page) representing the period 1791-1847, shows that support for associational charities in London by these two generations of Dukes and Duchesses had spread south of the River Thames, as well as having increased around the City of London. This seems to be reflective of a rise in the numbers of medical institutions appealing for support at this time which would also explain the accumulation of medical associations by the family, as seen above.⁸⁹ Whilst Montagu House, Whitehall became the family's principal residence, Buccleuch House, Richmond, inherited by Duchess Elizabeth in 1790, was favoured by her in her Dowager years.

⁸⁸ H. Looijesteijn and M. H. D. Van Leeuwen, 'Founding Large Charities and Community Building in the Dutch Republic, c.1600-1800', *Scandinavian Economic History Review*, 62:1 (2014), pp. 17-34.

⁸⁹ N. Black, *Walking London's Medical History* (London, 2006), p. 23, notes that Moorfields Eye Hospital, founded as the London Dispensary for Curing Diseases of the Ear and Eye in 1805, was at the centre of medical London.

Map 5.1b Topography of Charities Supported 1791-1847



Sources: *Accounts* – BHA Private Accounts 1777-1812; BHA Annual and Half-Yearly Payments Accounts 1778-1779; BHA House Stewards Accounts 1823-1826 and 1828-183; BHA, William Tait Accounts for Charitable Expenses [in Scotland] 1822-1825; BoHA William Tait Accounts 1822-1827; NRS GD224/1093; NRO M (B) X8755-8763 1809-1827; BHA Account Journals 1792-1797; BHA Chief Steward Accounts 1829-1833; BoHA (viewed at BHA) Private Accounts 1836-1841; BoHA, (viewed at BHA) Bank books 1828-1841; NRS GD224/795/1; GD224/795/2; HBA O/41-49, Fo.48; HBA N/28-35, Fo.20; HBA R/57-70, 98, 99, 239, Fo.66.

Correspondence - BHA House Steward Letters to John Parker 1809-1812; GD224/795/1 1832-1834.

Newspapers - *The Times*, 11 July 1793; *Caledonian Mercury*, 9 March 1807; *Morning Post*, 18 May; *Caledonian Mercury*, 25 Nov. 1802; *The Times*, 1 May 1848; *Caledonian Mercury*, 26 December 1835; *The Times*, 7 June 1838; *Caledonian Mercury*, 7 December 1843; *The London Literary Gazette and Journal*, 22 Feb. 1845; *Caledonian Mercury* 25 March 1847.

Charity Directories and Publications - *Report of the Society for the Suppression of Beggars* (Edinburgh, 1814), pp. 1-117; H. Lilley Smith, *Observations on the Prevailing Practice of Supplying Medical Assistance to the Poor*, (London, 1819).

This accounts for the considerable support for charities which were concerned with people in need in Richmond and that local focus was reminiscent of the traditional responsibilities of aristocratic women towards the inhabitants of their rural estates.⁹⁰

It was probably also geographical obligation that saw Duchess Elizabeth support an infirmary in Southam, Warwickshire, where she had inherited Montagu Estates, and her giving to several associational charities in Dalkeith.⁹¹ Such obligation appears to have had greater reach in Scotland. Much surplus labour was forced into Edinburgh in this period and it became the focus of a national debate on the correct response to endemic poverty.⁹² Thus, the proximity of Dalkeith to Edinburgh where it was observed that many of the poor congregated, refusing 'to leave [Edinburgh] because little or nothing done for the poor in their parishes', explains familial support for many Edinburgh charities.⁹³ Edinburgh was also an important medical centre with a pioneering infirmary. Yet, it was remote from most of the people living in the hinterland of Scotland where benefit societies could assist more effectively.⁹⁴ This may be one reason why these two generations of the family gave only minimal support to the

⁹⁰ J. Gerard, 'Lady Bountiful: Women of the landed classes and rural philanthropy', *Victorian Studies*, 30:2 (1987), pp. 183-210, see p. 184.

⁹¹ Such as the *Destitute Sick Society of Dalkeith*, see: BoHA William Tait's Accounts 1822-1827; For *Southam Eye and Ear Infirmary* see: Henry Lilley Smith, 'Observations on the Prevailing Practice of Supplying Medical Assistance to the Poor: Commonly Called the Farming of Parishes: with Suggestions for the Establishment of Parochial Medicine Chests Or Infirmarys in Agricultural Districts' (London, 1819), p. 27.

⁹² R. J. Morris, 'Philanthropy and Poor Relief in Nineteenth Century Edinburgh: The example of a capital city without a national State government', *Melanges de l'Ecole française de Rome. Italie et Méditerranée*, 111:1 (1999), pp. 367-79.

⁹³ *Ibid.*

⁹⁴ Checkland, *Philanthropy in Victorian Scotland*, p. 14.

long-established *Edinburgh Infirmary* whilst donating to a range of other associational charities both in the city and Dalkeith. There was however much less differentiation between the sick poor in Scotland, with no specialised provisions featuring in the family portfolio. This likely related to demand in a lower concentration of population with fewer restrictions on medical care which therefore meant that geography was the main criteria.⁹⁵ It appears to have been the expectation of geographical responsibility to come however that saw Duke Henry support the *Dumfries and Galloway Hospital* from 1793, many years before his inheritance of estates in Dumfriesshire in 1810.⁹⁶ The family, therefore, in Scotland, anticipated their future charitable obligations in a country where poor relief was meagre. Yet, the transference of traditional notions of responsibility by the Dukes and Duchesses from landed estates to those areas surrounding their London residences, regardless of any land-holdings there, suggests that responsibilities and obligations were attached more securely to rank and wealth than to land *per se*. It is hence necessary to seek further motives for the family's patronage of their selected charities.

5.5 Associational charitable decision-making: predispositions, appeals and influences

To understand the decisions that shaped the family's associational charity portfolio this section adopts the approach taken in the European literature of assessing donor's behaviour and motives within the giving structure. This analysis comprises two parts. Firstly, personal and familial predispositions to give are uncovered through an appraisal of family member's life experiences. These imperatives are assessed according to amounts donated or subscribed over time, that is, the level and longevity of the gift. This is further evidenced by individual responses to a range of appeals that also reveal parallels with the begging letters discussed in Chapters 3 and 4. Secondly, the pressures and influences emanating from the family's networks of relationships are explored and their significance appraised according to the degrees of support given to selected charities. Thus, changes and continuities in the intergenerational portfolio are explained in terms of a complexity of multi-motivations to give.

⁹⁵ H. M. Dingwall, *A History of Scottish Medicine, Themes and Influences* (Edinburgh, 2003), p. 73 and p. 257.

⁹⁶ BHA Duke Henry Account Journals, 1792-1797.

For Van Leeuwen, the propensity to give stemmed from the capacity of the giver to identify with the recipient.⁹⁷ Human empathy facilitated a shared understanding of life's perils, such as childbirth, ill-health and death. These three life-cycle phases in which people were at greatest risk of becoming impoverished were recognised in many associational causes of the period and received the support of the Dukes and Duchesses. As observed in the begging letters in Chapter 3, the sharing of the physical experience of child-birth's predicaments and pain drew positive responses and the same can be said for lying-in hospitals and charities which were supported by all three Duchesses. Duke George and Duchess Mary were the first generation to subscribe to the *British Lying-in Hospital*. Though beyond their child-bearing years, this support can reasonably be viewed as empathetic given Duchess Mary's unusually lengthy intervals between her recorded 'live' births, indicating failed pregnancies, still-births or neonatal deaths.⁹⁸ By contrast, Duchess Elizabeth had seven children in the first thirteen years of her marriage and was said to have been a pioneer of the new lying-in method.⁹⁹ Her continuing and increasing support for improved maternal care reinforces Lisa Cody's view that it gave aristocratic women the chance to ensure the poor had the same experience as them.¹⁰⁰ Child-birth was a leveller, made no less precarious by the possession of wealth. In this respect, compassionate charity was justified by a rhetoric of wider concerns of hygiene, infection, and the physical and moral health of the nation. Whilst the strong familial commitment to the support of lying-in women reflected contemporary fears of declining population levels, the Duchesses' first-hand experience of childbirth ultimately turned any timely concern into philanthropic action.

Similarly, sight or knowledge of human suffering that aligned with personal experiences of illness appears to have prompted the Dukes and Duchesses to give to charities with a medical focus. Duchess Elizabeth, in particular, supported associations that promoted medical innovations. At the age of eighty she donated to the

⁹⁷ Van Voss and Van Leeuwen, 'Charity in the Dutch Republic', pp. 175-97, see p. 188.

⁹⁸ J. Wake, *The Brudenells of Deene* (London, 1953), p. 254. Duchess Mary was married in 1730 her children were born in 1735 (John), 1743 (Elizabeth), 1750 (Mary) and 1753 (Henrietta).

⁹⁹ This is further explained in Chapter 6, p. 266; J. A. Home (ed.), *The Letters and Journals of Lady Mary Coke 1756-1774*, Vol. 2. (London, 1970), pp. 85-6; J. Schneid-Lewis, *In the Family Way, Childbearing in the British Aristocracy, 1760-1860* (New Jersey, 1986), p. 195.

¹⁰⁰ 'L. Cody, Living and Dying in London's Lying-in Hospitals', *Bulletin of the History of Medicine*, 78:2 (2004), pp. 309-48, see p. 323.

Compression Institute for the cure of various diseases by bandages and compression, that is, ulcers and tumours.¹⁰¹ Whilst there is no evidence that she suffered from these conditions in old age, she most likely had empathy for those who did. Furthermore, the *Institute* appealed by stating that it was ‘under a body of respectable patronage which ensures its success and permanence’ - giving the strong message that cures could be effected by money.¹⁰² Rhetoric therefore which promised the alleviation of suffering, or cure, in return for donations was powerful in eliciting the support of the Dukes and Duchesses who had compassion for others who were suffering or in pain. This type of associational giving mirrored the charitable giving to individuals dispensed by physicians seen in Chapter 3, whereby the gift was a remedy for which the return was the improved health of the recipient.¹⁰³

The universally shared experience which influenced giving behaviour was that of loss. Duke George and Duchess Mary were predeceased by all of their children, except Duchess Elizabeth.¹⁰⁴ Thus, Duchess Elizabeth lost all her siblings before the age of 26. She also lost her first-born son at the age of two months to smallpox following his inoculation.¹⁰⁵ This puts into perspective Duke George’s subscription to the *Dispensary for Sick Children of the Poor*, and his, Duke Henry’s and Duchess Elizabeth’s support for the *Smallpox Hospital* and the *Western Dispensary*.¹⁰⁶ The family’s giving to the blind was also rational, as not only were they one of the Biblical poor and therefore worthy, but smallpox in childhood could affect sight.¹⁰⁷ Traditional support for smallpox charities saw Duke Walter continue the substantial familial

¹⁰¹ NRO 9th June 1823 X8762; *Morning Chronicle*, 3 Apr. 1823.

¹⁰² *Ibid.*

¹⁰³ Chapter 3, p. 73.

¹⁰⁴ John, Marquis of Monthermer died aged 35 in 1770, Mary died aged 10 in 1761, Harriet died aged 13 in 1766.

¹⁰⁵ Death of George Scott, Earl of Dalkeith, b. 25 March 1768, d. 29 May 1768. Recorded in G. E. Cokayne; Vicary Gibbs, H. A. Doubleday, G. H. White, Duncan Warrand, Lord Howard de Walden and T. E. Scott-Ellis (eds), *The Complete Peerage of England, Scotland, Ireland, Great Britain and the United Kingdom, Extant, Extinct or Dormant* Vol II (London, 1910), p. 370.

¹⁰⁶ NRO X4573; BHA Private Accounts, 1777-1812; *Plan of the Western Dispensary, in Charles-Street, Westminster, for administering advice and medicines to the poor inhabitants of the City of Westminster, and places adjacent, at the dispensary, or at Their own Habitations* (London, 1789). The Western Dispensary aimed to ‘introduce inoculation to all inhabitants’; Smallpox was also the reason Duke Henry succeeded to the Dukedom at a young age. His father had died from it in 1750 when Duke Henry was 4 years old, predeceasing his grandfather who died in 1751. See: B. Bonnyman, *The Third Duke of Buccleuch and Adam Smith: estate management and improvement in Enlightenment Scotland* (Edinburgh, 2013), p. 9.

¹⁰⁷ BHA Henry, 3rd Duke of Buccleuch Bank books 1793-1797; HBA O/41-49, 28 January 1805.

subscription of five guineas to the *Western Dispensary*.¹⁰⁸ Towards the end of her life Duchess Elizabeth also donated to the *Vaccine Pock Institute*.¹⁰⁹ Strength of belief in a personal cause thus resulted in higher levels of donations. Although the *Institute*, for instance requested one guinea per annum, Duchess Elizabeth paid two.¹¹⁰ This was a charity for the inoculation of subscriber's servants and her support appears to have reflected her long-standing fear of smallpox.¹¹¹ Her addition of further charities for the support of widows to the portfolio when she was widowed, as well as for those who were aged when she too was elderly, however, more likely stemmed from her compassionate awareness of life-cycle risk phases.¹¹² The death of a protector meant material precarity for those who were dependent. Recent research into the history of the emotions recognises that use of the term 'compassion' waned from the seventeenth century. 'Sympathy' rose instead during the 1830s, whereas 'empathy' is a twentieth-century concept.¹¹³ The most significant distinction between these is the combination of emotion and action. Reappraising this terminology, therefore, the Duchess was more than empathetic; she was compassionate in that she felt compelled to act.

Duchess Elizabeth's addition of two charities for orphans to the portfolio must then be appreciated in the context of the early deaths of her adult son, Duke Charles and her daughter-in-law, Duchess Harriet, leaving her grandson Walter (the new Duke) an orphan at the age of thirteen.¹¹⁴ Duke Walter's continuance of these charities and the addition of further ones for orphans almost certainly resulted from personal experience.¹¹⁵ He alluded to such in a speech stating: 'I happened early in life to be deprived of the advantages of a parent's care, and no man can sustain a heavier loss'.¹¹⁶

¹⁰⁸ BHA Chief Steward, Henry Hoyle Oddie junior's Accounts for the 5th Duke 1829-1833, 15 April 1830.

¹⁰⁹ NRO X8762, 23 March 1823; The institute developed the vaccine using cowpox.

¹¹⁰ NRO X8755-8763 23 March 1823; *The Annual Subscription Charities and Public Societies in London or, An account of the several sermons ... and meetings of every description, by which the different establishments of the metropolis, for charity ... are supported* (London, 1823), p. 45.

¹¹¹ Cunningham and French (eds), *The Medical Enlightenment*, p. 236.

¹¹² The *Edinburgh House of Industry* included assistance for aged females wanting employment. See: H. Arnot, *The History of Edinburgh from the Earliest Accounts, to the year 1780* (Edinburgh, 1816), p. 557; *The Friendly Female Society* was for poor infirm widows, over 60 years of age who 'had seen better days.' J. Lane (ed.) *Herbert Fry's Royal Guide to the London Charities* (London, 1917), pp. 1-292

¹¹³ This literature will be discussed in more detail in Chapter 6; The most recent research is being conducted at: Centre for the History of the Emotions, Queen Mary's University, London, URL <http://www.emotionslab.org>.

¹¹⁴ NRO X8762, 25 March 1823; BoHA William Tait Accounts 1822-1827, 11 February 1825. Charles, 4th Duke of Buccleuch died in 1819. His wife Duchess Harriet had predeceased him in 1814.

¹¹⁵ BHA Chief Steward, Henry Hoyle Oddie junior Accounts for the 5th Duke 1829-1833, 15 April 1830.

¹¹⁶ *The Times*, 1 Oct. 1839, p. 3.

His receptiveness to appeals such as those by the *Society for Protecting Young Females*, whose rhetoric emphasised the loss of male protection, is evident especially considering that he first subscribed to this charity when a young father.¹¹⁷ The Duke gave further insights into his charitable motivations when, after speaking with gratitude of his guardianship and the advantages he had accrued, he continued: ‘To whom much has been given, of them much will be required. I feel that is my situation; Providence has given me much, and Providence will require much of me’.¹¹⁸ Thus, compassion for those without protection and a belief in Providence, essentially a gift-relationship with God, reasonably account for his charitable behaviour. Any appeals therefore that employed the rhetoric of lives lost, whether to the nation or the labour market, particularly when coupled with assurances that donations would save lives, effectively drew the benevolence of this family. It is then questionable whether such giving acted as a balm, or remedy, or, was a reaction to loss. Recently, historians researching emotions have considered their social dimension, to address what triggered actions and what influenced decisions.¹¹⁹ Thus, Duke Walter’s loss of his parents, his older brother and his youngest child might plausibly explain his support for the *Royal Humane Society* which focused on the finality of death.¹²⁰ Studies concerned with modern day philanthropy have indeed seen it as a way of making meaning and finding purpose, yet this has still to be tested for the age of benevolence.¹²¹

Compassion alone however does not fully account for the range of charities in the portfolio. Personal interests, responsibilities and concerns may also have underpinned this benevolence. For example, both Duke George and Duchess Elizabeth supported the *Decayed Musicians Fund* and, as seen in Chapter 3, often assisted

¹¹⁷ BoHA (viewed at BHA) Bank books with Coutts, 1828-1841, 24 January 1840; The Duke’s children were born between 1831 and 1851.

¹¹⁸ *The Times*, 1 Oct. 1839, p. 3.

¹¹⁹ U. Frevert Forum: ‘History of Emotions’, *German History*, 28:1 (2011), pp. 67-80; W. Reddy, *The Navigation of Feeling: A Framework for the History of Emotions* (Cambridge, 2001); Further studies are now being commenced see for example: Edgar Gerrard Hughes, Queen Mary University London, Centre for the History of Emotions (PhD commenced 2016).

¹²⁰ BHA Chief Steward, Henry Hoyle Oddie junior Accounts for the 5th Duke 1829-1833; Duke Walter’s older brother George, Lord Scott died 1808 at 10 years of age. The Duke lost his youngest child, Lord Francis, to measles in 1839 in Naples as reported in the *Northampton Mercury* 15 June 1839, p. 4.

¹²¹ K. R. Rossetto, ‘Creating philanthropic foundations to deal with grief: case studies of bereaved parents’, *Death Studies*, 38:3 (2014), pp. 531-7.

individual musicians.¹²² The Duchess's extensive surviving music collection and the multiple purchases of tickets to the opera, by herself and her parents attests to a strong familial interest.¹²³ Likewise, Duke Henry's support of military men must be viewed in light of his own military experience.¹²⁴ He was therefore receptive to the rhetoric of the *United Society for the Relief of Widows and Children of Seamen, Soldiers, Marines and Militiamen* 'who may fall in bait and or die in the actual services of their King and Country during the present War'.¹²⁵ This was later mirrored in effective claims of patriotism in petitions to Duke Walter, as seen in Chapter 4.¹²⁶ Charities which promoted agricultural solutions to labour problems were particularly enticing to Duke Walter who it was recognised had a strong personal interest in agriculture and its scientific progress.¹²⁷ This was demonstrated in his support of the *Agricultural Employment Institute* which offered a traditional solution to social ills, aiming to give land and cottages to labourers, in effect, to supplement their 'makeshift economy'.¹²⁸ Again, often charities that had particular claims on the benevolence of the Dukes and Duchesses received greater support than that requested. This was true for the *Scottish Hospital* which required one guinea annually yet received five from Duke Walter.¹²⁹ The Duke's Scottish identity, being the only family member during this period to have been born in Scotland, likely reinforced his commitment to charities for Scottish people.¹³⁰ It was in his continuance of Duchess Elizabeth's support of the *Caledonian Asylum* that his benevolence came together.¹³¹ The *Asylum* was initially intended for the support of 'children of soldiers, sailors and marines, died or disabled', which employed

¹²² NRO X4573, 2 February 1771; BHA Private Accounts, 1777-1812, 2 April 1791. Duchess Elizabeth paid the subscription for her late father then continued support in her own name; NRO X8757a, William Roff, retained with 1813.

¹²³ BHA House Steward John Reynold's Accounts, 9 December 1791.

¹²⁴ See Chapter 2, p. 63.

¹²⁵ *The Times* 11 July 1793, p. 1.

¹²⁶ Chapter 4, p. 175.

¹²⁷ It was said that he 'applied himself to [the] subject of agriculture from the outset' [because he said] he 'could not find fault with a tenant if he did not know what he was talking about' in *The Times* 17 Apr. 1884, p. 8.

¹²⁸ BoHA Bank books with Coutts, 1828-1841; J. Burchardt, *The Allotment Movement in England 1793-1873* (London, 2002).

¹²⁹ BHA Chief Steward, Henry Hoyle Oddie junior Accounts for the 5th Duke 1829-1833, 15 April 1830; *The Annual Subscription Charities and Public Societies in London or, An account of the several sermons ... and meetings of every description, by which the different establishments of the metropolis, for charity ... are supported* (London, 1823), p. 22.

¹³⁰ Duke Walter was born at Dalkeith House in 1806.

¹³¹ BHA Chief Steward, Henry Hoyle Oddie junior Accounts for the 5th Duke 1829-1833, printed list 1838; *Morning Post*, 18 May 1825 issue 16976.

the rousing statement ‘may the orphans of the brave never want protectors’.¹³² The remit of the *Asylum* was then extended to children of indigent Scottish parents resident in London, providing a residential home and school for Scottish orphans in the capital.¹³³ It thus appealed to the Duke on three levels being Scottish, patriotic and offering protection to orphans.

The motivations underpinning the continuance of assistance by succeeding generations and the consequent level of commitment to some charities extended beyond personal predispositions too. Some charities such as the *British Lying-in Hospital* and the *Western Dispensary* (both in London) received subscriptions or donations across three generations of the family, from Duke George to Duke Walter, constituting as much as sixty years of support. The tradition of benevolence has itself been identified as a motive inasmuch as it amounted to a ritual giving, whereby individuals gave what was expected of them.¹³⁴ All of the charities that had been supported by Duchess Elizabeth and were retained by Duke Walter received subscriptions of at least the same level. This raises the question of whether support was continued due to concerns over the consequences of withdrawal and was therefore primarily motivated by the accumulation of honour or social capital. On balance it seems that elements of tradition and memory were at play in continuing the gift-relationships of ancestors, signifying respect for decisions previously made. Not all commitments were continued, however, as gift-relationships were reviewed over time. To further understand the choices that shaped the portfolio it is necessary to locate the family’s associational practice in the structure of giving.

Appeals made by associational charities were the stimuli that saw predispositions become positive responses. The situational contexts in which they were presented were integral to their effectiveness. Some were embedded in sermons, usually preached at anniversary dinners or as part of a church service. These have predominantly been accepted as evidence of the religious impetus to donate. It is not known which sermons were attended by family members or what was given by them in church collections. Duke George however made regular entries in his personal accounts

¹³² *Caledonian Mercury*, 7 May 1838.

¹³³ *Ibid.*

¹³⁴ Checkland, *Philanthropy in Victorian Scotland*, p. 4.

stated simply as ‘benefaction’ with amounts of between twenty and one hundred pounds which potentially were given for the church to distribute.¹³⁵ There is evidence too that Duchess Elizabeth was receptive to causes that were brought to her notice in church.¹³⁶ She most likely appreciated the traditional role of the clergy in bringing causes to the attention of those with large areas of responsibility.¹³⁷ Thus, as Van Leeuwen identifies, the charitable behaviour of the Dukes and Duchesses demonstrates that giving as an expression of religious duty was ever-present.¹³⁸

Duchess Elizabeth was also amenable to the printed pamphlets produced by charities, which came into her possession. On receipt of one of these she wrote to her Steward:

I had a printed letter by yesterday[']s post from the Penitentiary asylum to solicit further assistance [...] I would have you enquire what has been given since this assistance has been solicited which I understand is to enable them to make additions to the home I mean - I wish to know what sort of sums have been subd.¹³⁹

The directness of the approach appears to have ensured that the gift would be considered. Its level however depended on the purpose and the extent to which others had already contributed. Association’s appeals for assistance as well as their annual performance were also reported in the newspapers, often including a précis of any sermon given, yet little historical attention has been given to the efficacy of them.¹⁴⁰ They evidently induced Duchess Elizabeth to donate. She wrote to her Steward; ‘I wish to subscribe £20 to the relief of our prisoners in France a sub: for which I see advertised in the newspapers.’¹⁴¹ *The Times* carried these advertisements during February and March of 1811 which were doubly appealing to the Duchess stating that funds were to be used for ‘clothing, bedding, fuel and necessities’; just the kind of tangible support

¹³⁵ See for example: NRO X4573 24 May 1755 and 3 March 1761.

¹³⁶ BHA Walter, 5th Duke of Buccleuch, Petitions, Thomas Colville, 10 July 1830. Colville recalled that the Duchess had donated the full expense of his medical care after prayers were said for him in the kirk following his serious accident.

¹³⁷ Gerard, ‘Lady Bountiful’, pp. 183-210.

¹³⁸ M. H. D. Van Leeuwen, ‘Giving in Early Modern History: Amsterdam in the Golden Age’, *Continuity and Change*, 27:2 (2012), p. 301-43, see p. 332.

¹³⁹ BHA House Steward Letters to John Parker 1809-1812.

¹⁴⁰ The private appeals of individuals that featured in the press have been addressed in D. T. Andrew, ‘“To the Charitable and Humane”: Appeals for Assistance in the Eighteenth-Century London Press’ in H. Cunningham and J. Innes (eds), *Charity, Philanthropy and Reform*, pp. 87-107.

¹⁴¹ BHA House Steward Letters to John Parker 1809-1812, 7 February 1811.

for individuals that the Duchess valued.¹⁴² Such petitions also strived for directness through the targeting of particular categories of benefactors. Thus, following its appeal to the 'Nation' in 1793, the *United Society for the Relief of Widows and Children* advertised a 'Ladies Subscription'.¹⁴³ This publishing of subscriber lists in the newspapers increased the visibility of individual associational philanthropy and it is likely that charities, recognising the social value in securing high-ranking donors, exploited aristocratic concerns. Hence, by 1847 the *Society for the Relief of Gentlemen* merely noted the *promise* of aid and support of the Duchess of Buccleuch in its appeal.¹⁴⁴ These were the externalities, identified by Van Voss and Van Leeuwen, that were bound up with the concept of honour, also seen in Duke Walter's private charity in Chapter 4.¹⁴⁵

Whatever the situation of the appeal it appears to have been the inclusion of actual case histories of distress and success that enticed Duchess Elizabeth's support. These not only included details of those saved but noted many in similar situations having to wait to be saved, due to a lack of funds.¹⁴⁶ Similarly, the parading of those rescued appears to have been equally effective. For Duke Walter, none was more powerful than the *Royal Humane Society* who displayed large numbers of people whose lives had been saved as a result of its work.¹⁴⁷ These were compelling inducements to continue support with regular displays of what donations could accomplish - the proof of the return for the gift. As seen in Chapter 3, distress often came to Duchess Elizabeth's door in the form of begging letters, and it likewise arrived in pamphlet or newspaper form. Case histories echoed the stories that she received in petitions, both in details and rhetoric, and it seems that she was just as responsive to them. A good story was always an important inducement for charity *per se*.

By way of representative example, the persuasive power of these appeals can only be assessed by comparing the dates of them with the timing of the Dukes' and Duchesses' assistance. In both cases, printed pamphlets and newspaper appeals,

¹⁴² *The Times* 11 Feb. 1811, p. 2.

¹⁴³ *The Times* 3 April 1793, issue 2575, p. 2.

¹⁴⁴ *Caledonian Mercury*, 25 March 1847, issue 19661. This was Duchess Charlotte.

¹⁴⁵ Chapter 4, p. 177; Van Voss and Van Leeuwen, 'Charity in the Dutch Republic', pp. 175-97, see p. 190.

¹⁴⁶ *Morning Post* 17 June 1820.

¹⁴⁷ *Blackburn Standard* 6 May 1835: 2.

considerable correlation is apparent. Given Duchess Elizabeth's responsiveness to individual petitions and timely appeals it is more than coincidence that only the second time the *Society for the Suppression of Vice* received support from this family came from her in the Spring of 1820.¹⁴⁸ It was given at a time when the circumstances of Hannah Whitehorn appeared in the press.¹⁴⁹ Hannah had been raped by her master who was tried and acquitted. The consequence of which was a trial of Hannah for perjury.¹⁵⁰ Newspapers carried the *Society's* appeal on behalf of Hannah's father who had been impoverished by the trial and added that eight more girls were in similar circumstances.¹⁵¹ The Duchess's motivation to assist appears to have been the improvement she could make to an individual's distressing circumstances. This characteristic has been contended to have been more often a female one, whereby charitable women sought to relieve current ills at the level of the individual, as opposed to males who sought large-scale collective solutions.¹⁵² Thus, by contrast, Duke Walter was said to have been 'a most munificent patron and supporter not only of public charities, but of every institution which has for its object the benefit and improvement of this country'.¹⁵³ The petitioning framework however did not constitute the entirety of the giving structure as donors often gave in association with others too. The external influences and pressures which derived from the family's networks of relationships must also be taken into account and therefore are next examined.

Gift-relationships were formed within a social structure which Van Voss and Van Leeuwen state encouraged giving, exerted pressures and carried consequences for not giving.¹⁵⁴ Van Leeuwen also emphasised the importance of trust, that the gift would be used wisely.¹⁵⁵ It was not just crucial that the association itself was legitimate but that the intended recipients were deserving (the return for the gift) and the methods effective. Thus, charities encouraged giving by means of a similar tactic to that seen in individual petitions whereby trust was promoted through the connections of existing

¹⁴⁸ GD224/1093 Personal Accounts 1801-1825; William Wilberforce had approached Duke George to be its 'President' but it seems the Duke died before he could take up the post.

¹⁴⁹ *The Times*, 30 May 1820, p. 3.

¹⁵⁰ *Stamford Mercury*, 9 June 1820, p. 4.

¹⁵¹ *Morning Post*, 17 June 1820. This appeal was made to 'all Christian Parents'.

¹⁵² T. Moore, 'The Influence of Gender in Interpretations of Octavia Hill's Contribution to Social Reform, 1860-1912' (Unpublished MA, Leicester, 2008).

¹⁵³ *The Times* 1 Oct. 1839, p. 3.

¹⁵⁴ Van Voss and Van Leeuwen, 'Charity in the Dutch Republic', pp. 175-97, see p. 190.

¹⁵⁵ Van Leeuwen, 'Giving in Early Modern History', p. 302.

supporters with those to potential donors. To understand the influences that these multi-layered networks of people brought to bear, it is necessary to reconstruct and map each layer. The closest social connections were those of fellow subscribers who were related to the Dukes and Duchesses. Four of the charities supported by the two Montagu generations were also supported by the Duke and Duchess of Marlborough.¹⁵⁶ The Duke of Marlborough was Duchess Mary's cousin and nurturing that connection would certainly not have harmed her social ambition and that of her husband who, as the Earl and Countess of Cardigan, aspired to a dukedom.¹⁵⁷ Associational philanthropy provided the opportunity not only to demonstrate 'noble' behaviour but as Hugh Cunningham recognises, could act as a means of social advancement.¹⁵⁸ This could therefore be a powerful motivation for charity-networking. The Dukes and Duchesses also brought relatives into the associations that they supported. Three more societies, the *United Society for the Relief of Widows and Children of Soldiers and Seamen*, the *Edinburgh Repository* and the *Orphans of Clergy*, saw Duchess Elizabeth pay subscriptions not only for herself but also for her children, their respective spouses and her mother-in-law and aunt.¹⁵⁹ There is no evidence that she was recompensed, so this may have been a way of ensuring that the whole family was seen to be meeting charitable expectations. Thus, an aristocratic female could build charity networks in ways not traced in the standard historical literature.

One of the greatest influences on the webs surrounding associational charities was that of Royal participation.¹⁶⁰ Thus, the *Royal Dispensary for Diseases of the Ear*, with the King as its Patron in 1832, named five dukes including the Duke of Buccleuch as its Vice-Presidents.¹⁶¹ Susan Lawrence notes that support by royals, nobles and bishops gave the enterprise the cachet crucial for fundraising among the better sort

¹⁵⁶ The 3rd Duke of Marlborough's mother and Duchess Mary's mother were sisters. The Duke of Marlborough was on the committee of the *Winchester Hospital* and both he and Duke John were connected to the *Foundling Hospital*. The Duchess of Marlborough subscribed to *St. Luke's Hospital* and the Duke of Marlborough was President of the *London Smallpox Hospital*.

¹⁵⁷ Wake, *Brudenells of Deene*, pp. 247- 281.

¹⁵⁸ Cunningham, 'History of Western Philanthropy'.

¹⁵⁹ BHA House Steward Letters to John Parker 1809-1812. Duchess Elizabeth wrote, 'You are to pay when called upon a sub: to a school for the orphans of poor clergymen one guinea for me and the same sum for Lord Queensberry and another for Lady Queensberry & to continue it annually'; *The Times*, 3 Apr. 1793, p. 2; *Caledonian Mercury*, 25 Nov. 1802.

¹⁶⁰ See: Prochaska, *Royal Bounty*.

¹⁶¹ *Sunday Times* 15 July 1832, p. 2.

whom others then followed.¹⁶² Royals however did not necessarily lead the way. Following her visit to Scotland in 1842, Queen Victoria, who had for the most part been hosted by Duke Walter and Duchess Charlotte, gave donations to ten Scottish charities amounting to six hundred pounds.¹⁶³ It is noteworthy given the reported closeness of her relationship with Duchess Charlotte, that eight of these were already patronised by the Duke and Duchess and that the Queen's donations were paid through the Duke's agent.¹⁶⁴ The listing of other nobles of comparable rank as supporters of associations similarly induced the Dukes and Duchesses to donate. The *Surrey Employment and Reformation of Offenders* received a donation from Duchess Elizabeth in 1824.¹⁶⁵ Her handwritten name was added to the printed subscriber list in its correct alphabetical position together with the amount given. This indicates her imperative to be seen to have met an expectation given the long list of those who had already subscribed. Likewise, support for the *Highland Society of London*, by most of the Scottish Nobles, meant that for the Dukes of Buccleuch the expectation of their subscription was more than a requirement but a duty to clan too.¹⁶⁶

Descending this social network of influences, the legitimacy of associational charities was also endorsed by those who provided services to family members in other capacities. Four such groups - stewards, bankers, clergymen and medical men – have been recognised for their role in enticing the charitable support of the Dukes and Duchesses. In these circumstances the gift was not just contingent on trustworthiness, but also in recognition of their value to the family. This overlap between market-relationships and the gift-relationship is reflective of the market-thinking that Thomas Haskell identified as permeating gift-exchange in this period.¹⁶⁷ Probably those best placed to induce the support of the Dukes and Duchesses were their Chief Stewards,

¹⁶² Lawrence, *Charitable Knowledge*, p. 50.

¹⁶³ *Bristol Mercury*, 15 Oct. 1842, reported that Queen Victoria gave £50 to the *Destitute Sick Society*, £100 to the *Royal Infirmary*, £50 to the *Benevolent Strangers Friend Society*, £50 to the *House of Refuge*, £50 to the *Industrious Blind Asylum*, £50 to the *Royal Public Dispensary*, £50 to the *Institute for the Deaf and Dumb*, £50 to the *Magdalene Asylum*, £50 to the *Edinburgh Lying-in Hospital* and £100 to the *Edinburgh Lunatic Asylum*.

¹⁶⁴ A. Tyrell, 'The Queen's "Little Trip": The Royal Visit to Scotland in 1842', *The Scottish Historical Review*, 82 (2003), pp. 47-73, see p. 53.

¹⁶⁵ NRO X8762, 20 July 1824.

¹⁶⁶ *Prize essays and transactions of the Highland Society of Scotland. To which is prefixed, an account of the institution and principal proceedings of the society*, By Henry Mackenzie, Esq. Vol. 5 (Edinburgh, 1799), p. 610.

¹⁶⁷ T. L. Haskell, 'Capitalism and the Origins of the Humanitarian Sensibility, part 1', *American Historical Review*, 90:2 (1985), pp. 339-61.

some of whom were also agents or auditors for several other noble families.¹⁶⁸ They were therefore in a position to know who else was subscribing, to which charities, and how much they were giving. Similarly, Hoares, bankers to Duke John, Duke George, Duchess Mary and Duchess Elizabeth acted as treasurers for, subscribed to, and were involved in managing many of the associational charities supported by family members.¹⁶⁹ Both they and the Dukes and Duchesses supported the *Westminster Hospital*, *British Lying-in Hospital*, *Lock Asylum* and the *Church Missionary Society*.¹⁷⁰ Hoares were Quakers with a strong commitment to charity *per se* and shared a family connection with Duchess Elizabeth.¹⁷¹ Whether any of them directly solicited assistance of any of the family is unknown. Yet, a well-placed word from someone trusted and aware of the scale of their wealth, about a contemporary worthy cause would likely have drawn their support.

Trust was also assured by clergymen and medical men that were known to the family. Such men were active in founding many of the associations of the period and most institutions appointed them to attend the needs of body and soul. Individual clergymen were often connected to several associations at once although it is difficult to establish all familial connections to them. The links between the Dukes and Duchesses and several medical men can however be more firmly identified. Such men have been attributed as having the greatest role in the development of associational charities, particularly in the progression through general infirmaries, provincial infirmaries and specialised infirmaries to dispensaries and domiciliary provision.¹⁷² Several medical men were directly connected to the family and the associations that they supported. One such was Dr. Andrew Duncan. His son, also Dr. Andrew Duncan, gave medical care to

¹⁶⁸ Such as William Folkes who also served the Dukes of Richmond and Manchester.

¹⁶⁹ Victoria Hutchings, 'Hoare, Henry (1677–1725)', *Oxford Dictionary of National Biography*, Oxford University Press, (2004).

¹⁷⁰ LMA H14/BL1/A/06/002; *An account of the institution of the Lock Asylum, for the reception of penitent female patients, when discharged cured from the Lock Hospital; ... With an abstract of the accounts from the first institution to Lady-Day, 1796; and a list of the benefactors and subscribers*: Printed by C. Watts, Queen Street, Grosvenor-Square (London, 1796); *The Times*, 12 Jan. 1814, p. 2; Victoria Hutchings, 'Hoare, Henry (1677–1725)', *Oxford Dictionary of National Biography*.

¹⁷¹ Duchess Elizabeth's paternal uncle, Thomas Brudenell Bruce, 1st Earl of Ailesbury, married Susanna Hoare, daughter of banker, Henry Hoare.

¹⁷² Granshaw and Porter, *The Hospital in History*; Cunningham and French (eds), *The Medical Enlightenment of the Eighteenth Century*; B. Croxson, 'The Foundation and Evolution of the Middlesex Hospital Lying in Service 1745-86', *Social History of Medicine* (2001), pp. 27-57; L. Cody, *Living and Dying in London's Lying-in Hospitals*, pp. 309-48.

Duke Charles and both doctors were involved in the *Edinburgh Dispensary*.¹⁷³ Dr. Duncan Senior was also Director of the *Industrious Blind Asylum* and had been a pupil of William Cullen.¹⁷⁴ Cullen had given medical care to Duke Henry and lectured on advances in cardiopulmonary resuscitation, which bolstered the cause of the *Royal Humane Society* supported by Duke Walter.¹⁷⁵ The manner in which the medical threads of the charitable web interwove through the generations of Dukes and Duchesses thus becomes apparent. The connections in many instances also threaded through the charities themselves as many medical institutions shared physicians, surgeons and apothecaries. Whilst some links may have been secondary ones, what is noteworthy is that many of them were Scotsmen who had received their medical education at Edinburgh University. This, in turn, ensured a significant overlap with the membership of Edinburgh Freemasonry (discussed below).¹⁷⁶ It is likely that where medical men were the driving force behind the development of medical institutions they were closely networked into associational giving by those who were known and obliged to them in aristocratic circles.

There were of course other opportunities to associate during this period, particularly for men, including gentlemen's clubs, coffee houses and non-charitable societies. In these contexts, connections were made which were reflected in associational charity and tracing them adds to the social structure of giving. William Wilberforce actively sought to exploit such connections. When seeking a noble patron to attract funds he approached Duke George to be President of the *Society for the Suppression of Vice*.¹⁷⁷ Wilberforce was also connected to the *Church Missionary Society* and the *Philological School* both of which received donations from Duchess Elizabeth.¹⁷⁸ This underlines the

¹⁷³ BoHA Charles, 4th Duke of Buccleuch correspondence to Lord and Lady Montagu; G. T. Bettany, 'Duncan, Andrew, the elder (1744–1828)', rev. Lisa Rosner, *Oxford Dictionary of National Biography*, Oxford University Press, (2004); G. T. Bettany, 'Duncan, Andrew (1773–1832)', rev. Brenda M. White, *Oxford Dictionary of National Biography*, Oxford University Press, (2004); Andrew Duncan Senior was the founder, Andrew Duncan Junior was Physician to the Dispensary.

¹⁷⁴ G. T. Bettany, 'Duncan, Andrew (1773–1832)', rev. Brenda M. White, *Oxford Dictionary of National Biography*.

¹⁷⁵ NRS GD224/31/1/16; *The Anniversary Sermon of the Royal Humane Society [on Acts xx.10] An Appendix by the Society* 2nd edition (London, 1799), pp. 5–48.

¹⁷⁶ D. Stevenson, 'Four Hundred Years of Freemasonry in Scotland', *The Scottish Historical Review*, Vol. 90:2 (2011), pp. 280–295.

¹⁷⁷ J. Innes, *Inferior Politics: Social problems and social policies in the eighteenth-century* (Oxford, 2009), p. 196.

¹⁷⁸ NRO X8762, 24 April 1823; *Philological Society, or school of general information, Mary Street, Fitzroy Square, Under The Patronage Of His Royal Highness Frederick, Duke Of York, for the purpose of educating, And (as far as its Funds will permit) Cloathing, And Otherwise Assisting, the sons of poor*

interconnectedness of many of the associational charities of the age through well-connected and thus influential individuals. Some links however were closer to home such as that of William Sancho, (the son of Ignatius Sancho) who was Secretary to the *Vaccine Pock Institute* supported by Duchess Elizabeth.¹⁷⁹ Many more links can only be surmised. Yet, tenuous connections can be reinforced by an exploration of the last layer of the network assessed, that of Freemasonry.

Freemasonry permeated all of the network layers and requires investigation, not least because its rapid growth in the eighteenth century mirrored the expansion of associational charity indicating a potential relationship between the two.¹⁸⁰ At least two of the Dukes held senior positions within Freemasonry in England and Scotland and some of the philanthropic associations of the day held their meetings, dinners and social events in the Freemasons Hall and Tavern.¹⁸¹ Many of these were supported by members of the family including the *Caledonian Asylum* and the *Scottish Hospital*. The occupying of a space, which was intended first and foremost for Freemasons, together with the known connections between Freemasons who were involved in many associational charities of the period, signifies a considerable degree of overlap in participation. The *Freemason's Pocket Companion* of the period set a clear expectation of charitable behaviour, stating that a Freemason 'is to be a man of benevolence and charity, not sitting down contented while his fellow creatures, but more his bretheren are in want, when it is in his power (without prejudicing himself or family) to relieve them'.¹⁸² The guidance continues that he should also be 'a lover of arts and sciences, always ready to give relief to those who are worthy and in distress'.¹⁸³ For several charitable men of the period these two objectives could be met through the support of associations such as the *Society for the Encouragement of Arts, Manufactures and*

clergymen, naval and military officers, reduced tradesmen, and mechanics. Instituted in the year 1792. Printed for T. Goley, by G. Hayden, No. 2, Russell Court (London, 1800), pp. i-43; *The Times* 12 Jan. 1814, p. 2.

¹⁷⁹ NRO X8762, 23 March 1823; *The Times* 4 July 1806, p. 1. Both of these men were supported by the family, see: Chapter 2, p. 61.

¹⁸⁰ W B Gilbert Daynes, 'Freemasonry and Social England in the Eighteenth Century', *Transactions of the Manchester Association for Masonic Research*, (1929). URL <http://www.skirret.com>.

¹⁸¹ *Morning Chronicle*, 15 Feb. 1808; Duke Walter's father, Charles, 4th Duke of Buccleuch was Grand Master Mason of Scotland 1800-01. John, 2nd Duke of Montagu was Grand Master of Premier Grand Lodge of England.

¹⁸² W. Smith, *Freemason's Pocket Companion* (1735) in Gilbert Daynes, 'Freemasonry and Social England'. URL <http://www.skirret.com>.

¹⁸³ Gilbert Daynes, 'Freemasonry and Social England'. URL <http://www.skirret.com>.

Commerce, which received subscriptions from Duke George.¹⁸⁴ Another society for the ‘relief of persons of education, talent and virtue’ - the *National Benevolent Society* - was supported by many high-profile Freemasons of the period including Edward Jenner, the Duke of Wellington and Sir Thomas Baring.¹⁸⁵ Despite the close correlation between these associations and (male only) Freemasonry the *National Benevolent Society* received support from the Dowager Duchess Elizabeth too.¹⁸⁶ The wives and widows of Freemasons had obligations which extended to education: a cause the family had always promoted.

Medicine and the institutions founded by voluntary association also had connections with Freemasonry. Duke John’s involvement in the *Northampton General Hospital* even extended to his holding of a quasi-Freemasonry post of ‘Grand Visitor’.¹⁸⁷ In addition, the aforementioned lectures on resuscitation given by William Cullen were often delivered to Freemasons at their meetings.¹⁸⁸ Furthermore, David Stevenson has identified a significant overlap between Edinburgh Freemasonry and the Edinburgh University Medical School as many medical men attended the Grand Lodge there.¹⁸⁹ This permeation of Freemasonry through institutions, nobles, medical men and the client classes of philanthropic men, saw social networks come together and strive to be men of benevolence, supporting Gilbert Dayne’s assertion that as Freemasons, they were not only receptive to improvement and thereby social reforms but also helped initiate them.¹⁹⁰

Such influences and expectations also extended to the level of support given. As associations sought to attract ever higher-ranking donors they became increasingly stratified with the level of donation or subscription given commensurate to the rank of the giver. Thus, Duke Walter’s subscription of ten guineas to the *British Lying-in*

¹⁸⁴ NRO X4573 12 April 1754; *Transactions of the Society Instituted at London for the Encouragement of Arts, Manufactures and Commerce, 1789-1790, Vol. VII*, p. 371.

¹⁸⁵ *Morning Post* 27 November 1827 issue 17768; *The National Benevolent Charity*, History of the National Benevolent Charity, URL <http://www.thenbc.org.uk>.

¹⁸⁶ NRO X8756, 29 March 1815.

¹⁸⁷ *Daily Advertiser*, 28 Sept. 1743.

¹⁸⁸ *The Anniversary Sermon of the Royal Humane Society [on Acts xx.10] An Appendix by the Society*, 2nd edition (London, 1799), pp. 5-48.

¹⁸⁹ Stevenson, ‘Four Hundred Years of Freemasonry in Scotland’, pp. 280-295.

¹⁹⁰ Gilbert Daynes, ‘Freemasonry and Social England’. URL <http://www.skirret.com>.

Hospital was only equalled by those of the Queen Dowager and the Duke of Portland.¹⁹¹ In practice, the Dukes or Duchesses regularly matched their donation or subscriptions to the highest amounts that had already been donated. This hierarchical system of donating meant that the earliest donors set the level leaving those who followed little discernment over how much to give. This was not gender-specific. A Duchess was still expected to give more than a man of lower social rank. Hence, Duchess Elizabeth's donation of ten pounds to the *Surrey Employment and Reformation Offenders* matched those of the Archbishop of Canterbury and the Lord Bishop of Winchester.¹⁹² Ranking by descending amounts on subscription lists therefore placed the Dukes and Duchesses at, or near the top alongside others of the same status. It was thus easier for contemporaries to compare donations and so charitableness. Those setting the trend therefore risked public criticism if they were ungenerous which may explain why the family tended to support charities once they were established.

A further dilemma faced was that between making single donations or entering into a subscription. Many associations, such as the *Royal Humane Society*, gave the option for benefactors to become life governors or directors on payment of a single sum.¹⁹³ Despite the wealth of the Dukes and Duchesses they always opted to be subscribers in these circumstances even though continual subscriptions would mean ongoing administration of them. Andrew has suggested that this practice kept the donor's name to the forefront of the subscription list and in the public eye.¹⁹⁴ Yet, it also meant that benefactors were able to withdraw their support if the cause became contentious or if the charity was ever suspected of mismanaging funds. In the case of the London *Mendicity Society*, the annual subscription was later commuted to donations by Duke Walter, albeit of large sums.¹⁹⁵ Whilst the Duke may have felt the need to recompense the *Society* for its inquiries into his begging letters, it was more susceptible to shifts in ideologies about suitable ways of assisting the poor. Thus, he was able to keep control, increasing or withdrawing support accordingly. By contrast, Duchess Charlotte appeared more concerned about entering into ongoing commitments and

¹⁹¹ BHA Chief Steward, Henry Hoyle Oddie junior Accounts for the 5th Duke 1829-1833, 15 April 1830; LMA H14/BL1/A/06/004.

¹⁹² NRO X8755-8763, 20 July 1824.

¹⁹³ *The Annual Subscription Charities and Public Societies in London*, p. 39.

¹⁹⁴ Andrew, *Philanthropy and Police*, p. 103.

¹⁹⁵ BoHA (viewed at BHA) Bank books with Coutts, 1828-1841.

accumulating subscriptions. She referred to this situation in a letter of 11 May 1834 when she wrote to her Steward regarding a reminder to pay her subscription to the (Edinburgh) *Society for Clothing the Industrious Poor*,

I wish to continue my subscription to Miss Webster [...] by paying £10 [...] I could get rid of it altogether which I think I might do - although it is not a regular society but I think that Miss Webster should be well satisfied with that proposal. I already belong to many charities that I am anxious to reduce them as much as possible.¹⁹⁶

As a relatively new Duchess, and not an heiress like Duchess Elizabeth, Duchess Charlotte appeared to be working her way through the expectations of rank whilst leaning on her Steward for guidance. Her preference for single donations in these instances may have been due to fears that these charities would become dependent on her support. Given the need to meet expectations, the risk of being thought ungenerous and awareness of setting the tone for others to follow, it is not surprising that such anxieties appeared in family correspondence. There was however a further incentive to engage in associational giving. This was the opportunity that it returned to associate, that is, to become involved in ensuring legitimacy and appropriate dispensation of funds, and this is next examined.

5.6 Reciprocity and engagement: re-personalising the gift-relationship

There were several different ways that donors could participate in the associational charities that they supported, and the Dukes and Duchesses engaged in fund-raising, recommending and voting, and office-holding and these three activities require investigation. One means of fundraising, usually seen as the preserve of females, was the fancy fairs, fêtes and sales that associations held largely from the 1830s onwards.¹⁹⁷ Several of the charities supported by Duchess Charlotte listed her as a *Patroness* in these proceedings and it was recorded that the arrangements for such events were due to the ‘exertions of the lady patronesses’.¹⁹⁸ The Queen, Queen Dowager and Princesses, also patronesses of many of the same charities, donated work for sale at fairs and it likely that Duchess Charlotte followed suit.¹⁹⁹ Her role as Mistress

¹⁹⁶ NRS GD224/795/1.

¹⁹⁷ *Morning Post*, 31 May 1837 issue 20730, p.6; *The Times*, 1 May 1848 issue 19851, p. 3; *The Times*, 12th July 1833 issue 15215, p. 1.

¹⁹⁸ *Morning Post*, 31 May 1837 issue 20730, p. 6.

¹⁹⁹ *Ibid.*

of the Robes to Queen Victoria may have encouraged her to emulate the Royal example and to act in the manner expected of her high female position. Such fundraising, entailing a gift-exchange of donations in return for donated objects, again echoes Thomas Haskell's view of the application of market thinking to philanthropy.²⁰⁰ Another means of raising funds was the holding of Balls. The 'Fancy Dress Ball' advertised in benefit of the *Caledonian Asylum* in 1825 listed all the Scottish Duchesses as patronesses with the Duchess of Buccleuch, the highest-ranking female, at the top.²⁰¹ This further demonstrates that stratification within charities extended to women. Duke Walter and Duchess Charlotte participated in such events with the Duke purchasing tickets for the *Distressed Highlander's Ball* in 1837.²⁰² In this respect, entertainment constituted a further return for the gift.

This was only part of the extensive social scene that developed around charities in the annual season. Most employed the theatre, concerts and anniversary dinners, as a means of raising funds. Many charities supported by the family utilised this method throughout the period such as the *British Lying in Hospital* which held benefits at both the Kings Theatre, Haymarket and Drury Lane Theatre between 1759-1776.²⁰³ Duke George (when Earl of Cardigan) attended the Anniversary Dinner for *St. Luke's Hospital* in 1753 and the Annual Feast of the *British Lying in Hospital* in 1765.²⁰⁴ Thus, his 'networking' with other nobles further indicates the value such occasions had as a means of social advancement.²⁰⁵ As Sarah Lloyd contends, social events of associational charities gave the opportunity for display so reinforcing social positions and maintaining social relations.²⁰⁶ They were also the means by which networks were strengthened and expanded. As these social occasions, including details of which noteworthy persons were in attendance, were reported in the newspapers the consequences of not giving were clear. Not being seen to meet expectations, also meant

²⁰⁰ Haskell, 'Capitalism and the Origins of the Humanitarian Sensibility', pp. 339-61.

²⁰¹ *The Times*, 16 May 1853 issue 21429.

²⁰² BoHA (viewed at BHA) Private Accounts 1836-1841, 14 July 1837.

²⁰³ *Gazetteer and London Daily Advertiser*, 2 May 1759 issue 5436; *Morning Post*, 19 December 1776 issue 1296.

²⁰⁴ *Public Advertiser*, 27 March 1753 issue 5736; LMA H14/BL1/A/06/001.

²⁰⁵ Cunningham, 'History of Western Philanthropy'.

²⁰⁶ S. Lloyd, 'Pleasing Spectacles and Elegant Dinners: Conviviality, Benevolence, and Charity Adversaries in Eighteenth-Century London', *Journal of British Studies*, 41:1 (2002), pp. 23-57.

social exclusion from the advantages to be gained by networking. A public rebuke would appear in the newspapers and was to be avoided.

It was the opportunities such charities afforded to subscribers in the allocation of funds however that saw both males and females become actively involved. These were recommending and voting for potential recipients of the charity to be dispensed. The success of appeals, which incorporated elements such as the parading of restored individuals and/or their case histories, gave the donor an entitlement to recommend or place a certain number of individuals in that institution. Newspapers advertised potential candidates for associations such as the *Ladies Royal Benevolent Society* who invited ‘the votes of those eligible by virtue of their support’.²⁰⁷ The rights to recommend were linked to levels of donations. Each of the Dukes and Duchesses always paid subscriptions of at least the rate that carried the status of Governor and entitled them to recommend people for assistance, most usually one or two. Such rights were not only confined to male governors. As early as 1750, the *Middlesex Hospital*, though not recognising ladies as governors, stated that by an Order of a Special General Court, ‘Ladies subscribing the said sums will have the privileges of recommending women in the same manner as governors’.²⁰⁸ This raises the question of whether the selecting of charities to support also involved consideration of the best return for the money in terms of recommending rights. As seen, the Dukes and Duchesses added dispensaries and lying-in charities to the portfolio alongside infirmaries and lying-in hospitals. Yet, the *Middlesex Hospital* only received familial support from 1823 when it needed repairs and a new ward.²⁰⁹ It required three guineas to recommend one woman, whereas the long-supported *British Lying-in Hospital* allowed a recommendation of two women for five guineas.²¹⁰ By comparison, the domiciliary *Lying-in Charity* gave recommending rights for one woman for each guinea subscribed.²¹¹ Thus, the shift to domiciliary care which Bronwyn Croxson contends was about larger amounts of people

²⁰⁷ *The Ladies Royal Benevolent Society (late Dollar), Etc. [Plan, Rules, Subscribers, Etc.]* (London, 1818).

²⁰⁸ *The laws, orders, and regulations, of the Middlesex Hospital, for the reception of sick and lame patients, and lying-in married women; revised,* (London 1764).

²⁰⁹ *Morning Chronicle*, 31 July 1823 issue 16936; NRO X8762. This was in spite of the fact that the family shared a connection as Charles Bell, surgeon to the Hospital was one of Walter Scott’s correspondents.

²¹⁰ *The Annual Subscription Charities and Public Societies in London*, pp. 17-21.

²¹¹ *Ibid.*

being treated for the same money, as much as maintaining stability in families, would be explained by such calculated giving.²¹² In supporting a range of different provisions it seems likely that the Dukes and Duchesses judged each charity on its individual merits including the numbers that they could recommend. Their wealth did not mean support without discrimination but neither did that mean they were less than charitable in aiming to help as many as possible for the basic cost. In a Scottish family, value for money was always an important motivation. Money was power and charity that emanated from aristocratic circles could be powerful.

In many instances Duchess Elizabeth and Duke Walter paid higher annual sums than necessary to recommend recipients. In the case of the *General Lying-in Charity* for ‘delivering poor married women at their own habitations’ the annual subscription of one guinea allowed the recommendation of eight objects in the year. Duchess Elizabeth gave three guineas most likely because many charities increased the recommending entitlement in proportion to the level of subscription given.²¹³ The *London Orphan Asylum* which relieved destitute orphans, particularly those descending from respectable parents, required one guinea per annum in order to recommend.²¹⁴ Further benefits could be accrued as each annual guinea entitled the subscriber to one vote at an election.²¹⁵ Duchess Elizabeth paid two guineas annually to this *Asylum*.²¹⁶ In this respect, the buying of places or votes may have given the Duchess a valuable alternative means of assistance to offer those poor who petitioned her individually. Charities with narrower criteria, were not given more than the minimum amount to recommend one person. For example, the *Philological School* for the education and clothing of the children of poor clergymen, naval and military officers and tradesmen received a single payment of one guinea from the Duchess.²¹⁷ This was potentially to ‘buy’ a place for someone that she already knew to be in need.²¹⁸ Duchess Elizabeth thus actively took advantage of recommending rights. In 1809 a printed letter from the

²¹² Croxson, ‘The Foundation and Evolution of the Middlesex Hospital Lying in Service 1745-86’, pp. 27-57, see p. 52.

²¹³ BHA Private Accounts, 1777-1812, 15 April 1799.

²¹⁴ *The Annual Subscription Charities and Public Societies in London*, p. 63.

²¹⁵ *Ibid.*

²¹⁶ BoHA William Tait Accounts 1822-1827, 11 February 1825.

²¹⁷ NRO X8762, 25 March 1823; *The Annual Subscription Charities and Public Societies in London*, p. 78.

²¹⁸ NRO X8756, retained with 1812. Elizabeth Aldwinckle noted in petition that her son had earlier been presented to the school by Duchess Elizabeth.

General Lying-in Charity informed her of the safe delivery of Mary Tindall's daughter.²¹⁹ Mary had been recommended by the Duchess and Parker wrote: 'A Letter of thanks to her Grace' on the reverse of it and kept it with the receipted bills. No monetary amount was documented. Yet, it was retained as a record of what the payment was for – the safe delivery of a baby. Thus, recommending, by redirecting petitioners from the private form of giving to a public one, refashioned associations as intermediaries in personal gift-relationships too.

The opportunity to vote for officers, servants and candidates, in return for subscriptions, was also embraced by Duchess Elizabeth. In correspondence with her Steward she demonstrated engagement with the process of voting, by proxy, for potential recipients. After requesting the correct forms from her Steward, she noted her intention of considering all of the candidates before selecting. She wrote:

I have had several applications for my vote on the deaf and dumb asylum. I hope I shall get the letters in time to send my proxy in for Joseph Harris Patrick - another for John Law. But I do not like to promise votes till I see who are the candidates.²²⁰

Once she had made her selection, she sent her proxy to her Steward and stated:

I enclose you a Proxey [*sic*] for Mr[.] Clamson to vote as usual for the Election of the Deaf and Dumb children. I have left it to him to select the greater objects [...] you may tell him John Law has been very strongly recommended to us by many people.²²¹

The Duchess further participated in the process when she added: 'I wish to increase my sub., from one guinea to five yearly and it may if made up to that sum before the day of election it will Increase my number of votes'.²²² She was thus able to purchase not only potential places but also votes that could ensure that her chosen candidates would be successful. A reciprocal benefit then may have been self-congratulation when her candidates received the most votes. She would also have been gratified socially, having acted upon the recommendations 'by many people' into which she was networked.

²¹⁹ BHA House Steward Letters to John Parker, 2 August 1809.

²²⁰ BHA House Steward Letters to John Parker 1809-1812.

²²¹ *Ibid.*

²²² BHA House Steward Letters to John Parker 1809-1812.

Duchess Elizabeth's involvement in associational charities therefore gave her the opportunity to have real influence that she could and did exercise.

Office-holding, however, was restricted to men during most of the period in question. Just as levels of donations were commensurate with rank, stratification within charities also applied to the positions held. Both Duke John and Duke George took leading roles in the provincial infirmaries at Northampton and Leeds probably because of their early involvement.²²³ Duke John was also among the first governors of the *Foundling Hospital* together with a further sixteen dukes.²²⁴ He has since been lauded for his benevolence to foundlings which seems to have been due to his offer of Montagu House, at a rent of four hundred pounds per annum, as a place for the *Hospital*.²²⁵ Yet, the House required costly repairs and as only a life tenant Duke John did not have the authority to permit the alterations.²²⁶ It is apparent that the rejection of his offer and a further dispute between Thomas Coram and two of the Duke's colleagues negated any further involvement.²²⁷ This is a clear example therefore of the conflict between image and reality.

Throughout the period the Dukes nonetheless held the presidencies of several leading institutions. Whilst Duke George was President of the *Leicester Royal Infirmary*, *St. Luke's Hospital* and the *Society for the Encouragement of Arts*, he was the Vice-President of *St. Georges Hospital*.²²⁸ This lesser role was usually occupied by dukes when the Monarch or members of the Royal family held the Presidential role. Duke Henry was the first President of the *Edinburgh Asylum for Relief of the Indigent and Industrious Blind* in 1793 and has since been credited as a 'founder'.²²⁹ There is no evidence that he was the instigator of the enterprise and so this accolade may reflect his early financial support of the venture.²³⁰ The Dukes and Duchesses of Buccleuch were

²²³ Duke John as Grand Visitor at Northampton and Duke George was the first President at Leeds.

²²⁴ *A Copy of the Royal Charter Establishing a Hospital for the Maintenance and Education of Exposed and Deserted Young Children. The Royal Charter [&c] London Foundling Hospital* (London, 1740), pp. 1-32.

²²⁵ G. Wagner, *Thomas Coram, Gent.: 1668-1751* (Suffolk, 2015), pp. 136-8.

²²⁶ *Ibid.*

²²⁷ Wagner, *Thomas Coram*, pp.136-8.

²²⁸ *The Times*, 29 May 1790 issue 1694, p. 2.

²²⁹ Alexander Murdoch, 'Scott, Henry, third duke of Buccleuch and fifth duke of Queensberry (1746–1812)', *Oxford Dictionary of National Biography*, Oxford University Press, (2004).

²³⁰ It was founded by Rev. Dr. David Johnson, Dr. Thomas Blacklock and Mr. David Miller (Blacklock and Miller were both blind). Its Director was Dr. Andrew Duncan.

rarely the initiators of associational ventures, usually only becoming involved when approached or appealed to, or once an institution or society was established and proven. The most concentrated level of involvement by the family was in the (Scottish) *Society for the Suppression of Begging*. Duke Henry initiated a long family commitment to the *Society* when he donated a sum of twenty-one pounds at its establishment, matched only by the City of Edinburgh.²³¹ He and subsequent Dukes of Buccleuch typically held the Presidential role during its lifetime. It is apparent then that there was often a relationship between office-holding and levels of donations. When Duke George was President of *St. Luke's Hospital* in 1780, he was the only Duke among the Governors and gave twenty pounds annually which was the highest sum subscribed.²³² This was likely in hope of attracting donations, notably from other Dukes at a similar level of giving. He continued as President in 1781 donating the sum of four hundred and sixty-one pounds during the year.²³³ This suggests that charities appointed those who demonstrated that they could make payments at the highest levels to the highest offices, meaning that they were all but purchased. Duke Henry's Presidency of the *Western Dispensary* in 1793 however was not just related to his commitment to its cause but also to his political profile.²³⁴ Both Henry Dundas and Robert Dundas, friends and associates of the Duke, held Vice-Presidencies at the same time, as did William Wilberforce.²³⁵ This supports the view of Sarah Lloyd that engaging in associational giving could have reciprocal political benefits.²³⁶

As a young Duke, Walter was often a Steward for several of the charities that he supported including the *Royal Humane Society*, the *Royal Maternity Charity*, the *City of London General Pension Society* and the *Royal Highland School Society*.²³⁷ Stewards paid for the feast and performed as hosts. They were carefully selected as having the financial resources to ensure that an event would bring in more income than it cost, as well as the personal resources to attract many diners and potential members.²³⁸ The

²³¹ *Report of the Society for the Suppression of Beggars* (Edinburgh, 1814), pp. 1-117.

²³² LMA H64/E/01/003.

²³³ *Ibid.*

²³⁴ *The Times*, 27 Mar. 1793.

²³⁵ *The Times*, 27 Mar. 1793; Henry Dundas, 1st Viscount Melville was an M.P. who held prominent positions in the cabinet including Secretary of State, and, War Secretary.

²³⁶ Lloyd, 'Pleasing Spectacles and Elegant Dinners', pp. 23-57, see p. 24.

²³⁷ *The Times*, 26 April 1836 issue 16087, p. 1; *The Times*, 1 May 1847 issue 19538, p. 1; *The Times* 26 April 1844 issue 18594, p. 3; *The Times*, 2 May 1842 issue 12972.

²³⁸ Andrew, *Philanthropy and Police*, p. 81.

performance of this ritual of ancient hospitality was a concept with considerable currency in the eighteenth century as a sign of social distinction and order.²³⁹ For Duke Walter this role may have acted as a passport to higher positions in these associations and ultimately in the Nobility. Besides the associations that the family traditionally supported in which Duke Walter held presidencies, it was not until the 1840s that he secured any vice-presidencies and the 1850s before he gained any further presidencies.²⁴⁰ This may in part be due to his support of many societies that had Royal patronage thus leaving only the Vice-Presidency open to him. His progression through the offices therefore appears to have not just been allied to his rank but also his maturity suggesting that office-holding related to recognition of, or reward for longevity of support. Entering long established charities as a young Duke may have meant that he had to wait his turn behind those of similar rank with long personal involvement. This sets in context why the *Caledonian Asylum*, patronised by all the Scottish Dukes, did not appoint Duke Walter its President until 1860.²⁴¹ Little is known about how active the Dukes were in these roles. E. R. Frizelle and J. D. Martin state that Duke George, as first President of the *Leicester Royal Infirmary*, was a patrician figurehead although they noted his efforts in chasing up funds with the High Chancellor.²⁴² It is recorded however that Duke Henry was on the committee of the *United Society for the Relief of the Widows and Children of Soldiers and Seamen* and that Duke Walter chaired a public meeting concerning baths for the working classes, indicating a degree of personal managerial involvement in topical causes.²⁴³ Thus, the involvement of the Dukes and Duchesses in associational charities enabled them to exercise differing degrees of influence. Whilst there was some separation by gender, recommending and voting were not gender specific. Yet, neither was it just rank and wealth that facilitated this participation which acted as an inducement to give and keep giving but also the status that they gained from persistent support. Associational activities, with their valuable reciprocal benefits, were therefore integral to the gift-relationship encouraging long-term giving which sustained the tradition of benevolence.

²³⁹ F. Heal, *Hospitality in Early Modern England* (Oxford, 1990), p. 343.

²⁴⁰ *Report of the Society for the Suppression of Beggars* (Edinburgh, 1814), pp. 1-117; *The Times*, 17 May 1833 issue 15167, p. 1; 2 May 1842 issue 12972, p. 1; 15 May 1851 issue 20802, p. 2; 17 March 1853.

²⁴¹ *Morning Post*, 11 June 1860: 2.

²⁴² Frizelle and Martin, *The Leicester Royal Infirmary*, pp. 79-81.

²⁴³ *The Times*, 3 April 1793 issue 2575, p. 2; *The Times*, 23 November 1844 issue 18776, p. 4.

5.7 Conclusion

Adopting this combination of British and European approaches has uncovered a complexity of multi-motivations that underpinned giving in association with others. Instead of explaining broad trends in accordance with the approval of objectives and methods of associational charities, this thesis analysis has centred on the actual charitable decisions made by individuals and generations of a family of the highest social rank. It has thus demonstrated that contemporary concerns were one consideration amidst many that influenced giving behaviour. As seen, support for charities was motivated by a combination of personal and familial predispositions to give, as well as pressures and influences stemming from networks of personal relationships, and an awareness of the reciprocal benefits to be gained from association. The resultant charitable response was shaped by a framework of powerful and competing appeals for benevolence in a culture of giving, linked to social standing.

Examining the family's charitable selections at this individual and intergenerational level has lent support to the view that the bestowing of charity took a more calculated approach during this period.²⁴⁴ This was evident in the tightening criteria and a change in rhetoric in the associations supported, from 'real objects' to 'proper objects' that is, no longer just genuine but also suitable.²⁴⁵ Yet, it would be erroneous to state that the Dukes' and Duchesses' charitable behaviour was based primarily on such gift calculations. It is more likely that the increasing categories of those in need reflected in specialised charities gave them additional reasons to support more and different ones. Furthermore, the continuity of support for most types of charities across the generations indicates that the charitable behaviour of the family was not principally determined by an impetus to further collective interests, identified by Van Leeuwen as those of the labour market, stabilisation of the social order,

²⁴⁴ M. J. D. Roberts, 'Re-Shaping the Gift Relationship: the London Mendicity Society and the suppression of begging in England 1818-1869', *International Review of Social History*, 36:2 (1991), pp. 201-31, see p. 201.

²⁴⁵ For example: *Northampton General Hospital*, in 1743, used the rhetoric 'real objects' whilst *Dumfriesshire and Galloway Hospital*, in 1793, stated 'proper objects'. This was not just a contrast between England and Scotland though as, by 1823, the *Western Philanthropic Institution*, among many others, used 'deserving poor'. It may indicate however that the shift occurred earlier in Scotland and further, that English charities followed the Scottish example; Checkland, *Philanthropy in Victorian Scotland*, p. 4.

maintenance of public order, infection control and promotion of moral behaviour.²⁴⁶ Charity-giving was often a family habit in a social circle of customary giving both in England and Scotland.

Variations were also identified at a regional level during the period 1732-1847. In comparing the English and Scottish charities supported it has been demonstrated that, in Scotland, this family's responsibility stretched further to proximate and anticipated need. Charity thus began at home and stayed there, at the homes of the Duke and Duchess of Buccleuch and extended outwards into the communities they knew and lived alongside. Further contrasts are apparent too, through the objectives and rhetoric deployed by these associations, which give a sense of the 'mixed economies of welfare' in England and Scotland. The overwhelming distinction being the greater value Scottish charities placed on independence.²⁴⁷ They focused on the recipient's potential for future self-support with promises to transform the poor 'from burdensome to useful' and, as evidenced by the *Scottish Suppression of Begging Society*, made provision to bring this about.²⁴⁸ Charity to the individual would therefore be a return to the community.²⁴⁹ It was a value that extended to societies and institutions too which aimed to become self-supporting through the labour of the recipients and, though prevalent in both nations, was much more marked in Scotland.²⁵⁰

Exploring perceptible influences, pressures and imperatives in face of appeals has uncovered the reasons why certain charities were selected. Some support was traditional both for specific charities as well as causes. Religious motivations persisted, evidenced not only through expressions of belief in Providence but also in Duchess Elizabeth's addition of the highest number of charities to the portfolio towards the end of her own life. The Duchess was mindful of divine judgment, something of which she was often reminded by those seeking her assistance. The Dukes and Duchesses

²⁴⁶ Van Leeuwen, 'Logic of Charity', pp. 589-613.

²⁴⁷ Mitchison, *The Old Poor Law in Scotland*, p. 159. This stemmed from Presbyterian influence.

²⁴⁸ *Report of the Society for the Suppression of Beggars*, pp. 1-117; *Edinburgh Deaf and Dumb Asylum in: The New Picture of Edinburgh for 1816, being a correct guide to the curiosities, amusements, public establishments, and remarkable objects in and near Edinburgh to which are added a description of Leith and the Trossachs* (London, 1816), p. 176.

²⁴⁹ *Ibid.*

²⁵⁰ The *Edinburgh Magdalene Asylum* reported that 'returns from work nearly equal the expense of subsistence'. The *London Female Penitentiary* reported that '20% of its larger annual receipts [came] from [the] work of its women'.

displayed compassionate awareness too in their benevolent choices that stemmed from life's shared experiences. This single impetus goes some way towards accounting for separation along gender lines in causes supported due to the sharing of gender roles, such as that of maternity, or military service. Yet, as explained, gift-giving involved a complexity of considerations, not just gender alone.

Much of the portfolio's refashioning can be traced to appeals that were prevalent in each generation. Yet, whilst the gift may have been contingent on rhetoric which spoke to the predispositions of the Dukes and Duchesses, it was not necessarily the one intended by the association's publicity. Who the recipients were and why, how they were to be assisted and the intended outcome, were all alluded to in appeals, any aspect of which may have induced the Dukes or Duchesses to give. For example, societies that used the means of education to meet their objectives, something the family always supported, were often favoured.²⁵¹ Donors therefore personally made estimations as to the value of the reciprocity and gave accordingly. Appeals were presented in a variety of contexts, some more direct than others providing many opportunities to be benevolent. Thus, the culture of petitioning was intrinsic to the structure of giving.

Many parallels existed between the appeals of associational charities and the individual petitions seen in Chapters 3 and 4. Powerful strategies and rhetoric which centred on what donations could achieve, or the return for the gift, enticed support. Some strategies were therefore fundamental to the culture of giving. Emotive rhetoric, especially in the context of shared experiences, and individual case histories were the most effective in terms of drawing this family's responses. Thus, donors could make a tangible difference and feel themselves useful. Societies with less targeted approaches, such as those concerned with morals and manners more generally, were less well supported. These did not meet the need of family members to see a real, human return for their money. Both the poor and associations seem to have been keenly aware that providing detailed narratives of impoverished circumstances in their appeals would elicit successful responses. It is reasonable to assume that the poor's influence on the development of associational charity extended to embracing those associations which

²⁵¹ Such as the *Society for the Suppression of Juvenile Vagrancy*.

allowed them to present their cases. As seen in Chapters 3 and 4, once claims were legitimised by inquiry, bargaining power became enhanced. It appears then that the common narrative of literary writing across the petitioning culture was deeply embedded in the culture of giving. This thesis has therefore deployed the family as a historical prism to make a novel contribution.

Such appeals and petitions increased knowledge and understanding of material need indicating why the family were particularly receptive to some sub-groups of the poor. Thus, Duchess Elizabeth's concerted support of associations that recognized the plight of single women, specifically those who had been formerly respectable, mirrored the claims of gentle-birth seen in the petitions to which she also favourably responded.²⁵² Each informed the Duchess's understanding of the particular difficulties faced by the gentle-born poor and of the precarious situation of single women. This assistance undoubtedly contributed to her contemporary image for benevolence which observed that 'her bounty [was] not confined to the lowest poor but many of better rank'.²⁵³ Recipients too gained valuable knowledge of donors' receptiveness to specific causes and made use of it. Receiving either the public or private benevolence of the Dukes and Duchesses also gave beneficiaries an opening to petition for the other form. The poor too were keenly aware of the value that publicly visible giving had for those of rank as evidenced in their private appeals to reputation and honour and the employment of advocacy.

The family's assistance was also solicited through the links between the charities that they supported and their own multi-layered networks of acquaintance, relatives, friendships and business, whose interconnectedness was further reinforced by Freemasonry. Such connections were crucial in endorsing and assuring the worthiness of prospective causes; none more so than medical charities where trusted medical men established eligibility and allocated funds to gate-keeping philanthropy. Giving to associations was also a matter of reputation and honour. Protecting this was evident in the charitable practice of the family in favouring those charities that were established with the levels of donations already set. The Dukes and Duchesses understood the need

²⁵² Such as the *Friendly Female Society*; See Chapter 3, p. 117.

²⁵³ *Northampton Mercury*, 8 Dec. 1827, p. 3.

for flagship people to lend trust and legitimacy and were acutely aware of their influence and responsibility in terms of others down the social scale following their example.

The reciprocal benefits that giving in association offered for donors were therefore integral to the development of the portfolio. Engaging in associational philanthropy meant being publicly seen to meet expectations of rank in order to preserve that social status. Thus, Van Leeuwen's identification of externalities which concerned the consequences of not giving are extended by this analysis to the consequences of not giving appropriately.²⁵⁴ This was particularly significant for a family renowned for their tradition of benevolence, hence their imperative to self-regulate and keep personal control whilst balancing this against the level of need. Giving behaviour, therefore, cannot be explained by any single determinant but by a complexity of motives that became multi-layered as a result of life experiences, network connections, as well as concerns for reputation and honour. Thus, in posing his query at the opening of this chapter, Duke George was deliberating over a decision that was not to be taken lightly. This thesis analysis has thus uncovered the fascinating way in which he and his successors did regulate themselves more so than the standard literature has mapped, emphasising its new contribution. To further appreciate the family's benevolence to those who were ill or injured we therefore turn next to consider the medical choices that the Dukes and Duchesses made, both for themselves and others.

²⁵⁴ Van Voss and Van Leeuwen, 'Charity in the Dutch Republic', pp. 175-97, see p. 190.

Chapter 6: Feeling Ill and Consuming Medicine: The Montagu Douglas Scott Family and the ‘Medical-Marketplace’ 1728-1825.

6.1 Introduction

From 1728 to 1825, five generations of the Montagu Douglas Scott family purchased therapeutics and the services of medical practitioners obtained in the contemporary ‘medical-marketplace’. Studies of the model of the ‘marketplace’ in this era have been predominantly concerned with conceptualising the demand for medical consumption.¹ This exclusive focus has limited our historical understanding of all of the human factors that drove actual spending patterns.² This thesis study is therefore significant because the family contained consumers with status, wealth, influence, spending power, and emotional motivations too. Examining in this sixth chapter their intergenerational medical choices and explaining these according to their medical understandings, human experiences and reactions to illness means it is possible to assess what influenced and generated their consumption patterns. Through their actions we can thus glimpse the contemporary ‘medical marketplace’ in all its fascinating complexities, both demand and supply, for the first time.

Historians used to concentrate on the supply side of the ‘medical marketplace’ model and they now examine consumer demand too.³ This chapter thus aligns with recent studies of consumer behaviours.⁴ Yet, rather than grouping consumers simply by status or location, it concentrates on the central role of the household (containing

¹ I. Loudon, ‘The Nature of Provincial Medical Practice in Eighteenth-Century England’, *Medical History*, 29:01 (1985), pp. 1-32; R. Porter (ed.), *Patients and Practitioners, Lay Perceptions of Medicine in Pre-industrial Society* (Cambridge, 1985); A. Cunningham and R. French (eds), *The Medical Enlightenment of the Eighteenth Century* (Cambridge, 1990); M. E. Fissell, *Patients, Power and the Poor in Eighteenth-Century Bristol* (Cambridge, 1991); M. S. R. Jenner and P. Wallis (eds), *Medicine and the Market in England and Its Colonies, c.1450-c.1850* (Basingstoke, 2007); J. Andrews, ‘History of Medicine: Health Medicine and Disease in the Eighteenth Century’, *Journal for Eighteenth Century Studies*, 34:4 (2011), pp. 503-15.

² See: Jenner and Wallis (eds) *Medicine and the Market in England*, pp. 1-23.

³ H. Cook, *The Decline of the Old Regime in Stuart London* (Ithaca, 1986); A. Digby, *Making a Medical Living: Doctors and Patients in the English Market for Medicine* (Cambridge, 1994); Jenner and Wallis (eds), *Medicine and the Market in England*, p. 6; S. S. Le Jacq, ‘The Bounds of Domestic Healing: Medical Recipes, Storytelling and Surgery in Early Modern England’, *Social History of Medicine*, 26:3 (2013), pp. 451-68.

⁴ E. Leong and S. Pennell, ‘Recipe Collections and the Currency of Medical Knowledge in the Early Modern Medical Marketplace’ in Jenner and Wallis (eds), *Medicine and the Market in England and Its Colonies*, pp. 133-52; Andrews, ‘History of Medicine’, pp. 503-15.

property owner, tenant, servants, estate workers and so on) in the ‘medical marketplace’. This reflects how recent historiography seeks to locate household medical practices within the medical economy and narratives of contemporary healthcare.⁵ Seth Le Jacq’s work (for example) reveals the aristocracy and gentry’s regular purchase of commercialized medicine.⁶ Lay care, however, remains obscure, often studied from the standpoint of domestic medicine only.⁷ This chapter nonetheless concentrates on the purchase of commercialized medicine because the family had multiple households and they were therefore a significant presence as a unit of consumption in the ‘medical marketplace’.⁸ A comparison of chronological, gender and geographical variations is undertaken for each Duke and Duchess. This novel analysis hence responds to calls for the ‘medical marketplace’ to become socially embedded and historically specific.⁹ And this research focus complements this thesis new contribution to studies of charity and well-being for the period.

Jonathan Andrews recognises that the interests, motivations and choices underpinning such activities, are under-studied.¹⁰ He has called for more historical attention regarding the complexities of patient demand, particularly to explain fluctuations in supply of, and demand for medical practitioners relative to social and economic contexts.¹¹ This chapter thus examines the individual agency of family members in their selecting of medical practitioners to provide products or services for themselves and their households. Hence, it refocuses attention on the socio-economic and medico-scientific functions of family-led demand. It thus tests Nicholas Jewson’s view that supply variations derived from aristocratic patronage, not commercial relations, ultimately controlling medical knowledge formation.¹² It was not only financial or social considerations which determined the family’s ‘medical marketplace’ activity, however, but also their beliefs surrounding illness and its treatment.

⁵ For example: E. Leong, ‘Herbals she Peruseth’: Reading Medicine in Early Modern England’, *Renaissance Studies*, 28:1 (2008), pp. 556-78; Le Jacq, ‘The Bounds of Domestic Healing’, pp. 451-68.

⁶ S. S. Le Jacq, ‘The Bounds of Domestic Healing: Medical Recipes, Storytelling and Surgery in Early Modern England’, *Social History of Medicine*, 26:3 (2013), pp. 451-68.

⁷ *Ibid.*

⁸ Jenner and Wallis (eds), *Medicine and the Market*, p. 9.

⁹ *Ibid.*, p. 17.

¹⁰ J. Andrews, ‘History of Medicine: Health Medicine and Disease in the Eighteenth Century’, *Journal for Eighteenth Century Studies*, 34:4 (2011), pp. 503-15, see p. 509.

¹¹ *Ibid.*

¹² N. D. Jewson, ‘Medical Knowledge and the Patronage System in Eighteenth Century England’, *Sociology*, 8 (1974), pp. 369-85.

By employing medical humanities approaches lay ‘medical’ knowledge can be uncovered too – embedded in historical life experiences, a recent development in the literature.¹³ It is an informative approach not least because it reveals both cultural and social contingencies central to this chapter.¹⁴ Historians thus stress that particular symptoms and disorders were marked with ‘cultural salience in different epochs and societies; they could be stigmatising or fashionable’.¹⁵ Yet, the study of therapeutics has been limited; either neglected altogether, or looked at simply in terms of their failure to progress.¹⁶ Illness experience has nevertheless the potential to reveal what patients of different social status thought about treatments, particularly their beliefs in its efficacy and their expectations of a cure.¹⁷ Contemporary influences on demand for medical services need therefore more historical appreciation. A single study to-date has focused on the illness experiences of children. Hannah Newton identified medical perceptions that distinguished childhood physiology and modified treatments.¹⁸ She acknowledges more primary research could uncover different perspectives of patients for all ages and their distinctiveness.¹⁹ In response, this thesis investigation encompasses a range of individuals of genders, differing social status, and life-cycle points, taking into account geographical and generational variations. It utilises primary source material rich in detail written by the Montagu Douglas Scott family members about their personal health and illnesses throughout the period. Whilst Newton recognised the value of such narratives, her research was constrained by the relatively small number of those created by sick children, relying largely on observations made by parents.²⁰ By contrast, this chapter’s analysis provides evidence of an extensive sample of patients’ extant words as well as the observations of others. It is therefore a considerable step forward in its historical field.

¹³ H. Newton, *The Sick Child in Early Modern England, 1580-1720* (Oxford, 2012), p. 10.

¹⁴ *Ibid.*

¹⁵ A. Kleinman, *The Illness Narratives, Suffering, Healing and the Human Condition* (New York, 1988), p. 18.

¹⁶ Newton, *The Sick Child*, p. 161.

¹⁷ *Ibid.*, p. 176.

¹⁸ Newton, *The Sick Child*, pp. 31-90.

¹⁹ *Ibid.*, p. 219.

²⁰ Newton, *The Sick Child in Early Modern England*, pp. 16-24.

This novel medical humanities' historiographical approach, also intersects, and overlaps with recent histories of emotions and the body by integrating a combination of thoughts, feelings and bodily processes fundamental to the illness experience.²¹ To appreciate how symptoms and illnesses had meaning it is necessary to first understand historical normative conceptions of the body in relation to the self and world.²² Early modern approaches have relied predominantly on artistic or literary representations privileging the male body and producing largely theoretical interpretations.²³ Roy Porter thus called for studies of actual experiences of embodied living, to consider how individuals and social groups experienced their bodily selves.²⁴ He suggested a renewed focus on prescriptive literature and social practices, as language was a vehicle for hidden messages about the body.²⁵ Thus, Jennifer Vaught examined rhetorics of bodily disease and health, utilising texts to explore figurative language that underscored perceptions of the human body.²⁶ More recently, Newton again has demonstrated the considerable potential of studying real illness experiences to glimpse contemporary ideas of differentiation between bodies.²⁷ This chapter contributes to this literature by engaging with the testimony of family members by integrating narratives of the self, with both their observers and their medical attendants. These facilitate new historical insights into illnesses, conditions, medical advice and treatments that were associated with the well-being of bodies characterised by their age, gender, wealth and status.

Recently research into the history of emotions has either addressed their place in a wide-range of situations and contexts, or, has focused on specific emotions.²⁸ Additionally, sensations such as pain and responses to it have also begun to be considered.²⁹ Yet, little of this new research has considered emotions in the context

²¹ See: F. Bound Alberti, 'Bodies, Hearts and Minds, Why Emotions Matter to Historians of Science and Medicine', *Isis*, 100:4 December (2009), pp. 798-810.

²² Kleinman, *The Illness Narratives*, p. 14.

²³ C. Gallagher and T. Laqueur (eds), *The Making of the Modern Body, Sexuality and Society in the Nineteenth Century* (California, 1987). See also: T. Laqueur, *Making Sex, Body and Gender from the Greeks to Freud* (London, 1990).

²⁴ R. Porter, 'History of the Body Reconsidered' in P. Burke (ed.), *New Perspectives on Historical Writing* 2nd Edition (Cambridge, 2001), pp. 233-60, see p. 236.

²⁵ *Ibid.*, p. 240.

²⁶ J. C. Vaught (ed.), *Rhetorics of Bodily Disease and Health in Medieval and Early Modern England* (Farnham, 2010).

²⁷ Newton, *The Sick Child*, pp. 31-62.

²⁸ For a summary of the wide range of areas recently researched see: C. Bailey, 'The History of Emotions', *Contemporary European History*, 25:1 (2016), pp. 163-75.

²⁹ J. Moscoso, *Pain: A cultural history* (Basingstoke, 2012).

of illness. As Fay Bound Alberti recognises, it is crucial to access both physical and emotional aspects in experiences of illness since physical symptoms reflected an emotional language.³⁰ Contemporary understanding of emotions, embedded in Classical ideas, linked medicine and the body. The perception was that both bodily and psychological symptoms caused profound structural changes internally.³¹ Hence, mental and physical disorders became associated with traditional maladies, such as melancholia, hypochondria and hysteria.³² Grief, unhappiness, irritation, anger, and fear could all feature in experiences of feeling ill and, as Newton finds, illness too could invoke compassion, sympathy and the concern of others.³³ Studying this range of emotions is therefore central to this chapter due to their role in motivating individuals to participate in rational and irrational ways in the ‘medical marketplace’.

Two further areas needing more research into emotions feature in this chapter. Susan Matt suggests that it may be possible to uncover how it felt to exist in relationships.³⁴ By concentrating on kinship attachments between household members and their medical practitioners, the emotional pressures these people brought to bear on medical choices merits consideration. This extends the work of Newton who accessed emotions in family relationships and addressed gender differences in their feeling and expression.³⁵ In addition, the function of emotions in consumer behaviour, to account for choices and actions, has been addressed for America from 1890 but has yet to be considered in the context of Britain in the long eighteenth century.³⁶ Thus, exploring the emotional imperatives for the family’s participation in the ‘medical marketplace’ makes a valuable addition to the existing literature. In examining the illness experiences of family members, this chapter thus takes into account their lay observers, the perspective of medical practitioners, and communications between them. Historians exploring the transmission of medical knowledge have contended that such relations should be the

³⁰ Bound Alberti, ‘Bodies, Hearts and Mind’, p. 804.

³¹ *Ibid.*, p. 803.

³² F. Bound Alberti, *Matters of the Heart: History, Medicine and Emotion* (Oxford, 2010), p. 5.

³³ Newton, *The Sick Child*, pp. 124-5.

³⁴ S. J. Matt, ‘Current Emotion Research in History: Or, Doing History From the Inside Out’, *Emotion Review* 3:1 (2011), pp. 117-24

³⁵ Newton, *The Sick Child*, pp. 121-60.

³⁶ S. J. Matt, *Keeping up with the Joneses: Envy in American consumer society 1890-1930* (Philadelphia, 2003).

focus of study - social transactions rather than simply economic ones.³⁷ The processes by which the family's medical knowledge was co-constructed are thus uncovered, elaborating 'medical marketplace' activity. This builds on earlier studies in which patients took active roles in their care regimes.³⁸ Demonstrating the multifaceted nature of the family's medical demand throughout the period provides multi-household medicine profiles, individual choice, and changes in medical fashions, in unison. Through this lens of family participation, it is possible to view changes and developments in the contemporary 'medical-marketplace' as they evolved to meet well-being needs. Assessing the impact of their demand therefore acts as a counterbalance to interpretations that have focused on external factors expressly to account for linear progression towards medical professionalisation.³⁹

This analysis of the 'medical marketplace' participation of the Montagu Douglas Scott family from 1728 to 1825 therefore contains two key elements. In Section 6.2, the family's medical expenditure is evaluated using household and estate 'oeconomies' to establish what happened in practice, contrasting households across the period, thus uncovering illness responsibilities and their personal networks. The process of selecting suitable medical practitioners through the generations is examined next, and the impact of the family's patronage assessed. Section 6.3 then relates family member's perceptions and understandings of ill-health to their medical choices. A focus on the communications that they conducted reveals the co-construction of medical knowledge and beliefs commonly held. The reinsertion of emotions as motivators in illness decisions allows for the observation of the balance of reason and feeling in 'medical marketplace' participation. In this way, the chapter overall revises how the traditional 'medical marketplace' has been viewed by incorporating new approaches that encompass individual and family experiences of wider applicability to eighteenth century social relations and notions of well-being.

³⁷ Leong and Pennell, 'Recipe Collections and the Currency of Medical Knowledge', pp. 133-52; Andrews, 'History of Medicine', pp. 503-15.

³⁸ See: R. Porter (ed.), *Patients and Practitioners, Lay Perceptions of Medicine in Pre-industrial Society*. (Cambridge, 1985); L. M. Beier, *Sufferers and Healers, The Experience of Illness in Seventeenth-Century England* (London, 1987).

³⁹ For political factors see: N. D. Jewson, 'Medical Knowledge and the Patronage System in Eighteenth Century England', pp. 369-85. For the effects of the Enlightenment see: Jenner and Wallis (eds), *Medicine and the Market*.

6.2 Practical Considerations: household consumption, responsibilities and agency

To understand what happened in practice in relation to medical choices, fashions and purchase in the ‘medical marketplace’ from 1728-1825, it is necessary to begin with an overview of the medical needs of the households of the Montagu and Buccleuch family circle and their ‘oeconomies’. Our analytical focus is the spending power of households that purchased a combination of domestic medicine, prescriptions from medical recipes written by physicians and surgeon-apothecaries, as well as ‘irregular’ self-dosing that proliferated in an Age of Quackery.⁴⁰ This was a complex historical picture that involved a combination of household consumption and individual agency. In Chapter 2 the summary of the family’s history explained that they had 21 households in diverse geographical locations spread across England and Scotland. What is striking in the family archive however is how little detail there is of domestic recipes and commonplace books. The inherited wealth of this family gave them an exceptional purchasing power and they appeared to have preferred to use it to buy in the best of what the ‘medical marketplace’ had to offer, rather than self-dosing exclusively at home.

The Montagu Douglas Scott family’s ‘medical marketplace’ activity must however be placed in the context of what the household itself could provide. There is some evidence of medicines being domestically made, for example Duke John’s Ditton household accounts record that on 14 July 1725, ‘4 bottles of clarret [...] to make medecines for the ague [*sic*]’ were purchased for the sum of 6s 8d.⁴¹ Additionally, a collection of recipes shows that a few were used by family members and that some were attributed to, or recommended by medical practitioners associated with the family.⁴² Knowledge of such recipes whether shared by lay people or medical practitioners were therefore a resource which family members had the option to turn to at times of illness. The sheer volume of evidence however for the family’s use of commercialised medicine would indicate that this was much more common than any domestically made. This echoes Seth Le Jacq’s finding (outlined in the

⁴⁰ R. Porter, *Quacks: Fakers and Charlatans in English Medicine* (Stroud, 2001).

⁴¹ NRO M (B) X8856.

⁴² Lady Montagu of Beaulieu, *To the Manor Born* (London, 1971).

historiographical introduction above) that the aristocracy were the most likely group to use commercialised medicine on a regular basis.⁴³ Yet, the relationship of household remedies to the ‘medical marketplace’ is a complex one. Not all treatment involved components sold first and foremost, for medical consumption. The role of commodities such as wine or tea and coffee, as well as foodstuffs that were purchased and consumed to remedy ill-health has not been considered in assessments of the ‘medical marketplace’. By contrast, some remedies purchased from apothecaries needed further preparation in the household such as chamomile flowers, which required brewing.⁴⁴ The boundaries of the ‘supply’ element of the ‘medical marketplace’ were then quite permeable with some blurring of the lines between domestic (food products for nutrition) and commercialised (bought in recipes) medicine.

Members of the Montagu Douglas Scott family did not always seek the services of medical practitioners however when faced with illness. For example, whilst on his Grand Tour, Duke Henry wrote to Duchess Elizabeth of the ill Mr. Dundas who was accompanying him, ‘I have now put Mr. Dundas to bed and have opened my Medicine chest for him.’⁴⁵ This recourse to self-dosing medicines was most likely because they were travelling abroad. It does however raise the question of the circumstances under which the services of a medical practitioner were sought. It is not surprising that in times of serious injury the aid of such a man was quickly obtained. Duke Henry recounted another instance, from his Grand Tour, when the chaise overpowered the horses going downhill and one of the Postillions broke his thigh and leg.⁴⁶ On this occasion the Duke sent back to the last place he had visited for a surgeon. Seemingly then, day-to-day illnesses and minor injuries that arose were treated by simple measures and self-dosing. Thus, a wasp sting led Lord James Stopford to complain to his mother that he had been ‘tormented to death with remedies’ adding that ‘Jane has [?jammed] me all over with [h]oney worse than the disease I think’.⁴⁷ When dosing with a prescribed proprietary medicine, however, he informed Lady Charlotte of his intention to consult his medical practitioner about repeating it since one dose had produced little

⁴³ Le Jacq, ‘The Bounds of Domestic Healing’, pp. 451-68.

⁴⁴ BHA George, 1st Duke of Montagu, Executrix’s vouchers, 28 January 1789-4 June 1790.

⁴⁵ BoHA Henry, 3rd Duke of Buccleuch Grand Tour Letters 1790, June –August. Transcribed collection, pp. 6-8. This was Henry Dundas, 1st Viscount Melville.

⁴⁶ BoHA Henry, 3rd Duke of Buccleuch Grand Tour Letters 1790 June –August. Transcribed collection, p. 25.

⁴⁷ TCD MS 11183/V/119a-b/87.

effect.⁴⁸ Le Jacq again states that lay care was the ‘first port of call’ and a ‘last resort’, which is supported by these findings inasmuch as recourse to a medical practitioner related to the seriousness of a situation.⁴⁹ The decision to seek the services of a medical man depended too on whether the sufferer had knowledge of how they might best treat themselves. Household treatments therefore persisted in the face of the development of proprietary medicines and the commercial provision of services and products. That said, trends set by Royalty were influential in aristocratic circles.

The purchase of medical products and services by the aristocratic heads of households often reflected Royal practice. In his capacity as Constable and Governor of Windsor Castle, George, 1st Duke of Montagu (2nd creation) was responsible for settling the accounts of apothecaries for the Princes and other members of the Royal household.⁵⁰ When the Duke purchased medicines and treatments for himself and members of his own households he often patronised the same men as the monarch.⁵¹ Hence, three of his households are contrasted here with those of his father-in-law, John, 2nd Duke of Montagu, his daughter Elizabeth, Duchess of Buccleuch, his grandson Charles, 4th Duke of Buccleuch and his great-grandson Walter, 5th Duke of Buccleuch. Each of Duke George’s households at Boughton (Northamptonshire), Blackheath and Richmond (both in London) were served by a different apothecary in 1789-1790.⁵² Many of his household servants received medicines or treatments including the house steward, the butler, the groom of the chamber, the cook, his Grace’s gentleman, several footmen, the chairman, kitchen maids and still room maids.⁵³ The purchase of medicines for the Duke too were recorded in the Richmond vouchers alongside those of the servants.⁵⁴ It must be noted that those in receipt were mostly male servants, however Duke George was an elderly widower, and so his spending patterns may reflect the gender composition of his household.

⁴⁸ TCD MS 11183/V/119a-b/94.

⁴⁹ Le Jacq, ‘The Bounds of Domestic Healing’, pp. 451-68, quote at p. 451.

⁵⁰ Wake, *The Brudenells of Deene*, p. 304.

⁵¹ Such as Samuel Gillam Mills, surgeon to Queen Caroline.

⁵² Thomas Pilliner for Boughton, Samuel Gillam Mills for Blackheath and Walker, Younge and Nussey for Richmond.

⁵³ BHA George, 1st Duke of Montagu Executrix’s Vouchers 1789-1790.

⁵⁴ *Ibid.*

By contrast his father-in-law, Duke John purchased the products and services of four apothecaries and two surgeons during the period 1743-1749.⁵⁵ This demonstrates that at this time these two roles were still largely separate in a tripartite structure of medical practitioners (traditionally subdivided into physician, surgeon and apothecary). Two of these men supplied remedies to the Duke and also to his Duchess, Mary Montagu.⁵⁶ In addition, Mrs. Seymour the housekeeper, Mr. William Montague the butler, Mr. Ward the footman, the gardener and two maids also received medicines.⁵⁷ Yet, Duke John's responsibilities extended beyond his household too as he made payments to another apothecary for 'examining 105 recruits at 1s a man'.⁵⁸ In his capacity as Master of the Ordnance he raised a Regiment of Foot in 1745 and Mr. Forster is recorded as having treated 15 of the recruits.⁵⁹ There was considerable overlap in these medical practitioners as the apothecary, J. Bransby, supplied medicines to the Duke, his household and his recruits.⁶⁰ Similarly, two brothers James and Francis Laponge provided their services as surgeons, albeit separately; James was surgeon to the Duke's 4th Troop of Horse-guards but it was Francis who treated the Duke's household.⁶¹ He also attended the Duke in the months preceding his death.⁶² Such findings highlight that whilst responsibilities for medical needs stretched beyond the household, the meeting of them was not clearly distinguished in terms of 'medical marketplace' participation. This one family paid the medical bills but those who benefited were army recruits, key servants and relatives: a more nuanced historical picture than conventional scholarship has portrayed.

This traditional aristocratic practice of providing medicines and treatments for the household continued in the same manner across the generations as Duchess Elizabeth purchased the products and services of three apothecaries during the period

⁵⁵ BHA John, 2nd Duke of Montagu Executor's Vouchers 1749-1753. Surgeons were Francis and James Laponge, and Hugh Paul; Apothecaries were George Garner, Thomas Tribe, J. Bransby and Charles Judd.

⁵⁶ Thomas Tribe for the Duchess and Francis Laponge for the Duke.

⁵⁷ BHA John, 2nd Duke of Montagu Executor's Vouchers 1749-1753. Tribe, Judd, Bransby and F. Laponge supplied these.

⁵⁸ *Ibid.* This was J. Bransby.

⁵⁹ Mr Forster recorded as Dr. to Bransby (the apothecary) which again highlights the separation of roles.

⁶⁰ BHA John, 2nd Duke of Montagu Executor's Vouchers 1749-1753, J. Bransby.

⁶¹ J. Laponge, 'A Relation of the late Earl of Craufurd's Wounds' in *Memoirs of the Life of the late Right Honourable John, Earl of Craufurd* (London, 1769), pp. 325-33.

⁶² BHA John, 2nd Duke of Montagu Executor's Vouchers 1749-1753.

1809-1823.⁶³ The recipients of which included footmen, her Lady's maid, the house steward, housemaids, kitchen maids, a laundry maid, housekeeper, coachmen and under-coachmen, a woodcutter, a postillion, a still room maid, a porter, an under-butler, a gardener, watchmen, a governess, a chairman and the steward's room boy.⁶⁴ Yet, rather than this range reflecting an extension of responsibility to more types of servants, it is likely that it unwittingly demonstrates the complexity of the composition of her households when compared to those of previous generations. The comprehensiveness of this provision is revealed as the apothecary even supplied a remedy 'to the dog'.⁶⁵ The further extension of the Duchess's medical provision outside of her households has been seen in Chapters 3 and 5. It must be noted too that the Duchess purchased 'charity oil' for two of her married daughters.⁶⁶ This may have reflected her continuing sense of maternal responsibility for the healthcare needs of her offspring.

In contrast her son, Charles, 4th Duke of Buccleuch, purchased medical attention for a wide range of servants during the period 1813-1819.⁶⁷ These included scullery maids, laundry maids, milkmaids, kitchen maids, nursery maids, housemaids, and stillroom maids. In this instance the servants treated were predominantly female. As the Duke favoured Bowhill as his place of residence in the borders of Scotland, the composition of the Drumlanrig household may have reflected his domestic pattern of habitation and the requirements of a young family. What is demonstrated by the recording of complaints requiring treatment is their commonplace occupational injuries. Thus Nelly Stewart, a kitchen maid, was attended for a 'cut hand' and two Scullery maids were treated, one for a scalded leg and another for sore hands.⁶⁸ The appreciation that servants were susceptible to such ailments or daily injuries in the course of their service ensured a provision of medical services on the grounds of moral responsibility. After his death in 1819, Duke Charles' Bowhill household initially continued to be managed by his oldest daughter, Lady Anne who was 23 years of age, as the new Duke,

⁶³ It is likely that different apothecaries supplied to different households, but this is less clear in her accounts and vouchers.

⁶⁴ NRO X8762 Julius, Pritchett, 1823; X8755 Mr. Pilliner, 1810; X8758 Julius, Pritchett, 1815 and 1816; X8756 Mr. Pilliner, 1811.

⁶⁵ NRO X8758 Pritchett.

⁶⁶ NRO X8758 Godfrey and Cooke Chemists, Covent Garden. The Countess of Courtown and Countess of Home each had their own households.

⁶⁷ DCA (viewed at BHA) Bundle 1576 Miscellaneous papers without common factor, 1816-1983, Printed book of blank lines 1813-1819.

⁶⁸ *Ibid.*, Nelly Stewart 10 January 1815, Margaret Watson 13 April 1816, Anne Renwick 7 January 1817.

Walter, 5th of Buccleuch, was only 13. Yet, medical treatments were similarly provided to the servants of the household, as well as to the Duke and his siblings. Thus, John O'Reilly, an apothecary, produced accounts for the period 1819-1823 which included one for each of the children and a separate one for servants.⁶⁹ Such individualised accounting was probably due to the overseeing of the household management by a guardian.⁷⁰ Relatedly, the personal servants treated including coachmen, housemaids, maids, footmen, a postillion, a cook, a stable boy and a nanny/governess reflecting the composition of a household without an adult Duke or Duchess at its head.⁷¹ It is probable that closer attention was paid to everyone in the household, until Duke Walter reached maturity, and the family-line survived intact.

This comparison of five generations of households aligns with Naomi Tadmor's concept of the 'household family', which denoted a set of relationships that were not just those of emotional attachments but based on co-residency and came under the authority of the head of the household.⁷² These she states were contractual and, in the case of servants, involved an exchange of work for material benefits.⁷³ This analysis has demonstrated that such benefits, throughout the whole period in question, included the supply of medical products and services. In the case of Duke John this extended to contractual relationships outside of his household too which received the same level of medical provision. In terms then of the household 'oeconomy', which Karen Harvey has defined as the managing of the economic and moral resources of the household for the maintenance of good order, keeping servants well, guarding against the feigning of illness and maintaining contractual obligations, was not just about moral responsibility but also economic prudence.⁷⁴ For these Dukes and Duchesses therefore the household was not just a site of consumption but reflected the traditional model of 'oeconomy' in which morality and economy bound together.⁷⁵ The engagement of the household 'oeconomy' with the 'medical marketplace' involved the utilisation of the same medical practitioners for all members of the household family. This meant that for suppliers of

⁶⁹ NRS GD224/484/3.

⁷⁰ Henry, Lord Montagu, Duke Charles' brother who was resident at Ditton.

⁷¹ NRS GD224/484/3.

⁷² N. Tadmor, *Family and Friends in Eighteenth Century England* (Cambridge, 2001), p. 21.

⁷³ *Ibid.* Notes that this did not include children, p. 28

⁷⁴ K. Harvey, *Little Republic: Masculinity and Domestic Authority in Eighteenth-Century Britain* (Oxford, 2012), p. 55.

⁷⁵ *Ibid.*

medical products and services securing the patronage of a high-ranking client would be a business boon. The value therefore to medical practitioners could make all the difference to their success in a competitive ‘marketplace’. The archive material reveals however that this seldom extended to multiple households suggesting that there were some territorial considerations for the family in their medical choices (further discussed below).

One illuminating sickness episode in the archival documents however demonstrates the limits of family members’ responsibilities. This concerned the health of Earl Beaulieu, Duchess Elizabeth’s maternal uncle. In 1797 the Duchess was informed that the ‘powers of his mind’ had gradually declined to the point at which they had now gone.⁷⁶ As a consequence, the Duchess forwarded the letter to Henry Hoyle Oddie Snr. (her Chief Steward) with the note: ‘The Duke desires I will send to you [Dr. Pitcairn’s answer] I do not see what can be done in consequence indeed nothing on my part’.⁷⁷ It may be that the Duchess felt powerless; the Earl did not need any financial support and he had a brother, who had also been informed of the Earl’s condition.⁷⁸ Her response suggests that she did contemplate the extent of her medical responsibility to an extended relative outside of her household but knew its limitations too. Thus, the concept of the household family and its ‘oeconomy’ appears to have been key. It invoked the responsibilities of others when it came to medical needs. The only exception appears to have been the aforementioned purchases for the Duchess’s daughters (after marriage) suggesting that motherly responsibility could take precedence in the wider family circle.

Given that the Dukes and Duchesses moved between their various households it is important to address how responsibilities were met for the health needs of members of the household in their absence. That is, just who it was that made the medical decisions; how illnesses and medical needs were brought to their notice; who was responsible for communicating that information; and who then instructed or approved the medical attention? As Harvey explains, on estates, ‘oeconomy’ generally involved a

⁷⁶ NRO X8795 Box 37 No.43.

⁷⁷ *Ibid.*

⁷⁸ The Montagu family had a difficult history with the Earl’s family. Duchess Elizabeth’s aunt had received a severely reduced inheritance due to her marriage to Edward Hussey, Earl Beaulieu. Both Duchess Mary and her sister had been involved in litigation.

global manager or deputies which is reflected in this family's pragmatic management of illness as Stewards notified the Dukes or Duchess of ill-health among the servants.⁷⁹ At Ditton, the Land Steward, Samuel Montagu, whilst keeping Duke John abreast of the business there, also notified him of illnesses and their progress. Thus, on 15 April 1741 he wrote that Old Dame Carter 'is very ill and believe wont be able to dress anything for your Grace when you come, and by the account I have from the people that goe to see her, it's doubtfull whether she ever goes abroad again [*sic*]'.⁸⁰ It is apparent that the Duke sent immediate instructions as on 17 April 1741, Samuel Montagu informed him, 'As soon as I received your Grace's letter I sent for Doctor Hease to Mrs Carter, he came last night'.⁸¹

In the later households of Duke George and Duchess Elizabeth however it appears that apothecaries may have been trusted to regularly visit and treat servants in their absence. Their vouchers show itemised charges for visiting and for procedures such as bleeding that they had carried out alongside the medicines that they provided.⁸² Duke Charles followed a similar procedure bringing a medical practitioner into his Drumlanrig household with servants utilising a counterfoil book as permissions to order their treatments which were then paid for by the Duke on his return.⁸³ The management of multiple households and estates therefore meant Stewards were depended on to ensure that the Dukes and Duchess were made aware of medical needs and that responsibilities were met in their absence. Yet, there appears to have been an increasing reliance throughout the period on medical practitioners visiting, administering to households and billing accordingly. In this way, chosen medical practitioners not only supplied products and services but with members of the household family permitted to seek treatment, the practitioner may have been increasingly trusted to manage demand. This not only gave him a greater role in ensuring that responsibilities were being met but also in the management of resources in the household 'oeconomy'. The most trusted could therefore enhance their medical reputations too.

⁷⁹ Harvey, *Little Republic*, p. 55.

⁸⁰ NRO X8855 1741-1768 15 April 1741.

⁸¹ *Ibid.*

⁸² NRO X8855 1741-1768 17 April 1741.

⁸³ DCA (viewed at BHA) Bundle 1576 Miscellaneous papers without common factor, 1816-1983, Printed book of blank lines 1813-1819.

With little differentiation in practitioners and the services provided, it is necessary to consider any variations in the actual medicines and individual treatments given to determine whether these were based on status, age or gender. Throughout the period the types of medicines dispensed to all the household members were broadly similar. Thus, both Duke George and his servants were given a multitude of draughts, mixtures, drops and electuaries.⁸⁴ Duchess Elizabeth's servants also received those forms of medications and the Duchess regularly received draughts, though nothing else.⁸⁵ In the household of the thirteen-year old Duke Walter too, the servants received the same types of treatments as those of Duke George and Duchess Elizabeth.⁸⁶ Some glimpses can also be had of just how medical treatment was actually administered in the household. In Duke Charles' correspondence concerning his own use of nitro-muriatic acid as a treatment, he wrote

a kitchen maid here, who had a decided liver affection with hardness began it some time ago, & Graham going to visit her here yesterday in her room (he came the night before) to his surprise he found her at work in the kitchen. On examination he found the hardness quite removed & other things going on right internally.⁸⁷

There was seemingly little difference according to status in the medical service and treatment received by individual members of the household which included personal attendance in their own spaces and physical examinations, all from the same family physician.

A few variations are apparent, however, such as that observed in the practice of the surgeon, Francis Laponge, in Duke John's Boughton household in 1749. Thus, William Montague, the butler, received internal and external applications over six weeks attendance for which £5 5s was paid.⁸⁸ Laponge also supplied external applications to the Duke, who was suffering from 'Boyls on his back [*sic*]', during three weeks of attendance and received £5 5s.⁸⁹ It cannot be known whether the variation in

⁸⁴ BHA George 1st Duke of Montagu Executrix's Accounts 1790-1792.

⁸⁵ NRO X8762 Julius, Pritchett 1823; X8755 Mr. Pilliner 1810; X8758 Julius, Pritchett 1815 and 1816; X8756 Mr. Pilliner 1811; X8761 Duchess Elizabeth's draughts 1822.

⁸⁶ NRS GD224/484/3.

⁸⁷ BoHA Charles, 4th Duke of Buccleuch Correspondence (Green Dispatch Box), 10 December 1818.

⁸⁸ BHA John, 2nd Duke of Montagu Executor's Vouchers 1749-1753. This may have related to his treatment for a burn on his leg and sprain on his hand.

⁸⁹ BHA John, 2nd Duke of Montagu Executor's Vouchers 1749-1753.

terms of time related to the respective status of the two patients or if there was any difference in the content of the applications. It is more likely that the treatment given, and the length of attendance was determined by the ailment, both its type and seriousness, as well as its response to the remedy. Furthermore, this would indicate that the surgeon was paid per ailment rather than by remedy or timespan.

Another contrast was apparent in 1790. Whilst Duke George's servants received an unbranded embrocation that was probably prepared by someone in the household under the apothecary's instructions, the Duke received a proprietary branded medicine. This was 'Steers Opoldeldoc' a common treatment for rheumatism.⁹⁰ It was a preparation that the apothecary could have mixed up himself, but well-known suppliers often attempted to convince apothecaries of the superiority of their version.⁹¹ Yet, as the Duke was an old man his treatment may simply have been differentiated on that basis. The only servant to receive a proprietary branded medicine, Mr. Baker the Duke's butler, was given 'Dr James' Analeptic Pills'.⁹² As a high-ranking servant, he may have received this more expensive treatment, which cost 3s 6d (as opposed to draughts which were 1s 6d each) due to his status within the household. It may also have reflected the apothecary's perception of high-status bodies, their probable diet and ailments. Baker however had already received four 'draughts' previously so it more likely represented the apothecary's empirical approach to his treatment.⁹³

Perhaps the most significant contrast between family members and their servants is the absence of surgical interventions for the adult Dukes and Duchesses but not the children. Two of Duke George's footmen were bled as was Duchess Elizabeth's Lady's Maid whilst Mr. Parker, her House Steward, was treated with cupping.⁹⁴ These treatments show remarkable longevity as Ralph 1st Duke of Montagu had paid for the same for his servants in 1708.⁹⁵ In 1819 the thirteen-year old Duke Walter was bled, however, and had a tooth extracted. Two of his siblings, Lady Harriet aged five and Lady Anne aged 23 received an 'operation' and a 'lancing of the gums'

⁹⁰ 'Steers Opoldeldoc' was a type of liniment made from soap, spirit of wine, camphor, rosemary oil and sometimes spirit of ammonia see: *The Times*, Wednesday 8 January 1794, p. 1.

⁹¹ BHA George 1st Duke of Montagu Executrix's Accounts 1790-1792.

⁹² *Ibid.*

⁹³ BHA George 1st Duke of Montagu Executrix's Accounts 1790-1792.

⁹⁴ NRO X8758 Julius 1815, X8762 Julius 1823.

⁹⁵ BHA Ralph, 1st Duke of Montagu Executor's Accounts 1687-1719.

respectively.⁹⁶ Whilst these may have been due to their medical needs it might also indicate their reduced agency as orphans to avoid surgical procedures in the absence of parents. One outstanding feature of these children's medicaments is the extensive number of draughts that Lady Harriet was given which supports Newton's findings regarding the unique humoral make-up of the child's body which required tailored treatments.⁹⁷ Comparing the therapeutics that were purchased for the children shows that Duke Walter and all his siblings received draughts, mixtures, lotions, ointments, powders, pills and blisters. Yet, together with traditional treatments such as bleeding and rhubarb they also received some chemical-type remedies including mercurial solution, opiates, spirit of turpentine, magnesia and collyrium.⁹⁸ Both the older and younger children received opiates, the two youngest girls received ammonia and the Duke was given a mercurial solution.⁹⁹ It is not possible therefore to discern any significant differences according to age or gender. As Linda Pollock identified, chemical remedies were often used in conjunction with humoral ones and incorporated into a humoral framework. Recognition of the impact of grief on mind and body, however, may have ensured that the health of these children was closely monitored following the deaths of both of their parents and this factor is further explored below.

There was then little discrimination between the members of the household family in terms of the medical products and services that they received. Agency and demand varied according to life-cycle stage or the persistence of the ailment rather than status or gender. For medical practitioners there was little variation during the period in what they offered with no clear relationship between the cost and efficacy of therapeutics. Yet, in their treatment of the whole household family, it was in their interests to provide the best they could for everyone. All were integral to the household 'oeconomy' of which, they increasingly became an intrinsic part. The growing value of medical men to the household 'oeconomy' means it is necessary to explore how family members selected suitable medical practitioners.

⁹⁶ NRS GD224/484/3. The remaining siblings were: Lady Charlotte aged 19, Lady Isabella aged 14, and Lady Margaret aged 8.

⁹⁷ Newton, *The Sick Child*, p. 79.

⁹⁸ NRS GD224/484/3.

⁹⁹ *Ibid.*

The revision of the ‘medical marketplace’ model emphasises competition between suppliers of medical products and services, which rested heavily on their being advertised.¹⁰⁰ Yet, there is no evidence that advertising was ever a medium through which suitable medical men came to the notice of members of the family. Trustworthiness was the overwhelming criteria. Just as it was important to the Dukes and Duchesses in deciding which associational charities to donate to, it was a critical factor in the selection of medical practitioners. Its primary importance has been explored as a factor in patient/practitioner interactions in early modern medical encounters in England, especially in the sphere of domestic medicine through the degree of trust placed in the suppliers of a recipe.¹⁰¹ For family members therefore the medical practitioners they selected were often part of the networks of connections that surrounded them. As Elaine Leong and Sara Pennell note the ‘most immediate of all medico-social networks was the immediate circle of family and friends.’¹⁰² This is evident in the family’s practice as subsequent generations of the Montagu Douglas Scott family continued with those practitioners already intimately connected. For example, both Duchess Elizabeth and her son Duke Charles consulted the physician Matthew Baillie.¹⁰³ In some instances, succeeding generations of family members continued with the sons and relatives of these medical men.¹⁰⁴ Once a practitioner was in attendance on family members, they were valued above others because of the personalised knowledge they acquired of their health. As Duke Charles wrote, he favoured the opinion of Dr. Andrew Graham who knew Duchess Harriet’s ‘looks and constitution better’.¹⁰⁵ The patronage of chains of doctors could hence ensure that medical knowledge was transmitted intergenerationally. As Graham wrote of Duke Charles’ pulse, ‘[his] worthy father[’]s was the same’.¹⁰⁶ The family also selected men who had been pupils of trusted medical practitioners. Thus, Andrew Duncan who attended Duke Charles had been a pupil of William Cullen who had been patronised by

¹⁰⁰ Porter, *Quacks*, p. 53; O. Davies, *Popular Magic: Cunning-folk in English History* (London, 2007), pp. 114-5, recognises the role such advertising played in enabling quack doctors to build their reputations.

¹⁰¹ Porter (ed.) *Patients and Practitioners*; Beier, *Sufferers and Healers*; Leong and Pennell, ‘Recipe Collections’, p. 133.

¹⁰² Leong and Pennell, ‘Recipe Collections’, p. 139.

¹⁰³ BoHA Charles, 4th Duke of Buccleuch Correspondence (Green Dispatch Box), 10 January 1819.

¹⁰⁴ Such as Dr. Andrew Graham, likely connected to the Grahams of Netherby Estate. Both his father and brother were doctors with sons and nephews also becoming physicians in successive generations.

¹⁰⁵ BoHA, (viewed at BHA) Charles, 4th Duke of Buccleuch Correspondence 23 August 1814.

¹⁰⁶ BoHA Charles, 4th Duke of Buccleuch Correspondence (Green Dispatch Box), 25 January 1819.

Duke Henry.¹⁰⁷ Such practice fostered loyalty that was valued in much the same way as trust. Consequently, for medical practitioners the securing of a high-ranking client could not only mean the business of whole households but could extend across generations for themselves and their relatives or pupils. This patronage may not only have ensured that medical men secured the business of other wealthy patients too but made them attractive to pupils who hoped to access it for themselves.

Just as trustworthiness in associational charities saw many of the highest rank follow the Royal example, as seen in Chapter 5, choosing medical men that were patronised by the Royal family gave similar reassurance. Thus, Dr. Anthony Addington who had attended King George III during his mental illness also treated Duchess Mary.¹⁰⁸ Addington had previously attended her young daughter, Harriet, when she died, demonstrating that trust was not necessarily based on successful outcomes or related to a practitioner's ability to cure.¹⁰⁹ It was more to do with an assessment of the service that they gave at the apex of society. Duchess Elizabeth too purchased medicines from Walker and Young, the Royal Apothecaries who also supplied her uncle, Earl Beaulieu.¹¹⁰ This range of high status practitioners reflects Nicholas Jewson's view that it was necessary for medical men to move in the correct social circles and to present themselves in the appropriate manner to secure high-ranking clients.¹¹¹

As explained in Chapter 5, associational charities themselves provided the opportunity for family members to make connections with medical practitioners.¹¹² For example, Thomas Pilliner, was an apothecary to Duke George and to Duchess Elizabeth, as well as to the *Westminster New Lying-in Hospital* which received charitable donations from them both.¹¹³ Pilliner was also involved in the *Western*

¹⁰⁷ G. T. Bettany, 'Duncan, Andrew (1773–1832)', rev. Brenda M. White, *Oxford Dictionary of National Biography*, Oxford University Press, (2004).

¹⁰⁸ Wake, *The Brudenells of Deene*, p. 295.

¹⁰⁹ The importance of connection and presentation recognised in Digby, *Making a Medical Living*, p. 124 and p. 172.

¹¹⁰ NRO X8795 Box 37 No.43.

¹¹¹ Jewson, 'Medical Knowledge and the Patronage System', pp. 369-85.

¹¹² Chapter 5, p. 219-20.

¹¹³ *The Royal Kalendar and Court and City Register for England, Scotland, Ireland and the Colonies: For the Year 1811* (London, 1811), p. 336.

Dispensary where Duke Henry held the Presidency in 1793.¹¹⁴ Anne Digby states that ‘institutions gave social status to those who held office in them and so an indirect means to expand private practice’.¹¹⁵ It is not always clear however whether these medical practitioners secured the patronage of their wealthy clients via their roles in hospitals and institutions, or whether the patronage of a high-ranking individual aided their appointments to hospital posts. On balance, it seems that being well-connected could facilitate both scenarios. Whilst practitioner’s involvement in associational institutions may have added to estimations of their trustworthiness, for these Dukes and Duchesses it was never the sole consideration. Thomas Pilliner was also related to Duke George and Duchess Mary’s House Steward.¹¹⁶ The relationship then between hospitals and private practice could be much more complex than has previously been recognised in the historiography.

Another aspect of personal connection is that of medical men who were practising in the localities of the Dukes’ and Duchesses’ estates. Thus, the family selected local practitioners such as Hugh Paul, a Kettering surgeon who was patronised by Duke John.¹¹⁷ Not surprisingly, the addition of the family’s Scottish estates saw several Scottish medical men patronised, such as William Cullen in Edinburgh and Andrew Graham in Dalkeith.¹¹⁸ This also extended to apothecaries such as Mr. Charlton of Dalkeith, and John Moncrieff of Edinburgh, appointed Her Majesty’s Apothecary in Scotland by 1794.¹¹⁹ As discussed in Chapter 5, the overlap between the Edinburgh Medical School and Edinburgh Freemasonry may have been a further means by which such men became known and trusted.¹²⁰ The Dukes and Duchesses of Buccleuch and their households therefore had access to the current ideas in medicine and medical treatment in Scotland at this time.

¹¹⁴ *Plan of the Western Dispensary, in Charles-Street, Westminster, for administering advice and medicines to the poor inhabitants of the City of Westminster, and places adjacent, at the dispensary, or at Their own Habitations* (London, 1789).

¹¹⁵ Digby, *Making a Medical Living*, p. 3.

¹¹⁶ The relationship is unclear but both men were named ‘Thomas’ Pilliner.

¹¹⁷ BoHA Charles, 4th Duke of Buccleuch Correspondence (Green Dispatch Box), 26 November 1818. This was not the case however, when travelling abroad. As Duke Charles explained: ‘on the continent you know no depend[ence] can be had anywhere upon local medical skill’.

¹¹⁸ BHA House Steward John Reynolds Accounts 29 January 1795.

¹¹⁹ NRS GD224/31/1/16; BHA Duchess Elizabeth Private Accounts 4 July 1780 and 14 September 1793.

¹²⁰ See Chapter 5, p. 221; D. Stevenson, ‘Four Hundred Years of Freemasonry in Scotland’, *The Scottish Historical Review*, Vol. 90:2 (2011), pp. 280-295.

It is also the case that family member's selections during the period were influenced by the types of medical knowledge that they valued. Seemingly, it was Duke John's military connections which underpinned his choosing of surgeons and apothecaries to attend him. His favouring of military surgeons, such as James and Frances Laponge (as seen above) may have been due to their superior anatomical knowledge gained from practical experience. This has been linked to the ascendancy of surgeons at the end of the eighteenth century and the rise of surgery as a medical science.¹²¹ Even before his appointment as Master-General of the Ordnance, however, the Duke and his Duchess, Mary Montagu, made purchases from George Garnier, who in 1735 had been appointed Apothecary-General to the Army.¹²² Likewise, Duke Charles valued the military experience of surgeons as evidenced by his engagement of the services of John Lincoln to attend him in his final illness in 1818. Lincoln was a 'brother officer' and relatively unknown surgeon-apothecary.¹²³ This familial practice was representative of the shift to 'new anatomy' whereby medical anatomical knowledge was gained not from textual authority but from 'seeing for oneself'.¹²⁴ Yet, Duke John's selection of Garnier may also have been influenced by his Huguenot descent. His father, Ralph, 1st Duke of Montagu had also patronised a Huguenot physician, Pierre Sylvestre, who had been Duke John's tutor.¹²⁵ Both medical men had connections to Royal Households as well, Sylvestre as physician to William of Orange and George Garnier was the nephew of Isaac Garnier, physician to HRH Duke of Cumberland.¹²⁶ It appears then that the medical knowledge of these Huguenot men was particularly esteemed at this time. Specialised knowledge too was important as some medical men were clearly chosen according to the nature of the ailment. Thus, when Duchess Harriet was taken ill in the days following childbirth, Andrew Graham, a renowned physician and surgeon was in attendance. Yet, as Duke Charles explained to his mother: 'I have felt it right to call in Dr Hamilton (an accoucheur) as Harriet has

¹²¹ S. D. J. Chaplin, 'John Hunter and the Museum Oeconomy, 1750-1800', (Unpublished PhD, King's College London, 2009), pp. 1-402, see p. 36.

¹²² Account dated 1736, paid yearly in arrears so at the same time as appointment.

¹²³ DCA 1188, 8 January 1819; A larger case study concerning the decisions Duke Charles made during his final illness will be the subject of a working paper and forthcoming article at a later date.

¹²⁴ A. Cunningham, *The Anatomist Anatomis'd: an experimental discipline in Enlightenment Europe* (London, 2016), p. 29.

¹²⁵ E. Metzger, 'Montagu, John, second Duke of Montagu (1690-1749), courtier', *Oxford Dictionary of National Biography* (2004).

¹²⁶ 'Huguenots in the Medical World' Exhibition Booklet (Wellcome Institute for the History of Medicine, 23 September-18 December 1985).

evidently become worse'.¹²⁷ Even though the Dukes and Duchesses had agency to choose whomever they wanted to attend them the constraints of tradition, whilst self-imposed, saw them stay with what they knew. There was however some departure from high-status London men to those in the localities as their estates expanded or medical experience was militarily gained.

In terms of impact on the contemporary 'medical marketplace', the majority of practitioners selected by the Dukes and Duchesses were already high-standing with lucrative private practices and/or private wealth. For example, Matthew Baillie had been the physician to the *St. Georges Hospital*, physician-extraordinary to George III and his private practice had an annual fee income of £10,000 before his first recorded contact with the family.¹²⁸ Similarly, William Cullen had been patronised by the Duke of Hamilton and the 3rd Duke of Argyll. He held lecturer posts at both Glasgow and Edinburgh Universities before Duke Henry patronised him in 1779.¹²⁹ Whilst, as Jewson has stated, physicians were dependent on the rewards of upper-class patients, Digby notes that only a small minority of doctors were wealthy which can only have kept demand for their services high.¹³⁰ As family members patronised a relatively small circle of such men they added to their profitable private practices and reinforced statuses already attained. Patronage thus reinforced patronage. Hence, the relatively low standing of John Lincoln and his lack of further social connections accounts for his inability to capitalise on his association with Duke Charles following the Duke's death. The gradual shift in the perception of the surgeon as a knowledgeable and learned practitioner was not therefore simply due to the shifting patronage of the aristocracy, as Jewson stated.¹³¹ The 'medical marketplace' however was also shaped by medical fashions, fickle patients and their myriad experiences of illness. Consequently, the more in-depth aspects of reason and emotion that lay behind the medical choices, which family members made between 1728 and 1825 are explored next.

¹²⁷ BoHA (viewed at BHA) Charles, 4th Duke of Buccleuch Correspondence, 22 August 1814.

¹²⁸ John Jones, 'Baillie, Matthew (1761–1823)', *Oxford Dictionary of National Biography* (2004).

¹²⁹ W. F. Bynum, 'Cullen, William (1710–1790)', *Oxford Dictionary of National Biography* (2004).

¹³⁰ Jewson, 'Medical Knowledge and the Patronage System in Eighteenth Century England', pp. 369-85; Digby, *Making a Medical Living*, p. 7.

¹³¹ Jewson, 'Medical Knowledge', pp. 369-85.

6.3 Subjective considerations: reason and emotion in medical choices

The family's participation in the 'medical marketplace' was also underpinned by their perceptions and understandings of illness and how it should be addressed. Narratives of ill-health contained within their correspondence reveal how they recognised illness in themselves and others, how they believed it should be remedied, as well as how such knowledge was acquired and shared. To relate this to their medical choices, intersections of lay knowledge with contemporary medical knowledge are identified through family members interactions with the medical men who attended them. Co-operation and competition between these medical practitioners are also appraised to observe medical knowledge and its co-construction. Examination of contemporary beliefs in the importance of emotions to health or potential for recovery and therefore as motivators to action complete this assessment of the balance of reason and feeling in the medical choices made by family members.

Given the prevalence of ill-health during this period it is not surprising that contemporaries were quick to recognise it in people that they met. Such impressions were based on appearance and demeanour. This was the case for those who encountered Lord Brudenell in 1759-60 whilst he was on an extended Grand Tour. On meeting him, Lady Mary Wortley Montagu observed that he appeared 'to be in a very bad state of health [...] he seems highly disposed to, if not actually fallen into a consumption'.¹³² There may have been some accuracy in her assessment, as Lord Brudenell died from consumption ten years later. Lady Mary had also described him as being 'singular in his manners and sentiments' and 'too indolent to dispute with anyone'.¹³³ Robert Adam, who also observed Lord Brudenell at this time recorded that he was 'a stupid meaningless creature and has not the mein of a tailor not the spirit of a louse'.¹³⁴ Henry Lyte, Lord Brudenell's tutor and companion, also alluded to his inadequate social behaviour, reporting to Earl Cardigan in 1758 that 'He is a good observer both of men and things, but avoids the former a little too much'.¹³⁵ Of women,

¹³² Lord Wharnccliffe (ed.), *The Letters and Works of Lady Mary Wortley Montagu 1689-1762* vol. II (London, 1829), p. 371. Writing to the Countess of Bute between 1759 and 1760.

¹³³ *Ibid.*

¹³⁴ J. Fleming, *Robert Adam and His Circle in Edinburgh and Rome* (London, 1962), pp. 123-4.

¹³⁵ BHA George, 1st Duke of Montagu Correspondence, Letters from Henry Lyte 1751-1764, 11 February 1758.

Lady Mary Wortley Montagu noted, he ‘appears indifferent to our sex’.¹³⁶ There may of course be many reasons why he attracted these kinds of assessments, including shyness and a dissolute lifestyle. Yet, it is also likely that his emotional response to illness, possibly to pain or discomfort, as well as fearfulness or weariness led him to appear withdrawn and thus unengaging. Illness could manifest in different behaviours and presentations. Yet, it is not clear that his observers recognised this. Or if they did, they dismissed his symptoms on moral grounds.

Whilst on their Grand Tours, Duke Henry, Duchess Elizabeth and Lady Charlotte Albina Stopford all commented on the health or otherwise of people that they encountered. In so doing they demonstrated that they associated good health with the appearance of strength. As Duchess Elizabeth recorded on her visit to the *L’ Hôpital des Enfants Trouvés* in 1786 the children ‘in general appeared strong & healthy’.¹³⁷ This was generally the case in observations of men and children but for Lady Charlotte and Lady Isabella illness and beauty were equated. Lady Charlotte recounted that Lady Isabella ‘had a bad cold’. She had been trying on many hats and had ‘vowed she looked hideous & w[oul]d try no more till she recovered her beauty’.¹³⁸ This suggests that for women, illness in females was characterised by a reduction in beauty. It was not just physical appearance however that was observed. In Aiguibelle Duchess Elizabeth recorded

the people look miserably poor & sickly almost all the women have large goiters, some of the men and many of the children we saw several dwarfs with prodigious heads these swellings in their throats, & most of them idiots some quite dumb.¹³⁹

The Duchess appeared attuned to the misery associated with illness alongside the physical deformity and mental deficiencies often associated with endemic poverty and poor water supplies. She also connected health with liveliness, particularly in the aged, as she remarked on meeting the extraordinary ‘Mad[am]e de St. Giles’ that she was ‘fit as well & lively as if she was five & twenty’ – continuing: ‘she told us she had never been ill in her life & I can easily believe her’.¹⁴⁰ It may indeed have been extraordinary

¹³⁶ Lord Wharnccliffe (ed.), *The Letters and Works of Lady Mary Wortley Montagu*, p. 371.

¹³⁷ BHA Travel Journals of Duchess Elizabeth 1786-1800 Journal vol. 1 image 007.

¹³⁸ BHA Travel Journal Lady Charlotte Albina Stopford 1826-7, 5 October 1826. This was her cousin, Lady Isabella Emily Caroline Kerr.

¹³⁹ BHA Travel Journals of Duchess Elizabeth 1786-1800 Journal vol. 1 image 024.

¹⁴⁰ *Ibid.*, image 032.

to meet an elderly person who did not appear to be suffering from the physical effects of age or the accumulative effects of illnesses through the lifetime.

Many observations in the narratives relate health, illness and recovery to that experienced at the various life-cycle stages. Thus, Duke Charles relayed his sister-in-law's opinion of his baby daughter when he informed Duchess Elizabeth, 'she is doing very well in many small particulars, & is gaining ground & grows much in weight in length'.¹⁴¹ Health in a baby's body was judged in terms of growth. Associations were made between specific illnesses and childhood as Duke Charles wrote, 'How odd Sophia Townsend catching the measles at her age'.¹⁴² It was likewise perceived that a young and healthy body increased the likelihood of recovery whilst age and imprudence hampered recovery. Major Scott wrote of his violent cold that: 'It was certainly the height of folly to attempt riding home in the month of December in a wet & windy evening at the age of 60, a circumstance I now think will perhaps impede the recovery so fast'.¹⁴³ It was not just age but pregnancies in quick succession that could enfeeble bodies too. When Lady Charlotte expressed a concern over her lack of a pregnancy, even though she had delivered two boys in two and a half years, Lord James wrote 'I am very glad you have not them too fast; it would weaken you, & make you an old woman before your time'.¹⁴⁴ The pregnant body needed management. Thus, Lord James praised Lady Charlotte for taking her castor oil and being careful in her diet.¹⁴⁵ When announcing the birth of his son, Lord James wrote of Lady Charlotte 'She was taken ill at 9 this morn[in]g' suggesting that, due to the pain and incapacity attached, labour met the contemporary criteria for illness.¹⁴⁶ It could be a life-threatening experience and one many women were grateful to survive. Beliefs about healthy bodies, the body's response to illness and the restoration of health therefore all depended on bodily conditions, that related to the life-cycle.

¹⁴¹ BoHA Charles, 4th Duke of Buccleuch Correspondence (Green Dispatch Box), 10 October 1814.

¹⁴² BoHA Charles, 4th Duke of Buccleuch Correspondence (Green Dispatch Box), 12 March 1819. Sophia was the daughter of John Thomas Townshend, 2nd Viscount Sydney and was aged between 24-28 years at this time.

¹⁴³ NRS GD224/31/10/3 letter to Duke Henry, 4 February 1793.

¹⁴⁴ TCD MS 11183/V/119a-b/96.

¹⁴⁵ TCD MS 11183/V/119a-b/70.

¹⁴⁶ TCD MS 11183/V/119a-b/75.

A common feature of the illness experience expressed in narratives is that of sufferers waiting for health to return. In September 1827 Lady Charlotte wrote of ‘the complaint in my throat’ which meant she had ‘almost intirely [*sic*] lost my voice and can hardly speak above a whisper’.¹⁴⁷ By January of 1828 she described herself as waiting until her ‘disorders took a more favourable turn’.¹⁴⁸ At the end of that month she gave birth to a son and Lord James noted ‘her throat is still very sore’ but he expected an improvement once her confinement was over and the weather warmer.¹⁴⁹ Lady Charlotte sadly died in Rome one month later. Despite the fact that her mother, Duchess Harriet, had died of a similar putrid sore throat eleven days after childbirth, no connection appears to have been made to their family history of ‘child-bed fever’ suggesting a considerably individualised notion of aetiology. Waiting times indicate therefore that patients did not continue seeking alternative opinions or treatments. Most expected that given time any prescribed course of action would work with attention to regimen. Hence, some treatments had longevity that can be traced through the generations of the family such as hydrotherapy. Duke John (for instance) in 1721 was sent mineral water from the springs at King’s Newnham by his Steward, Jonathan Worcester who added ‘most [of] the country use the water for old sores that have been incurable by chirurgeons and perfectly healed them. Also good for kidney ulcers’.¹⁵⁰ Between 1762-68, Duke George and Duchess Mary travelled to Buxton, Harrogate and Bath to ‘take the waters’ finding those at Harrogate more agreeable than those at Buxton.¹⁵¹ Duke Henry and Lord Dalkeith, (later Duke Charles), at the age of eight also visited Bath.¹⁵² A salt-water bath was constructed at Beaulieu for Lord John Monthermer and Lady Charlotte also recorded taking a warm bath.¹⁵³ With similar continuity identified for purges and emetics, utilisation of these treatments in ill-health indicates that there was a familial reliance on that known, rather than recourse to the new or experimental.

¹⁴⁷ NRS GD224/131/122.

¹⁴⁸ *Ibid.*

¹⁴⁹ NRS GD224/131/122.

¹⁵⁰ BHA Warwickshire Estate Correspondence 1721.

¹⁵¹ NoRO MC 50/12 503X4, 29 July 1762.

¹⁵² GD224/31/1/14.

¹⁵³ BHA Travel Journal Lady Charlotte Albina Stopford 1826-7, 2 February 1827; Richard, Duke of Buccleuch and Queensberry, John Montagu Douglas Scott (eds), *Boughton, The House its People and its Collections* (Hawick, 2017), p. 32.

This trend is also reflected in the persistence of attention to the ‘non-naturals’ which feature in many of the family’s regimen narratives. Those by men carry details of the exercise that they had taken. Thus, of Lord Monthermer in 1751, Henry Lyte assured Lord Cardigan that he ‘performs exercises regularly’.¹⁵⁴ This belief percolated lower down the social scale, as Land Steward Robert Stanley wrote to Chief Steward Henry Hoyle Oddie, relief from his gout would come from ‘getting more abroad on horseback’.¹⁵⁵ The benefits of sleep, and keeping quiet and calm were also acknowledged by Lord James’ sister Mary who wrote when she was unwell that: ‘I think if I keep tolerably quiet for a day or two I shall be well’.¹⁵⁶ The environment too was seen to cause or remedy ill-health. Thus, the weather was always blamed for bad colds.¹⁵⁷ Sufferers, it was assumed, must not have protected themselves against extreme weather. Sickness too could also be explained, as Duke Henry wrote whilst on a Packet: ‘the weather till this day has been too hot for a journey. It began to hurt me as I found my self [*sic*] bilious, and lost my appetite’.¹⁵⁸ Yet, beliefs about the benefits to be gained by a change of air or climate were commonly held. There was a hierarchy of resorts with Bath the most well-established followed by Buxton and Harrogate and then other seaside resorts at the bottom of the scale.¹⁵⁹ Thus, the Boughton Land Steward, Robert Stanley, reported being disappointed by the sea air at Margate as it gave ‘but little benefit to [his] constitution tho[ugh] [he was] perfectly recovered of [his] posterior complaint’.¹⁶⁰ In effect, all family members, as well as some of their servants paid the strictest attention to ‘non-naturals’ whether healthy, ill or in recovery. This was a self-reliant practice, which involved little or no recourse to the ‘medical marketplace’.

As most people experienced ill-health, the Montagu Douglas Scott family’s correspondents often communicated their opinions on the illnesses and conditions of others. Such estimations were based on their own accumulated medical knowledge. It was coupled with some awareness of other’s lifestyles, experiences and the ‘non-

¹⁵⁴ BHA George, 1st Duke of Montagu Correspondence, Letters from Henry Lyte 1751-1764, 10 November 1751.

¹⁵⁵ BHA Henry Hoyle Oddie Correspondence, M (B) 2/3/3/70, 22 May 1782. Stanley was the Boughton Land Steward.

¹⁵⁶ TCD MS 11183/V/119a-b/76.

¹⁵⁷ BoHA Charles, 4th Duke of Buccleuch Correspondence (Green Dispatch Box), 1 November 1818.

¹⁵⁸ BoHA Henry, 3rd Duke of Buccleuch Grand Tour Letters 1790 June –August. Transcribed collection, p. 21.

¹⁵⁹ Digby, *Making a Medical Living*, pp. 209-10.

¹⁶⁰ BHA Henry Hoyle Oddie Correspondence, M (B) 2/3/3/93, 15 July 1784.

naturals'. Thus, 'lay' diagnoses were readily shared, such as that by Lady Malmesbury, who noted that Earl Dalkeith (later Duke Charles): 'has never been well since he chose to lie down and sleep upon the hot lava upon Vesuvius'.¹⁶¹ Stories in broader circulation that were relayed anecdotally also added to the accumulation of lay medical knowledge. Lady Charlotte recorded one of these in her journal. It was told by a Captain Hawke and concerned a woman trying to bring about an abortion who ultimately resorted to being kicked by a mule resulting the death of both the woman and her unborn baby.¹⁶² In this way, knowledge of more intimate or secretive aspects of health and treatment were circulated by a mixture of family gossip, medical myth and story-telling that highlighted the dramas of sickness.

One of the most common ways in which lay people shared their medical knowledge was through advising others of ways to treat or avoid illness. Yet, incidences of recommending medicines were rare when compared to the abundance of medical narratives extolling the benefits of different aspects of the 'non-naturals'. By far the majority of the advice concerned the environment of the ill person, mostly recommending a change of climate, temperature or air. This extended to fears about the dangers of contaminated air. Thus, when Folkes' house was freshly painted in 1770, Duke George and Duchess Mary implored him not to come to town yet.¹⁶³ They believed that it would mean Mrs. Folkes and he 'would run a very great risque [*sic*] of endangering [their] healths' as 'the sleeping in it would certainly, as generally allowed, be extremely hazardous of very bad consequences'.¹⁶⁴ For contemporaries, air had the power to penetrate the innermost parts of the body through breathing and inhaling chemical ferments could initiate diseases and impact on humoral well-being.¹⁶⁵

For Lord James' mother it was exercise that was vital. When advising Lady Charlotte what she would be able to afford were she to marry Lord James she wrote he needs 'a groom and saddle horse' which was an 'indulgence absolutely necessary for his health'.¹⁶⁶ This may indicate that the medical authority of mothers superseded that of

¹⁶¹ The Earl had inspected the flowing lava in December of 1791. Lady Malmesbury's letter was dated 3 January 1792.

¹⁶² BHA Travel Journal Lady Charlotte Albina Stopford 1826-7, 31 January 1827.

¹⁶³ NoRO MC 50/12 503X4, 8 November 1770.

¹⁶⁴ *Ibid.*

¹⁶⁵ Newton, *The Sick Child*, p. 55.

¹⁶⁶ TCD MS 11183/V/119a-b/30.

wives. Very little lay advice about diet featured in the narratives however as people were careful to recommend things that would be consumed, whether medicines or food. In humoral thinking there was little distinction between them so advice merely extended to what should be avoided. Whilst rich foods carried dangers for those wealthy, Walter Scott (the novelist) wrote of their severe danger to ‘poor wounded fellows’ in Brussels.¹⁶⁷ Such awareness that foods and medicaments affected different bodies in different ways may explain the restraint in dietary recommendations and the small number of narratives that promoted medicines.

By far the most common conversations between lay consumers and medical practitioners were the benefits of prescribed treatments and regimen. Duke Henry’s keenness to ensure the desired effect of a ‘vomit’ for example prescribed by William Cullen as a result of a postal consultation is apparent. The Duke wrote ‘I took the vomit last night but it had no effect after expecting it for an hour’.¹⁶⁸ He continued that he ‘then took some squills of plenty of camemille [*sic*] Tea which with the help of my fingers succeeded at last and brought up a good deal of phlegm’.¹⁶⁹ With little else to offer in the case of chronic illness and a belief, that in wealthy clients, excess was at the root of illness, medical practitioners continued to stress the benefits of regimen. Evidence in the family archive supports the finding of Digby who noted that William Cullen’s casebooks showed more substantial responses to the requests of higher status patients for directions on regimen.¹⁷⁰ Thus, the physician’s role increasingly focused on advice, support and psychological reassurance.¹⁷¹ This in turn deepened the dependence of the sufferer on the physician creating a long-term relationship. Both Duke Henry and Duchess Elizabeth received postal directions, from William Cullen and Matthew Baillie respectively, with regard to diet that would cure stomach complaints.¹⁷² Both practitioners emphasised regimen in an age when medicines had uncertain results and frequently caused discomfort and distress to the patient. As Digby states, with regimen

¹⁶⁷ H. J. C. Grierson (ed.), *The Letters of Sir Walter Scott 1815-1817* (London, 1932), 15 August 1815, p. 83.

¹⁶⁸ GD224/31/1/16.

¹⁶⁹ *Ibid.*

¹⁷⁰ Digby, *Making a Medical Living*, p. 207.

¹⁷¹ *Ibid.*

¹⁷² BoHA Henry, 3rd Duke of Buccleuch Correspondence, Letter from Matthew Baillie, 8th July 1822; Royal College of Physicians of Edinburgh, The Cullen Project, Doc ID 4489 and 5202.

you are cured forever and the risks to the physician in alienating the patient are also lessened.¹⁷³

William Cullen not only corresponded with Duke Henry on regimen on a regular basis, he also wrote to another unnamed physician who was in attendance on the Duke.¹⁷⁴ Cullen shared his observations, diagnosis and recommendations for treatment including the parts of the mixture and the best way to combine and take them.¹⁷⁵ He invited the practitioner to ask any questions that he might have.¹⁷⁶ The relationship therefore between these two medical men in attendance on the Duke was a collaborative one on the part of Cullen who freely shared his knowledge. This co-operation between high-standing doctors would explain the uniformity in physician's practice. Rather than a 'medical marketplace' characterised by competition, lower-standing physicians gained valuable knowledge which included an indication of what potential wealthy clients might expect of them. Patients too could promote the beliefs of medical practitioners. Duchess Elizabeth followed one of the latest medical theories of William Buchan who in 1762 recognised the hazards of the formal aristocratic confinement which by the 1770s had begun to change.¹⁷⁷ One of earliest recorded examples of the 'new confinement' was that of Duchess Elizabeth in 1772.¹⁷⁸ As Lady Mary Coke recorded: 'went to town to see the Duchess and was surprised to find her in her great room with all the windows open and no one thing that conveys the idea of a lying-in Lady but a great [b]oy'.¹⁷⁹ This was the Duchess's fourth confinement therefore her support of this change in birthing methods related to her own experiential knowledge.¹⁸⁰ Examining past purchases of medical products and services in light of beliefs and knowledge means these decisions can be viewed as rational courses of action. Yet, it must be recognised that feelings too motivated choices. It is then necessary to consider which types of emotions prevailed in the illness experience and to present evidence of just how they may have influenced participation in the 'medical marketplace'.

¹⁷³ Digby, *Making a Medical Living*, p. 205.

¹⁷⁴ Royal College of Physicians of Edinburgh, The Cullen Project, Doc ID 4489 and 5202.

¹⁷⁵ *Ibid.*, Doc ID 5202.

¹⁷⁶ *Ibid.*

¹⁷⁷ J. Schneid-Lewis, *In the Family Way, Childbearing in the British Aristocracy 1760-1860* (New Jersey, 1986), p. 195.

¹⁷⁸ *Ibid.*

¹⁷⁹ J. A. Home (ed.), *The Letters and Journals of Lady Mary Coke 1756-1774* Vol. 2 (London, 1970), pp. 85-6.

¹⁸⁰ This was the birth of the future Duke Charles.

One aspect common to the narratives was the ‘human’ need to soften bad news. Thus, most of the reports to family members of the ill-health of their relatives also contain positive statements, such being in ‘fine spirits’.¹⁸¹ One exception to this optimism was Lady Mary Cardigan’s complaints to Folkes about her bad eyes and her shaking hands with no hopeful words added.¹⁸² This may have been due to their respective social status, but the warm tone of their letters makes it more likely that she was in ‘low spirits’, or pessimistic with regard to her ongoing poor health. Spirits then, or the attitudes and feelings of individuals were significant because they not only gave an indication of the state of health but also the resources necessary for recovery.

Some emotions were intrinsic to the illness experience and that most commonly expressed in the narratives was fear. Newton questions whether fear varied in intensity according to spiritual belief in the past.¹⁸³ It is reasonable to assume that this emotion had a strong bearing on actions taken by members of the family, since they were church-going Protestants (with the exception of one later Catholic convert) down the generations.¹⁸⁴ At the end of life, it was dying however and not death that most feared. Few wanted to know a family member had a painful or sordid experience. One particular experience, childbirth, was often accompanied by fear. The loss of her mother eleven days after giving birth to her sister when Lady Charlotte was 14 years of age may have heightened her own fears when she was about to undergo childbirth for the first time. Consequently, as she approached her ‘hour of danger’ she recorded her wishes with regard to the care of her child in the event of her death.¹⁸⁵ It was not just mothers but fathers too who felt fearful during pregnancy and childbirth for both their wives and newborn children. As Duke Charles wrote to Lady Jane following the birth of his daughter ‘how thankful I feel that all is well over after all the many reasons for apprehension’.¹⁸⁶ Fear thus featured in the narratives of family illness throughout the period supporting Newton’s findings that there was continuity in emotional experiences. It might change in focus or intensity or expression but was always present

¹⁸¹ BoHA Charles, 4th Duke of Buccleuch Correspondence (Green Dispatch Box), 1 November 1818.

¹⁸² NoRO MC 50/12 503X4 18 September 1765 and 30 August 1766.

¹⁸³ Kleinman, *The Illness Narratives*, p. 47; Newton, *The Sick Child*, pp. 219-20.

¹⁸⁴ Duchess Charlotte converted to Catholicism in 1860. It was likely too that Presbyterianism, a God-fearing religion, influenced the Buccleuchs.

¹⁸⁵ TCD MS 11183/V/119a-b/81.

¹⁸⁶ BoHA (viewed at BHA) Charles, 4th Duke of Buccleuch Correspondence, 13 August 1814.

in the illness experience.¹⁸⁷ It was not just concern about others that made people fearful but also fear of particular treatments. Simon Chaplin helpfully states that this explained the shift to practitioners with anatomical knowledge, for the skilled surgeon could avoid inflicting unnecessary pain.¹⁸⁸ This seems to explain Duke John's patronage of a military surgeon for his own needs.

The fears of parents were regularly expressed in family narratives, as Lord James wrote to Lady Charlotte of their young son 'I don't like the account you sent me today of James; I am afraid of the complaint, but I fear it will pull him and weaken him very much'.¹⁸⁹ Such expressions of love match those identified by Newton who found both mothers and fathers displaying strong emotions towards their children.¹⁹⁰ Lord and Lady Cardigan voiced their concerns for the health of their son Lord Brudenell whilst on his Grand Tour which are evident in the reassuring responses received from Henry Lyte about 'the heats' and 'groundless' reports of 'epidemical distemper at Leghorn and Genoa' which he hoped would make them 'easy about Brudenell's health'.¹⁹¹ Even so, Lord Brudenell's own fears about the air in England led him to resist his parent's entreaties to return home.¹⁹² Duke Charles fears for his children on occasion of their smallpox vaccination also explains why his physician Andrew Graham stayed in the household 'till all the stages of the complaint [were] finished'.¹⁹³ Fears about smallpox were widely experienced, and Andrew Cunningham and Roger French suggest these intensified due to the decline in the providential explanation for contagion.¹⁹⁴ Parental love, as expressed by both parents, was therefore a constant throughout the period for the members of the Montagu Douglas Scott family, supporting the research of Joanne Bailey.¹⁹⁵

¹⁸⁷ Newton, *The Sick Child*, p. 219.

¹⁸⁸ Quoted from John Hunter in Chaplin, 'John Hunter and the Museum Oeconomy', p. 79.

¹⁸⁹ TCD MS 11183/V/119a-b/88.

¹⁹⁰ Newton, *The Sick Child*, pp. 93-160.

¹⁹¹ BHA George, 1st Duke of Montagu Correspondence, Letters from Henry Lyte 1751-1764, 25 May 1756 and 29 June 1756.

¹⁹² Lord Wharnccliffe (ed.), *The Letters and Works of Lady Mary Wortley Montagu*, p. 371.

¹⁹³ BoHA Charles, 4th Duke of Buccleuch Correspondence (Green Dispatch Box), [n.d.] 1814.

¹⁹⁴ Cunningham and French (eds) *The Medical Enlightenment of the Eighteenth Century* (Cambridge, 1990), also discuss the political allegiances to inoculation p. 29.

¹⁹⁵ J. Bailey, "'Think Wot a Mother Must Feel': Parenting in English Pauper Letters c.1760-1834', *Family and Community History*, 13:1 (2010), pp. 5-19.

Anger or irritability too could accompany pain or the associated discomfort. Yet, such emotions in the illness experience have not been considered in historical assessments of people's behaviour. Thus, the change in temperament of Duchess Mary as observed by Horace Walpole may have borne some relation to her illness experiences. In 1748 Walpole had written of the Duchess 'whom I grow every day more in love with' and noted her 'estimable qualities'.¹⁹⁶ It is not known what may have spoiled their relationship but in later years he noted her quarrels with, and alienation of, mutual acquaintances including himself.¹⁹⁷ The Duchess had received 'Hysterick pills' and 'Stomach tincture' in 1746.¹⁹⁸ She experienced poor fertility and Joan Wake has recorded several episodes of ill-health between 1751 and her death in 1775.¹⁹⁹ Towards the end of her life, the Duchess was treated by Anthony Addington, known for his specialism in disorders of the mind.²⁰⁰ Whilst there is no definitive connection, it is reasonable to assume that the Duchess's experience of illness had some effect on her behaviour. As Countess Stopford warned Lady Charlotte on the difficulty of living with her: 'My bad health has the effect I am aware of making me often irritable & appear cross & [...] requires patience & knowing my ways'.²⁰¹

Family members then understood that physical feelings accompanying illness could result in certain behaviours but also that mental thoughts could affect physical health. This fitted with the humoral framework which presumed the unity of the body and behaviour. As Fay Bound Alberti has explained, emotions were embodied (in eighteenth-century physiology) as locked in the fluids and fibers of the body itself and could cause diseases, with extreme emotional experiences potentially ending in death.²⁰² Thus, Lady Charlotte's response to Lord James' description of his ill-health and financial problems was to write that she was 'convinced by experience that mental vexation adds greatly to bodily complaints'.²⁰³ Hence the emphasis placed on quiet and

¹⁹⁶ H. Walpole, G.A.E. Dover, J. Wright, *The Letters of Horace Walpole, Earl of Orford*, Hathi Trust Digital Library (London, 1840), Vol. II p.245.

¹⁹⁷ *Ibid.*, pp. 395-6.

¹⁹⁸ BPHA (viewed at BHA) Lord and Lady Cardigan Vouchers, 1746.

¹⁹⁹ Wake, *The Brudenells of Deene*, pp. 266-80.

²⁰⁰ Francis Espinasse, 'Addington, Anthony (1713–1790)', rev. Claire L. Nutt, *Oxford Dictionary of National Biography*, (2004).

²⁰¹ TCD MS 11183/V/119a-b/30.

²⁰² Bound Alberti, *Matters of the Heart*, p. 59.

²⁰³ TCD MS 11183/V/119a-b/25.

calm in directions of regimen given that stress or distress was believed to contribute to, if not cause ill-health, so further explaining the positive reporting of illness.

The humoral idea that each emotion caused a different physical effect is evident in the contemporary treatment of grief. Thus, Duchess Elizabeth was recorded by Lady Mary Coke as having been blooded on the death of her first-born infant as passions needed to be tempered, purged and controlled.²⁰⁴ By contrast, when Duchess Harriet died Duke Charles wrote of his intent to avoid remedies for his grief by ‘exertion and resignation’.²⁰⁵ These different responses therefore may have related to contemporary ideas about gender experiences of grief. Fear that the news of death would affect the health of those receiving it was prevalent in the narratives. Following Duchess Harriet’s death, Duke Charles wrote to his mother ‘I know you will be anxious to know how I am in this house of affliction’ and reassured her that he felt ‘well in health’.²⁰⁶ He was also concerned whether news of the loss had affected her replying ‘I rejoice to hear you are in good health’.²⁰⁷ This belief that losing a loved one could result in the death of the bereaved is a common thread in the narratives of observers, with no distinctions made by rank. Thus, *The Gentleman’s Magazine* recorded in 1787, that a ‘lawsuit [...]’ and ‘the loss of her only son, the Marquis of Monthermer, sent [Duchess Mary] to her grave’.²⁰⁸

Comfort however could be found in religion. Whilst providential beliefs about the origins of illness may have had less currency, family members did not discount such views when it came to recovery, thanking God in their narratives for health or its restoration in others.²⁰⁹ Lord James, an Irishman, expressed his concerns about his sick son and remembered his recovery one year previously writing of his fears to Lady Charlotte that ‘I sometimes think we have not been half thankful enough to Him who could save our child’.²¹⁰ Alexandra Walsham states this providential view enabled believers to exhibit stoical courage and patience in the face of misfortune.²¹¹ This

²⁰⁴ Home (ed.), *The Letters and Journals of Lady Mary Coke*, p. 275.

²⁰⁵ BoHA (viewed at BHA) Charles, 4th Duke of Buccleuch Correspondence 1 September 1814.

²⁰⁶ BoHA Charles, 4th Duke of Buccleuch Correspondence (Green Dispatch Box), 24 August 1814.

²⁰⁷ *Ibid.*, 31 August 1814.

²⁰⁸ J. Bowyer Nichols (ed.), *The Gentleman’s Magazine*, (1787), p. 637.

²⁰⁹ TCD MS 11183/V/119a-b/71.

²¹⁰ TCD MS 11183/V/119a-b/90.

²¹¹ A. Walsham, *Providence in Early Modern England* (Oxford, 1999), p. 20.

appears to have been the case for Duke Charles as one week after the death of Duchess Harriet he wrote to his sister-in-law, Lady Jane: 'I feel that my affliction is a meant by a kind Providence for my good'.²¹² When it appeared that medical practitioners could do no more for Duchess Harriet the Duke had written 'God's will be done'.²¹³ At the very limits of medicine, wealth and status were of little value and so people continued to turn to their faith as a solace. Whilst the expression of emotions therefore was individual and largely private, it was visible through the medical decisions that were made. It was always restrained, either treated with humoral remedies or through the exercise of self-control. Thus, the combination of reason and emotion in illness choices, might later shape household medicine options to maintain well-being for everyone connected to the family.

6.4 Conclusion

This analysis of the Montagu Douglas Scott family's interaction with the 'medical marketplace' during the period from 1728-1825 has explored the factors which motivated, guided and constrained their demand, as well as influencing what was supplied to them. In a shift away from representations and textual sources their 'human' choices and actions have been recovered using quantitative and qualitative methods found in rich narrative sources. This has enabled their actions and agency to be studied in context in terms of thoughts, feelings and bodily processes. The 'medical marketplace' model has been revisited from the perspective of demand and with a focus on consumer behaviours. As seen, however, medical needs were not always met via recourse to the 'medical marketplace' alone. Self-care and self-reliance persisted, largely reflecting lay beliefs in the benefits to be gained by attention to the 'non-naturals', either in the regime maintenance or physical restoration of health through diet and exercise. These were underpinned by the persistence of the humoral concept of illness. In the absence of the providential origins of illness, ill-health resulted from imprudencies or inattention to self-care. Consequently, degrees of participation in the 'medical marketplace' related to resourcefulness and individual's knowledge of the best way to treat themselves. This was in the historical context of an individualised conception of illness which endured even in the face of identical symptoms or

²¹² BoHA (viewed at BHA) Charles, 4th Duke of Buccleuch Correspondence, 2 September 1814.

²¹³ *Ibid.*, 22 August 1814.

presentations. Glimpses of similar self-reliant courses of action by those lower down the social scale attached to aristocratic households have also been revealed, with the main difference being the ability of those wealthier to purchase reassurance from the 'marketplace' on a more regular basis but not necessarily with a better level of expertise.

From the novel perspective of the purchase of commercialised medicine by households the social and financial constraints on 'medical marketplace' participation have been revised in light of the responsibilities and obligations that stemmed from their 'oeconomies'. Illnesses and injuries that were sustained in the course of providing a service both within, and in some cases beyond, the household were addressed as morality and economy bound together. The boundaries of those employer obligations were directly related to the concept of household 'oeconomy' inasmuch as each household head carried responsibility for the illness needs of themselves and those within, even in their absence. One exception to this rule was the persistence of maternal authority which operated independently of household 'oeconomies'.

Implications for provision have therefore been observed. For medical practitioners that were appointed by such high-status individuals this provided a lucrative opportunity to treat the whole household. Over time and probably due to the numbers of households, absences, and servants employed, the responsibility for managing illness needs within the household shifted from Stewards to medical practitioners. Supplying and managing that demand gave them a significant role in the household 'oeconomy'. This made financial sense to the household head as the household as a social unit continued to function, the Steward and medical practitioner's services did not overlap, and moral obligations were met. Yet, none of the family members placed the medical needs of all of their households with a single practitioner as logistical or geographical considerations influenced that practice in many localities. Over time continuity in provision has been observed with little differentiation according to social status or gender in the products and services that were provided. Variation was only apparent according to illness needs or life-cycle stage. Household and estate 'oeconomies' were intertwined with those of others through wage labour, charitable activities and military demands. It was not only a social and moral duty to meet obligations therefore but good economic management. In contemporary economic

theory, this was of wider benefit to all and the ‘basis of national greatness and security’.²¹⁴

Building on studies which viewed patients as active rather than passive this chapter has examined human agency in the choosing of medical practitioners and treatments accepted as well as the extent to which this shaped what was supplied.²¹⁵ The selection of practitioners was underpinned by considerations of trustworthiness which was accomplished through the family member’s networks of connections and relationships. Some of these extended across the generations as family members patronised chains of medical men which included their relatives and pupils. If the household was the unit of consumption, then it is feasible to conceive of the unit of supply of services as a linkage to known practitioners. This met the requirements of high-status clients who valued the personal knowledge carried in such chains which also cultivated loyalty. Medical practitioners too benefited from this practice as the patronage of elite clients attracted others, that is potential pupils, to the chain so promoting their teaching role. By selecting through their Royal, institutional and military connections family members also chose according to the types of practice or knowledge that they valued. Again, most stayed with what they knew.

Breaks from tradition were made however by individuals based on their connections to influential medical theorists, as well as their own experiential knowledge. At times of more serious or chronic illness individuals, may have been more likely to break with tradition. Consequently, the majority of the medical men who attended the family were of high-standing and selected from a small group of such men. Yet, as seen, shifting patronage alone did not account for linear progression to medical professionalisation, especially the ascendancy of surgeons. With trustworthiness valued above all else advancement depended on connections which brought recommendations and the growth of reputation. Yet, the differing characters and approaches of practitioners could feature in individual deliberations of who would best meet their illness needs. Thus, Lincoln’s low-standing meant that the Duke was able to develop a more combative relationship with him often questioning both his reasoning and

²¹⁴ W. Cobbett, *Cottage Economy* (London 1822), pp. 3-4 cited in Harvey, *Little Republic*, p. 56.

²¹⁵ Porter (ed.) *Patients and Practitioners*; Beier, *Sufferers and Healers*.

prescriptions.²¹⁶ This not only gave the Duke a degree of autonomy in his own diagnosis and treatments but reassurance that his treatment was not borne out of indulgence.

In accepting treatments this family had the means to purchase whatever was necessary including the very latest therapeutics. Seemingly, they also exercised agency to avoid or seek alternative treatments. Specifically, ‘cutting of the body’ is absent from the records for any of the adult Dukes or Duchesses. This may reflect the reluctance of practitioners to perform on the aristocratic body of their elite clients unless life was in danger. Yet, surgical treatments were applied to the household of children by a confident, Royal surgeon-apothecary suggesting both factors were involved. When emotions, particularly fear are taken into account, however, these could become focused on symptoms, treatments and life-cycle events, thus influencing actions such as the avoidance of surgery. This represents the real effect that emotions could have on consumer demand. In the possessor, emotional feelings in times of pain, distress or fear for life made the actions taken reasonable. Rational and emotional factors therefore must not be separated when exploring responses to the experience of illness.

Exploring contemporary perceptions and understandings that influenced demand has contributed cultural factors to the history of medicine through identifying the beliefs that were commonly held during this period. Extending the findings of Newton, many of these related to the life-cycle stage of the individual and the related response to illness and potential for restoration to health.²¹⁷ This was not just reflected in lay beliefs, based on physical appearance and demeanour, but also in medical practitioner’s tailoring of treatments or advice. Despite the shift to ‘new anatomy’ the persistence of humoral understanding in both lay and medical contexts saw lay consumers favour the promises of regimen. These aligned with their widely held faith in the ‘non-naturals’ which were relied on to work even if that meant waiting longer for a cure. For physicians too regimen was a safe and gentle option, as well as attractive to consumers. During the period family members continued with what they knew and trusted. Any shift to provide more advice and psychological support constituted a reassurance for which the wealthy were willing to pay, often over long periods of time. Thus,

²¹⁶ BoHA Charles, 4th Duke of Buccleuch Correspondence (Green Dispatch Box), 26 November 1818.

²¹⁷ Newton, *The Sick Child*.

relationships were developed, and successful physicians were those who took care to ensure that their prescriptions for regimen fitted with patient's lifestyles. The co-construction of knowledge was of benefit to both lay consumer and medical supplier as knowledge of demand enabled supply to be accordingly adapted.

Health was also commonly conceived as a resource, which could be depleted by both physical and mental effects. 'Fine spirits' or good mental health was essential to recovery. It was not related exclusively to life-cycle stages but intrinsic to the experience of illness for everyone. Recognition of this fact of life was shared by medical practitioners who actively demonstrated emotional sensitivity, whilst also proactively using the power of positive messages to promote recovery and/or their recommendations. Building on the work of Alberti, this analysis has shown how the relationship between thought, feeling and bodily process played out in actual contemporary experiences of illness.²¹⁸ By reinserting emotions into the illness experience to address how they motivated medical choices the research of Newton is revised, particularly those pressures within relationships.²¹⁹ The emotions that were intensified by the illness experience, such as spousal, parental and fraternal love, raised fears for those who were ill leading people to put pressure on their loved ones to act in certain ways to save their concerns. The belief that these fears might affect the health of their observers could result in the ill person making medical choices that went against their own wishes. Thus, the pressures exerted from within affective bonds must not be underestimated when assessing demand in the 'medical marketplace'.

The Montagu Douglas Scott family therefore constituted an emotional community inasmuch as they shared the same emotional codes across generations meeting the criteria and navigations of feelings outlined by William Reddy.²²⁰ These were carried in the pressures and influences that they brought to bear on each other through the emotions of fear, the love they shared, and grief. Many of these emotions were more widely held such as the fears of childbirth and smallpox. Yet, some had particular familial meaning resulting from the individual experiences of family members through the generations thus intensifying them in the family's emotional

²¹⁸ Bound Alberti, 'Bodies, Hearts and Minds', pp. 798-810.

²¹⁹ Newton, *The Sick Child*.

²²⁰ Reddy, *The Navigation of Feeling*, p. 61.

register. Elite expression of emotion has traditionally been seen as reserved. This study, however, has shown that the control viewed amongst family members was not necessarily due to contemporary codes of conduct but was intended to save the feelings of others. Fortitude was praised not just because it was expected but more to protect health which could be depleted by mental distress.

This analysis therefore challenges those interpretations of the ‘medical marketplace’ which focused on supply and looked to external, political or intellectual factors to account for shifts in provision. Rather than driven by disputes and competition between practitioners willing collaboration has been identified in the treatment of elite clients.²²¹ Men of lower standing, required the ability to emulate the practice of those of high-standing, in the treatment of their elite clients. Knowledge of how to achieve this could be gained through collaboration, yet the precarious nature of their situation could also make them fearful of competition. Those of high standing were willing to collaborate, most likely because the alternative carried a business risk whereby the client might be forced to choose. Professional standing, then, from the perspective of demand, saw the separation of the roles of practitioners due to the tailoring of provision to meet the demands of clients. These could be advice and reassurance, surgery underpinned by anatomical knowledge and the well-informed supply of medicines.

This family’s demand on the ‘medical marketplace’ was largely characterised by continuity as they placed trust in what was familiar to them. This meant that some therapeutics had extensive longevity not just for the family but for many reflecting cultural beliefs in their efficacy. This explains the endurance of humoral treatments with chemical ones only adopted for their humoral effects. Anything different posed a risk and was only accepted if evidence could be sought from those who had already used it or witnessed its proven effects. The specific medicament or prescription by practitioners was determined by the ailment and its persistence, therefore characterising an empirical approach to treatment. Whilst providential love and beliefs about the origins of sickness may have declined, when it came to recovery, especially when

²²¹ D. Harley, ‘Bred up in the Study of That Faculty’: Licensed Physicians in the North-West of England, 1660-1760’ *Medical History* 38 (1994), pp. 398- 420, see p. 398.

medicine could do no more as people waited to get well, this family continued to trust in Providence. This chapter has therefore made a new contribution to scholarship by revealing the complexity that could underpin family-led demand for medical products and services in the ‘medical marketplace’ during 1728-1825. Even in the context of wealth and status, constraints, influences, expectations and pressures all had a bearing - not only on the medical choices that were made - but also on what and the manner in which it was supplied. And these choices were then shared down the social scale to Stewards, household servants and tenants, in a complex network of well-being in medical care that was as important as formal and informal charitable giving. In many respects, it was one of the key benefits in-kind of a connection to the family when death, dearth and disease were daily occurrences for many. We therefore turn to the concluding chapter of this thesis and reflect more broadly on the historical lessons that have been learned from the new archive material generated and the novel contribution to studies of the period that has been achieved.

Chapter 7: Conclusion

7.1 Overview

This thesis has tested, with a substantial body of new primary evidence, the historical image of the ‘unbounded’ and ‘extensive benevolence’ of the Dukes and Duchesses of Montagu, and Buccleuch and Queensberry that featured in so many praiseworthy obituaries from 1749 to 1895.¹ And it has done so to better understand the reality of this aristocratic family’s reputation for charitable activities down the generations. Five yardsticks (outlined in the introduction) of various characteristics of charitableness that were valued by contemporaries have been utilised as an historical prism to engage with the complex and changing perspectives of both donors and recipients. In this way the new evidence has analysed the dynamics of rhetoric versus reality – in terms of class, social distinctions, economic standing, as well as expectations of inherited wealth of these renowned aristocratic men and women who dispensed charity and engaged with the ‘medical marketplace’ on a regular basis. First-hand testimony that is remarkably detailed has survived written in their own words in journals, letters, Stewards’ correspondence, petitions and personal and household accounts in response to strategic appeals for their assistance, or, in the context of their and others’ illness experiences. Simultaneously, the historical context within which their charitable and medical activities were located has been viewed through the lens created by their real-time benevolent practices which have been the subject of sophisticated record-linkage work. Explaining the development of the family’s benevolence over time and place, has, therefore, contributed to, and challenged, the existing scholarship whose shortcomings can now be revisited and revised.

¹ These comments were made of George, 1st Duke of Montagu (2nd creation) and his daughter, Elizabeth, Duchess of Buccleuch in: *Whitehall Evening Post* 4 -6 July 1749, issue 531; Bowyer Nichols (ed.), *The Gentleman’s Magazine and Historical Chronicle* (London February 1828), pp. 176-7. Note that Charlotte, Duchess of Buccleuch died in 1895.

7.2 The new contribution of this thesis to the historical literature

Despite the Montagu Douglas Scott family being renowned for collecting, building great houses and their reputation for benevolence in popular culture, their charitableness has thus far only been acknowledged through well-repeated anecdotes of their generosity. More broadly, detailed research into the charitable activities of other Ducal and aristocratic families has also been neglected, especially that undertaken beyond their estates and by succeeding generations of the same family.² Even though the responsibility that such landed families traditionally had to the sick in their localities has been generally recognised, detailed research into their assistance to the sick poor has also been lacking. Nor has attention been paid to such families' management of their own health and welfare needs. More widely, the underrepresentation of the eighteenth century in the historiography of charity and medicine has largely been due to narrow approaches which focused exclusively on following and explaining the broad trends of ideological change.³ These have predominantly centred on the rise of associational charity and the commercial provision of medical services and products, the results of which were most visible by the nineteenth century. Preconditions and continuities have therefore been overlooked, and there is still much in the standard historical literature that is broad brush which this thesis has shown needs revision.

These approaches likewise meant that the charitable and medical experiences of individuals, both in terms of providing and receiving help, have been either disregarded or devalued. Even though historians who focused on welfare provision have moved recently to taking a more consolidatory view of the 'mixed economy of welfare' they too often overlook the continuity and adaptability of informal giving.⁴ Thus, only charity that was originally traceable because it was collected for distribution by an intermediary agency has been taken into account. Similarly, the scholarship on medicine has also only concentrated on the visible supply side of the 'medical

² K. D. Reynolds, *Aristocratic Women and Political Society in Victorian Britain* (Oxford, 1998); A. Foreman, *Georgiana, Duchess of Devonshire* (London, 1999); B. Masters, *The Dukes: The Origins, Ennoblement and History of Twenty-Six Families* (London, 2001).

³ D. Owen, *English Philanthropy 1660-1960* (Cambridge, 1964); H. Cook, *The Decline of the Old Regime in Stuart London* (Ithaca, 1986); M. Gorsky, *Patterns of Philanthropy: charity and philanthropy in nineteenth-century Bristol* (London, 1999).

⁴ J. Innes 'State, Church and Voluntarism in European Welfare, 1690-1850' in H. Cunningham and J. Innes (eds), *Charity, Philanthropy and Reform: from the 1690s to 1850* (Basingstoke, 1998), pp. 15-65.

marketplace'.⁵ The interaction of people with it, from the perspective of demand, continues to receive little consideration and this is one key way that this thesis has made a new contribution to current scholarship. Reacting to the narrow perspective of the 'medical marketplace' model some historians have started to explore medical practices within households.⁶ Yet, it has only been recently that new sources have enabled research into the engagement of households with the 'medical marketplace' and again this thesis builds on and extends their new focus.⁷

Both developments in charity and medicine have therefore tended to be explained in terms of external factors but rarely have the actions of individual donors or purchasers of medical products and services been explored from 1716-1847. Whilst the charitable activities of a few 'great' men and 'worthy' women have been studied these have been rationalised in terms of their acceptance of contemporary concerns and have not addressed any personal, subjective, rational and emotional impetus that stemmed from compassion as a result of accumulated life experiences.⁸ It remains the case that the complexities of the human actor (in childbirth, bereavement or serious ill-health) remains understated in studies. Moreover, scholarship which has focused on the involvement of females in charitable giving - especially that in association with other donors, remains strongly influenced by women's history which continues to emphasise nineteenth-century middle-class female philanthropic activities.⁹ To counteract this bias, historians of gender have now sought to explore similarities and differences in male and female experiences of associational giving, yet the focus on the middle ranks of society still dominates many historical studies.¹⁰ It was not just the informal giving

⁵ Cook, *The Decline of the Old Regime in Stuart London*; M. S. R. Jenner and P. Wallis (eds), *Medicine and the Market in England and Its Colonies, c.1450-c.1850* (Basingstoke, 2007), p. 1.

⁶ R. Bivins, H. Marland, N. Tones 'Histories of Medicine in the Household: Recovering Practice and Reception', *Social History of Medicine*, 29:4 (2016), pp. 669-675.

⁷ E. Leong and S. Pennell, 'Recipe Collections and the Currency of Medical Knowledge' in Jenner and Wallis (eds), *Medicine in England and its Colonies*, pp. 133-52; M. Dimeo and S. Pennell (eds), *Reading and Writing Recipe Books 1550-1800* (Manchester, 2013); S. S. Le Jacq, 'The Bounds of Domestic Healing: Medical Recipes, Storytelling and Surgery in Early Modern England', *Social History of Medicine*, 26:3 (2013), pp. 451-68.

⁸ J. S. Taylor, 'Philanthropy and Empire: Jonas Hanway and the Infant Poor of London', *Eighteenth-Century Studies*, 12:3 (1979), pp. 285-305; See also: Thomas Coram, John Howard, Hannah More and Sarah Trimmer in B. Rodgers, *Cloak of Charity: Studies in Eighteenth-Century Philanthropy* (London, 1949), pp. 21-155.

⁹ F. K. Prochaska, *Women and Philanthropy in Nineteenth-Century England* (Oxford, 1980); G. Himmelfarb, 'The Age of Philanthropy', *The Wilson Quarterly*, 21:2 (Spring, 1997), pp. 48-55.

¹⁰ M. C. Martin, 'Women and Philanthropy in Walthamstow and Leyton, 1740-1870', *The London Journal*, 19:2 (1994), pp. 119-50; H. Barker and E. Chalus, *Gender in Eighteenth-Century England*:

by men and women of the aristocracy therefore that has been disregarded but also the involvement of high-ranking women in this newer type of giving which we saw in Chapter 5 of the thesis. There is then an imperative to locate and engage with a broader range of aristocratic charitable activity, both private and public, and this will provide balance to the charity and welfare literature on the ‘middling sorts’ that has predominated in standard historical accounts of the long eighteenth century for so long. It remains the case that aristocrats were outnumbered by the ‘middling sorts’ in society but equally they tended to give more, for longer, and thus were fashion-setters in the charitable world. By comparing and contrasting therefore the male and female philanthropic experiences of such high-status individuals we can also bring into sharper historical focus the ‘trickle-down’ effect of their charitable and medical activities, and thereby locate the social ‘tipping point’ to situate major shifts in benevolence over time, space and place in English society.¹¹

It has not only been aristocratic donors and informal giving that has been overlooked in the scholarship. Despite a shift to ‘social history from below’ and a focus on the lived experiences of ordinary people, historians have been predominantly concerned with those of the labouring poor who sought parish relief.¹² Those poorest who petitioned for, and received, or were refused vertical assistance are thus largely absent in the scholarship. Whilst the agency of those negotiating poor relief has been examined and debated by examining pauper narratives, that of petitioners seeking the charity of high-ranking wealthy individuals has yet to be substantiated in the archives, on a casework basis, in the way that this thesis in Chapters 3 and 4 has done for the first time. Furthermore, the place and value of such giving in the ‘economy of makeshifts’ (including ‘medical makeshifts’) has yet to be fully appraised. Shortcomings are also apparent where social history approaches have likewise been applied to the history of medicine; there was in the 1980s, with the work of Roy Porter, a turning to missing patient voices.¹³ This initially meant a focus on aristocratic patient and practitioner

roles, representations and responsibilities (Harlow, 1997); S. Pinches, ‘Women as Objects and Agents of Charity in Eighteenth-Century Birmingham’ in R. Sweet and P. Lane, *Women and Urban Life in Eighteenth Century England: On the Town* (Aldershot, 2003), pp. 65-86.

¹¹ ‘Tipping point’ - a term adopted by sociologists to refer to the point in time at which collective behavioural change takes place.

¹² A. Levene, et al., *Narratives of the Poor in Eighteenth Century Britain: Vol. I.* (London, 2006); S. King, ‘Negotiating the Law of Poor Relief in England, 1800-1840’, *History*, 96:324 (2011), pp. 410-35.

¹³ R. Porter (ed.), *Patients and Practitioners, Lay Perceptions of Medicine in Pre-industrial Society* (Cambridge, 1985).

relationships but seldom have those examples been tested against archive material. Indeed, medical studies that consider patients of all classes more generally, tend to be largely theoretical and centre on the accessibility of medical knowledge and its transmission.¹⁴ Thus, individual experiences, perceptions and understandings of illness and furthermore how these may have impacted on engagement with the ‘medical marketplace’ are still to be examined. In this thesis for this reason, the central focus has been household choices, the predominance of certain practitioners, and who in the wider circle of the family has access to medical options and under what circumstances. The picture in Chapter 6 is far more complex than it first appears because family members with the spending power did care about their family relations, staff, retired retainers, estate workers, and wider acquaintances.

Whilst charity and medical experiences of providers and recipients had long been interpreted in isolation more recently the two-way reciprocal relationships between them have begun to be studied in more detail. Even though power and agency in poor relief negotiations have been examined in studies of pauper narratives, the absence of similar sources for the securing of charity has meant that, in the scholarship, analysis of such relations has again mostly been theoretical.¹⁵ It is only in the European literature that historians have started to research gift-relations by locating them in a culture of giving of which the petitioning framework was an intrinsic part.¹⁶ Thus, the capacity for these relations to be better understood through the interpretation of responses to petitions and associational charity appeals that drew them has been demonstrated in detail in Chapters 3, 4, and 5. Adopting this novel approach has furthered our historical knowledge of medical relations too, by examining the way in which perceptions of health, illness, medicine and treatments influenced both demand and its fulfilment. Researching both gift and medical relations in this way has uncovered the cultural factors at play in charity and medical actions, and this is one of the key ways that this thesis has contributed new perspectives. It has assembled one of

¹⁴ N. D. Jewson ‘The Disappearance of the Sick-man from Medical Cosmology, 1770-1870’, *Sociology*, 10 (1976), pp. 225-44; A. Wear, *Knowledge and Practice in English Medicine, 1550-1680* (Cambridge, 2000); E. Furdell, *Publishing and Medicine in Early Modern England* (New York, 2002).

¹⁵ A. J. Kidd, ‘Philanthropy and the ‘Social History Paradigm’’, *Social History*, 21:2 (1996), pp. 180-92.

¹⁶ M. H. D. Van Leeuwen, ‘Logic of Charity: poor relief in preindustrial Europe’, *The Journal of Interdisciplinary History*, 24:4 (1994), pp. 589-613; L. H. Van Voss and M. H. D. Van Leeuwen, ‘Charity in the Dutch Republic: An Introduction’, *Continuity and Change*, 27:2 (2012), pp. 175-197.

the largest set of petitions to and from a major aristocratic family and provided new findings to which we now turn.

7.3 Key findings

This thesis analysis of the charitable and medical practices of the Dukes and Duchesses of Montagu, and Buccleuch began by locating family members in their familial, generational, financial and geographical landscapes in Chapter 2. Their charitable activities were categorised and the five yardsticks against which their charitableness was assessed were explained. This allowed, in Chapters 3 and 4, for the informal giving of two Duchesses, Elizabeth and Charlotte, and one Duke, Walter, to be examined according to its nature, practice and significance as it was dispensed, or not, to those who applied for assistance. Thus, it was recognised that far from being trivial or casual, charitable dispensation by family members became increasingly professional throughout the period. It was therefore possible to identify rules for success, uncover methods of private giving, and glimpse factors taken into account when contemplating donations during the period 1785 to 1836. Authenticity and deservingness based on genuine need were the simple requirements; yet, whilst wealth meant the ability to give to any and all who petitioned, with refusals rare, this family's charity was always given with a specific purpose in mind such that on occasion, its bestowal could even be reluctant. They thus fulfilled their obligations of birth and rank by being compassionate, but they did not spend their money without very careful consideration.

The Duke's and Duchesses' professionalising approach to charitable giving was observed, in Chapters 3 and 4, through their continued reliance on trusted Stewards and solicitors to make inquiries and recommendations. This important lieutenant class consequently ensured continuity and responsiveness, even when the family was absent from town, or abroad. These professional men acted as a significant repository of the family's charitable memory and were therefore crucial in protecting the familial reputation for benevolence by ensuring that obligations were met consistently throughout the generations. In reality, the family's gift-relationships were professional ones long before they employed the services of the *Mendicity Society* that featured in Chapters 3 and 4. Their benevolence was always characterised by consideration, calculation and careful management lines of delegation due to the ever-present concern

to give appropriately and to be seen to do so. The changes identified in the family's informal giving, comprising a growing emphasis on its robust decision-making processes, and the pivotal shift to a more principled and perfunctory bestowal of benevolence, may have reflected contemporary concerns regarding professional begging. Yet, when assessed at a familial level, the retirement of a Steward, long tasked with making inquiries, and the logistics of managing the increasing numbers of both English and Scottish petitioners, many with repeated claims and long-term connections, also accounts for the increasing professionalisation of their gift-relations. It should be noted however that the individual touch of each of the Duchesses and the Duke always ensured that the ultimate decision of whether or not to donate and how much, was very personal. There was, therefore, a process of professional giving in place by 1847 but the family still held the financial levers to subvert its bureaucracy if they wished to do so.

Within the conventional familial practice of informal giving there remained scope for interpretation as to the best way to address needs. This was seen, in Chapters 3 and 4 to have divided along gender lines with Duchess Elizabeth favouring a trial and error process of 'drip, drip' donations of small sums given at times of need and Duke Walter preferring more permanent and regular and larger arrangements than open-ended charity. It is noteworthy that Duchess Elizabeth was able to give more time (in itself a gift) to considering the best way to meet individual needs and so provide more tailored responses. This finding qualifies the *Gentleman's Magazine* report at the beginning of this thesis that 'it was the great business of her life'.¹⁷ Duchess Elizabeth was therefore not just addressing absolute poverty but supporting and preventing many people of all classes from slipping into it. This indicates that she had a greater appreciation of the 'economy of makeshifts' and her own place in a 'mixed economy of welfare' than many historians of the period have been able to document. Yet, the perfunctory and principled approach of Duke Walter did not mean that his giving was less kind as it could be employed to envelop ever greater numbers of petitioners. Whilst female charity might as a consequence be continual for a shorter period and male charity might become customary because once agreed it was visible, this distinction would be of little difference to recipients. Each needed whatever was on offer because

¹⁷ J. Bowyer Nichols (ed.), 'Duchess of Buccleuch', *The Gentleman's Magazine and Historical Chronicle*, (London, February 1828), pp. 176-7.

many of them were in desperate want. Despite then subtle variations in the practices of the Duke and Duchesses, the characteristics of sensitivity, immediacy, responsivity, regularity and helping as many as possible, reinforced the family's image of charitableness. Hence, nurturing this familial reputation for benevolence was implicit in many charitable decisions. It was linked to honour and pride in their lineage and history to such an extent that the responsibilities of rank always came above those of gender.¹⁸ The Buccleuch family was thus in the 'business' of charity – it was their *raison d'être*, and that rich inheritance in terms of public relations was never squandered. Yet, it was a 'business' that balanced a 'moral' and 'political' economy. In many respects, the family bridged this socio-economic transition across the period.¹⁹

It was not just the utilisation of intermediaries in the practice of informal giving that gave a degree of protection to the family's traditional reputation for benevolence, but also giving 'in association' offered assurances that this public charity would be wisely applied. The range of associational charities available at any given point in time may have been reflective of wider contemporary concerns. Yet, Chapter 5's new findings accounted for the development of associational giving during this period at the level of individual and intergenerational choices by analysing the multi-motivations behind the selection of those that received their support. Thus, a cross-section of the development of associational giving in both England and Scotland, in this period, was viewed as it appeared in the family's evolving associational charity portfolio. It was explained however in terms of their intent and calculation in light of the perceptible influences, pressures and imperatives that they faced – moving away from an emphasis on the theoretical in the literature to an engagement with historical archives. Some causes supported were traditional ones, many aligned with personal interests, and others resonated with individual and familial life experiences. Thus, human affinity and compassion drew on both the character of their public and private giving, particularly in the case of sickness and loss. Just as petitioners writing of their personal circumstances had successfully received private donations, appeals which contained genuine human-interest stories were the most powerful in securing responses from this family. This strategy was therefore fundamental to the culture of giving; empathy and compassion

¹⁸ C. Herrup, '“To Pluck Bright Honour from the Pale-Faced Moon”: Gender and Honour in the Castlehaven Story', *Transactions of the Royal Historical Society*, 6 (1996), pp. 137-159.

¹⁹ E. P. Thompson, *Customs in Common* (New York, 1991).

opened up the pocketbooks of both the Duchesses and the Dukes and influenced the levels of donations as well as the longevity of support that charities received. In the light therefore of scholarship claims that male and female motives resulted in a strict ‘separation of the spheres’ in causes supported along gender lines, analysis in this thesis has demonstrated greater complexity, with gender merely one influence in this family’s multi-motivated practices.²⁰

Within their associational giving, the familial tradition of benevolence was most clearly viewed as an intergenerational commitment to particular charities or causes. And significantly this trend, that handed over charitable commitments to the next generation, often increased over time as each family member reinterpreted the associational charity portfolio in light of their individual experience and context. It was an expanding portfolio that reflected the family’s response to the growing numbers of charities competing for funds in an ‘Age of Benevolence’. In this publicly visible charity, the Dukes’ and Duchesses’ concern to protect their benevolent reputation was continually observed in their imperative to self-regulate, which was accomplished through keeping personal control of their giving. This ensured that they were seen to be meeting what was expected of them so avoiding public criticism, whilst balancing levels of need. Giving in association with others also gave opportunities for social cachet. The charity calendar and social season were intimately connected, and social display strengthened, maintained and expanded networks. Thus, in Chapter 5, the gender roles that these men and women of the aristocracy assumed in associational philanthropic involvement were uncovered. These were found to have separated along gender lines to some extent, with the Duchesses participating in fund-raising activities such as fancy fairs, and the Dukes attending dinners and holding office. Yet, this did not mean that aristocratic females were powerless in this new form of giving as both the Dukes and the Duchesses had a significant role in recommending and voting for potential recipients. Once more, the responsibilities of rank outweighed any gender behavioural expectations. Electing recipients re-personalised these gift-relationships and revealed a degree of overlap between the two types of giving, private and public. Petitioners to the family could be redirected to this public form of charity, whilst public

²⁰ L. Davidoff and C. Hall, *Family Fortunes: men and women of the English middle class 1780-1850* (London, 1987).

knowledge of subscribers could give petitioners a connection that they could exploit in their petitions. In this framework of petitioning, letters begging for the informal charity of the family gave the Dukes and Duchesses an awareness of the needs of the labouring poor and influenced their receptiveness to appeals for subscribers. Knowledge too of the family's propensity to donate to certain causes was valuable to individual petitioners and this thesis analysis has thus uncovered the experiences of the recipients of the family's charity as substantiated in the archives.

By examining the strategies and rhetoric within petitions in Chapters 3 and 4, petitioners' ability to influence the Duke and Duchesses to give has been assessed too. As securing such charity was for the most part a matter of survival, it is not surprising that many were keenly aware of the rules for success. Most petitioners claimed a connection, and many identified a referee that would vouch for their identity and circumstance as a means of convincing the Duke or Duchess that they were both truthful and deserving due to genuine need. Such connections, though not always essential, did influence the level of donation received. Petitions to both the Duchesses and the Duke showed an appreciation of their motives to give including subtle reminders of moral and Christian obligations. Those to Duke Walter also reminded him of his status, using the language of humility, and emphasised his generous reputation. Thus, petitioners shared a keen awareness of the relationship between honour and reciprocity, that is *noblesse oblige*, and they repeatedly exploited it. Both 'male' and 'female' strategies and rhetoric were deployed as those in need sought affinity with either the Duke or Duchess. Several petitioners also stressed shared life experiences with their prospective donor. Consequently, certain sub-groups of the poor, such as child-bearing women, those of gentle birth, widows, orphans and the sick were well-represented as beneficiaries of the family's charity where receptivity was based on human empathy that necessitated compassion.

A contemporary change in attitudes towards the labouring poor did nonetheless result in an increasing emphasis on veracity, required to successfully receive a donation. It is clear that knowledge of this 'shift' was gained by petitioners as a result of the inquiry process. Begging letters thus adapted, changing from eloquent to providing financial facts and proofs because these were the bare essentials for success. Whilst the majority of Duchess Elizabeth's petitioners were in absolute poverty, many

of those to Duke Walter and Duchess Charlotte were in relative poverty. This shift to appealing sooner during a life-cycle crisis may be explained by the contemporary climate and optimism in improvement. Yet, petitioners were likely aware of the extra time required for their appeals to reach this younger generation who moved between England and Scotland, and for necessary inquiries to be made. The agency then of these prospective recipients, was demonstrated in their timely crafting of petitions which were mindful of contemporary imperatives and aristocratic motives for giving. In their petitions, several successful recipients disclosed that they valued this charity as a continuing and stable resource above other more precarious and short-term ‘makeshifts’ already undertaken. That said, a few also lamented the inadequacy or shortcomings of poor relief by comparison. A new finding therefore of this thesis is that charity giving, begging and petitioning was akin to the sorts of complicated negotiation processes that historians of the Poor Laws have highlighted but which have been neglected by standard histories of charity for the long eighteenth century.²¹

When the pleas of these petitioners were considered, in conjunction with the responses they received, demonstrable charitable relationships were revealed in Chapters 3 and 4 too. Carefully constructed petitions which adapted to meet new criteria set by donors drew tailored responses. In this balance of power and agency each party gained personal knowledge from the other regarding need and negotiation, that is, the way in which it might best be alleviated and the rules to successfully secure assistance. Such awareness influenced donors’ other charitable activities too including their support of associations later seen in Chapter 5. Petitioners enhanced their begging letters not just to succeed at inquiry but also to ascend the gift hierarchy and receive support with greater regularity and permanency. There was then a mutual need to protect and even grow the familial reputation for benevolence as both parties were dependent on the other for the reciprocal benefits to be gained – on the one hand, honour and on the other hand, the means for survival. This, in turn, accounts for the adaptation and persistence of informal giving.

²¹ S. King, ‘“Stop this Overwhelming Torment of Destiny”: Negotiating Financial Aid at Times of Sickness Under the English Old Poor Law 1800-1840’, *Bulletin of the History of Medicine*, 79:2 (2005), pp. 228-60; S. King, ‘Negotiating the Law of Poor Relief in England, 1800-1840’, *History*, 96:324 (2011), pp. 410-35.

Exploring these gift-relationships also meant that the differentiation between responses, both in gifts and the longevity of assistance could be assessed in combination with the variety of claims of belonging that enabled people to seek and receive charity. Unlike the geographically-determined thresholds of belonging seen in access to poor relief, those involving the assistance of this family were multi-layered and related to the possession of social capital.²² By extension, a complex relationship between the degree of belonging, the eligibility of the person (and therefore their agency), the level of responsibility of the Dukes and Duchesses and the status of the gift received, has been observed. The family's benevolence then was both stratified and bounded by the possession of social capital. As outlined in Chapter 3, however, an exception to this family rule was Duchess Elizabeth who often met the acknowledged needs of outsiders, only taking social capital into account when bestowing her higher-status gifts. Actions that seem to have shaped her charitable reputation.

Closer examination of the detailed interactions between these high-ranking donors and their petitioners uncovered through record-linkage work the multi-motivations underpinning the family's benevolent decisions in Chapters 3, 4 and 5 with some hints of contemporary social relations also revealed. That there was always a direct correlation between the social status of petitioners and the hierarchy of the gifts that were bestowed, emphasises the significance of social ranking to such aristocratic donors. Yet, as opposed to traditional interpretations of benevolence which focused on social control and survival strategies, familial motives related predominantly to upholding tradition and custom, meeting obligations and humanitarian, rational, and personal concerns including those for individual and familial reputations.²³ Even though the dispensation of charity was paternalistic, inasmuch as petitioners needed to be deserving and demonstrated deference by return, they appreciated the security it provided and the value of the social capital they accumulated. Whilst it is difficult to separate rhetoric from reality in petitions which appealed to rank and used the language of deference, correspondence between the Duchesses and their intermediaries by contrast, revealed glimpses of the hidden transcript in Chapters 3 and 5. Thus, instances

²² S. Hindle, *On the Parish?: the micro-politics of poor relief in rural England c1550-1750* (Oxford, 2004).

²³ D. Roberts, *Paternalism in Early Victorian England* (London, 1979); E. P. Thompson, *Customs in Common*.

of charity fatigue and fears of accumulating too many commitments were found. And these attest to the horizontal and vertical findings of the study. Gift interactions thus demonstrated a social complexity that cannot be accounted for by the changing cultural context alone. This thesis throughout has shown that such conversations mattered a lot and they self-evidently merit more detailed historical appreciation in similar studies in the future to build on what has been achieved here.

For these Dukes and Duchesses charity began at home as they purchased medical services and medicines for their multiple households. Such assistance extended to the sick poor in the localities of their estates and beyond to those who begged for assistance in times of illness. The sheer scale of the family's demand for such products and services which drove their participation in the 'medical marketplace' has therefore been uncovered in Chapter 6. It was demonstrated that the medical provision the Dukes and Duchesses made for those in their service stemmed both from a moral responsibility and economic prudence that were bound together in the concept of the 'oeconomy' of the household.²⁴ Medical men were consequently selected to deal with the medical needs of whole households and were often tried and trusted local practitioners that attended the Dukes and Duchesses too. The extension of the family's charitable medical assistance, as seen in Chapters 3, 4, 5 and 6, meant that such medical practitioners saw their private practice to these high-status clients expand to the customary care of all those sick poor for whom the family took responsibility. As intermediaries in this benevolence, they were trusted to judge eligibility and decide how aid should best be applied. This meant that they could potentially generate their own business profits and ensure that any treatment supplied to the sick poor, based simply on need, would be well recompensed by a benevolent Duke or Duchess. In terms of gender, traditional provision of medical support has formerly been viewed as the preserve of elite housewives in the literature.²⁵ Yet, this thesis analysis showed, in Chapter 6, that aristocratic men took responsibility too for those who had provided a service to their family, especially when they became ill or injured, which extended to the medical needs of military men. Once more, the family's medical charitable

²⁴ K. Harvey, *Little Republic: Masculinity and Domestic Authority in Eighteenth-Century Britain* (Oxford, 2012), p. 55.

²⁵ A. Vickery, *The Gentleman's Daughter: women's lives in Georgian England* (London, 1998), p. 10.

provision was characterised by consistency throughout its generations. The hierarchy of medical gifts, however, was needs-based and not necessarily connected to degrees of belonging. Thus, the extensive demand emanating from the medical requirements of this high-ranking wealthy family, including of those who belonged to them, amounted to a substantial level of engagement with the ‘medical marketplace’. Its scale and social reach are impressive, and it is this new finding that again partially explains their reputation for benevolence – sickness was after all was no respecter of class, and death and disease could knock on everyone’s door equally.

To understand the factors which motivated, guided and constrained that demand, Chapter 6 examined the actual illness experiences of family members, their households and the sick poor as patients. Their human choices in the context of thought, feeling and bodily processes were extracted from rich narrative sources. It was recognised however that illness did not always mean recourse to the ‘medical marketplace’ and the degree of participation in it was related to resourcefulness and self-knowledge not wealth *per se*, although the wealthy could and did purchase reassurance regularly. In much the same way as the Dukes and Duchesses selected associational charities for support, they mostly chose medical practitioners from within their networks of social connections and according to the types of practice or knowledge that they valued, often influenced by their life experiences. In London and Scotland, they had access to the top medical practitioners of the day but as such men were willing to travel, (not least because elite patients paid their expenses) location was not the primary concern for this family. As the Dukes and Duchesses largely patronised those trusted and established practitioners who were not solely reliant on them, chains of medical men of high standing became connected to generations of this family. Some of these links were of extensive longevity, valued because they both carried personal knowledge of the family’s medical needs and cultivated loyalty. There were occasional breaks with this traditional practice when family members acted on the recommendations of others from within their social networks or, were informed of new medical ideas which happened at times of chronic or serious illness.

Similarly, when it came to accepting treatments the Dukes and Duchesses adhered to what they knew and trusted which explains the endurance of humoral treatments. Anything different was only tried if its efficacy could be attested by

trustworthy people who had already used it or witnessed its proven effects. Any differentiation in treatments was made according to the individual's life-cycle stage and based on physical appearances and the potential for the restoration to health. Whilst there were some chronological, regional and gender variations, it was life-cycle experiences, beliefs, and emotions that primarily directed their courses of action. These findings thus challenge the privileging of medical knowledge and fashion that has been cited in the historical literature to-date.²⁶ In doing so, it builds on the history of emotions scholarship by notably, Fay Bound Alberti.²⁷

Within households, from the perspective of those who were sick or injured, the receipt of similar treatments and services to the Dukes and Duchesses, from the same medical men, meant the timely fulfillment of any and all of their medical needs by the best medical practitioners of the period. For members of the sick poor who secured the family's charity, which was seemingly never refused, they could expect it to continue, as required, to its natural conclusion. Many of those poor in receipt of medical charity were at the end of their lives which, together with the gift of funeral expenses paid by every member of the family, indicates that benevolence to those dying and when life ended was a deeply felt obligation. Again, this unbounded charity to the sick undoubtedly contributed to the charitable image, predominantly of Duchess Elizabeth, which was reinforced by contemporary recognition of *comprehensive* assistance to the sick.²⁸ Thus, the value of this benevolence to medical 'makeshift economies' for those who 'belonged' to this landed family or, who could demonstrate their need through a trusted medical man was immeasurable. Unlike its recent classification in the literature, therefore, this assistance was not simply a substitute for parish medical provision but was a primary option, favoured by many of the sick poor.²⁹

²⁶ Jewson 'The Disappearance of the Sick-man from Medical Cosmology', pp. 225-44; Wear, *Knowledge and Practice in English Medicine*; Furdell, *Publishing and Medicine in Early Modern England*; H. Meek, 'Medical Women and Hysterical Doctors, Interpreting hysteria's symptoms in Eighteenth-Century Britain' in G. Colborn (ed.), *The English Malady: Enabling and disabling fictions* (Newcastle, 2008), pp. 223-47.

²⁷ F. Bound Alberti, 'Bodies, Hearts and Minds, Why Emotions Matter to Historians of Science and Medicine', *Isis*, 100:4 (2009), pp. 798-810.

²⁸ Bowyer Nichols (ed.), 'Duchess of Buccleuch', *The Gentleman's Magazine*, pp. 176-7.

²⁹ S. A. King, *Sickness, medical welfare and the English poor, 1750-1834* (Manchester, 2018), pp. 301-7.

To further comprehend the influence of these Dukes and Duchesses and how their medical choices reshaped the ‘medical marketplace’ Chapter 6 analysed the reciprocal relationships between them and their medical practitioners. These aristocratic patients, guided by their life experiences of health, illness and loss, their interests, the lay beliefs of others, and their emotions, saw their medical attendants continually tailor their practice to ensure that it remained acceptable. Regimen was favoured by both parties being a safe and gentle option and successful practitioners were those who ensured that their prescriptions fitted with patients’ lifestyles. Thus, the co-construction of knowledge was of benefit to both lay consumer and medical supplier alike. Practitioners therefore adapted accordingly providing more advice and psychological support whilst displaying emotional sensitivity. Knowledge was likewise shared between medical men enabling them to retain their aristocratic clients. These relationships rather than being competitive, as represented in the ‘medical marketplace’ literature were instead collaborative ones.³⁰ Such high-ranking, wealthy patients and the custom that they brought with them to the ‘medical marketplace’ therefore meant that the supply offer developed in alignment with requirements. Yet, practitioners who embraced and promoted new ideas to clients, when all else had failed, could successfully retain the business of these aristocratic patients at times of serious or chronic illness too. These findings refine considerably the scholarship on simple exchanges of knowledge and money.³¹ A related key new finding was the balance between conservative methods and forward-looking innovation. We can therefore reflect on the new contribution being made here and look forward to future research directions raised by this thesis.

7.4 Novel perspectives and future research opportunities

The employment of such plentiful and rich primary source material made it possible to uncover and appraise the *reality* of this family’s benevolence for the first time in all its complexity. When contrasted with the rhetoric of their benevolent image then, this analysis of the family’s *actual* charity has shown that the contemporary image of its unbounded nature and extension to all was little exaggerated and, in the case of

³⁰ Jenner and Wallis (eds), *Medicine and the Market in England and Its Colonies*, p. 14.

³¹ N. D. Jewson, ‘Medical Knowledge and the Patronage System in Eighteenth Century England’, *Sociology*, 8 (1974), pp. 369-85.

the sick poor, was extremely accurate. They could justifiably claim to have earned their reputation for compassion – financially and morally – meriting their elevated position of honour and respect at the apex of aristocratic society. Their extensive charity-giving activities often exceeded the family's renowned reputation for collecting and protecting of extensive collections of art and artefacts and related architectural achievements – if not more so. The model of their charity reconstructed in this thesis has therefore contributed to the existing scholarship concerned with poverty, charity, welfare and medicine by increasing our historical appreciation of what a leading family could achieve, and highlights the symbolic importance of a benevolence that was a standard-setter for its class status and time period, which remains under-researched in the archives for equivalent families. This study has thus given rise to future research opportunities, beyond this thesis.

As a counterpoint to those historical interpretations in the standard literature which focused on broad trends of change, this thesis, in uncovering the actual experiences of these donors and their recipients, provides a novel perspective of flourishing tradition and continuity between 1716 and 1847. By rendering visible the Montagu Douglas Scott family's informal charity, this analysis has revealed the persistence of vertical assistance as a continuing, stable source of support in 'makeshift economies' and in its primary position in the medical 'economy of makeshifts' throughout the period. Thus, the identification of a large and ever-increasing number of poor and sick people for whom recourse to the parish was never necessary calls into question the prominence of Poor Law provision as the point of reference in the scholarship for the 'mixed economy of welfare'.³² The premise of the shift to 'scientific' charity in the literature that is, the application of calculation and discrimination to associational charity of the era, is likewise disputed.³³ Detailed examination of the family's intergenerational charitable practice has shown that this was not a new phenomenon. Their informal giving was never casual, even though their level of wealth meant the ability to give to every worthy cause or person. Thus, care to give appropriately and to be seen to do so meant not only that responsibilities continued to be met via traditional methods but that these were often adapted to meet newer

³² Innes 'State, Church and Voluntarism', pp. 15-65.

³³ L. Mackay, *Respectability and the London Poor, 1780-1870: The Value of Virtue* (London, 2013), p. 108.

obligations as well. Future studies of the social history of poverty and welfare need therefore to consider carefully this thesis central findings.

Where change was observed in this analysis of the family's benevolent and medical practices this thesis also provides a novel perspective by accounting for such fluctuations at the level of individual providers and their recipients. Placing the family's charitable activities in a culture of giving further explained the intergenerational increase in their charitable commitments during this era in light of their reinterpretation by each generation of Duke and Duchess. In examining historical gift-relations as they played out in real life, it was demonstrated that both parties gained knowledge from their interactions with each other. Thus, both donors and recipients had roles in determining the charitable offer in this period and therefore, in shaping the culture of giving. Developments in familial charitable practices emanated from pragmatism and necessity to keep the 'business' of their benevolence manageable. These were informed by personal knowledge of need and direct experiences of its alleviation. The same rationality, requirement and knowledge accounted for the family's deviations from traditional medical selections too. These were carefully balanced against the potential for risk, and hence only occurred when life was in danger or efficacy was assured on the basis of experience. From this perspective historical medical progress was not simply a matter of high-ranking, wealthy patients embracing that which was newest or innovative. Thus, by appraising power and agency in actual interactions between these aristocratic patients and their medical men, this thesis demonstrates the role of knowledge-sharing, within these relationships, in shaping 'medical marketplace' provision. It suggests that its model needs further refinement by taking into account medical care and its complex spectrum of charity-giving in future studies too. Such an extensive and recently available archive means that many rich, often narrative, sources are still being uncovered. There is, therefore, considerable potential for further research that could utilise the historical activities of this aristocratic family to extend our knowledge of their 21 estates. In terms however of broader opportunities that became apparent during the research of this thesis, four topics are feasible for future consideration.

As the family's ownership and management of numerous estates generated a vast amount of estate documentation, including accounts and correspondence, their

practice in individual localities could be subjected to a detailed examination. This might include the management of their tenants, the meeting of their needs and an assessment of what was expected in return, as well as whether this was achieved in practice. Furthermore, this approach would allow for regional comparisons. These could take into account the gender of their owner, that is whether a Duke or a Duchess heiress determined scales of relief locally. And this would in turn identify any chronological variations between 'Montagu' practice and 'Buccleuch' practice - especially given that particular estates underpinned the inherited lineages accumulated through dowries on marriage or the benefactions of the last will and testaments of close relations that over time enriched this family's fortunes. This thesis analysis which finishes in the early part of the lives of Duke Walter and Duchess Charlotte likewise has the potential to be extended further into the Victorian period. Both of these family members lived into their eighties and Duke Walter became involved in well-documented large-scale schemes such as public sanitation. Thus, the model of benevolence constructed by this thesis analysis could be extended to cover this generation and even further to those that followed. The extensive begging letter sample uncovered for the period of this thesis suggests too that there are most likely more letters for later periods awaiting rediscovery in forgotten boxes. Thus, tracing the further development of this family's charitable and medical activities could stretch to those practised after the advent of the early Welfare State around 1910 and beyond to the present day. This would mean that the resilience of the family tradition for benevolence could be further explored.

The sheer richness of the narrative sources extant in this archive also would allow for further appraisal of tangible, expressed and felt emotions of these men and ladies of the aristocracy. Besides their role in influencing medical choices that were identified in correspondence with relatives and those they trusted, there were expressions of affection too between mothers, fathers, sons and siblings. Given that the marriages during this period were love matches, some expressions of romantic love were identified in further personal correspondence and there are most probably many more examples still to be identified. Rank and gender experiences, therefore, of the

manifestation of different emotions, could be accessed and the value of controlled expression, courtship rituals, and the demonstration of fortitude tested over time.³⁴

In conclusion, it is likely too, that archival materials for other aristocratic families of this period may be located and thus a similar analysis of their comparative charitable and medical activities would be possible. Thus, this model of this family's aristocratic benevolence is able to act as a point of reference for future comparisons. As this thesis analysis has demonstrated, it is imperative to recover the welfare experiences of the large numbers of people that 'belonged' to landed estates, who never or rarely featured in studies of parish or state provision of welfare, if we are to enhance our understanding of the historical 'mixed economy of welfare' between 1716 and 1847 in England.

³⁴ S. Tarlow, 'The Archaeology of Emotion and Effect', *Annual Review of Anthropology*, vol.41 (2012), pp. 169-85, raises the issue of the relationship between rank and greater emotional control p. 177.

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